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MAIZE MEAL

COVID-19 Recovery Risks





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About This Report

The COVID-19 Recovery Risk measure featured in this report combines survey data from the 2019 Gallup World Poll and 2018 Wellcome Global Monitor (administered on the same survey as the 2018 Gallup World Poll), with country-level indicators from the World Bank and United Nations.

Gallup World Poll (2019)

Two questions from the 2019 Gallup World Poll are included in the COVID-19 Recovery Risk measure:

- 1) Do you have any health problems that prevent you from doing any of the things people your age normally can do?
- 2) In the city or area where you live, are you satisfied or dissatisfied with the availability of quality healthcare?

Wellcome Global Monitor (2018)

Two questions asked worldwide for the 2018 Wellcome Global Monitor are also included in the COVID-19 Recovery Risk measure:

- 3) How much do you trust the national government in this country — a lot, some, not much or not at all?
- 4) How much do you trust doctors and nurses in this country — a lot, some, not much or not at all?

World Bank/United Nations

The COVID-19 Recovery Risk measure also incorporates three country-level variables, compiled by the World Bank and the United Nations, using the most recently available data for each country:

- **GINI index (World Bank):** A widely used measure of income inequality, the GINI index measures the extent to which consumption among individuals or households deviates from a perfectly equal distribution.
- **Per-capita healthcare expenditure (World Bank):** The total annual amount spent on health expenditures in current U.S. dollars, divided by the total population.
- **Median age (United Nations):** The median age in years of a country's total population.

The COVID-19 Recovery Risk measure compiles data on each of the seven measures listed. For each measure, the range was converted to a 0-to-100 scale. The final measure then takes the average across the seven indicators. Only countries with data on at least five of the seven indicators were included in the analysis.

These results are based on telephone and face-to-face interviews with approximately 1,000 adults, aged 15 and older, conducted throughout 2018 and 2019 in 137 countries and territories. In some countries, such as India, Russia and China, sample sizes are much larger, between 2,000 and 4,000 adults. For results based on the total sample of national adults, the margin of sampling error ranges from ± 1.9 percentage points to ± 5.4 percentage points at the 95% confidence level. All reported margins of sampling error include computed design effects for weighting.

Country-Level Risk Factors

In the early months of the COVID-19 pandemic, the World Health Organization (WHO) and countless other healthcare organizations circulated abundant information about the factors that increase people's risk of contracting the coronavirus or suffering from severe health problems. Factors such as age, preexisting health conditions, access to testing and other healthcare services, and the extent to which community members are taking preventative measures all help determine the overall risk the virus represents to each person.

To assess country-level risk factors that may complicate COVID-19 recovery efforts in the coming months, Gallup created the COVID-19 Recovery Risk measure. This new measure includes seven indicators relevant to a society's ability to curtail the spread of the virus and avoid — or at least effectively manage — setbacks. Four of these are based on results from the Gallup World Poll, while the other three are widely used global indicators.

They address three important components:

- 1 societal factors** that affect the severity of COVID-19's impact or the ease with which it spreads, including average age and income inequality
- 2 health-related conditions**, including per-capita spending on healthcare services, percentage of respondents who say they had health problems before the pandemic and the percentage satisfied with the availability of quality healthcare in their area
- 3 trust in authorities** to make sound decisions in managing the crisis — including trust in medical professionals and the national government — which helps promote compliance with prevention measures

The findings may be useful in assessing a country's likelihood to experience setbacks in fighting the disease, which may also translate to a more uneven and protracted economic recovery.

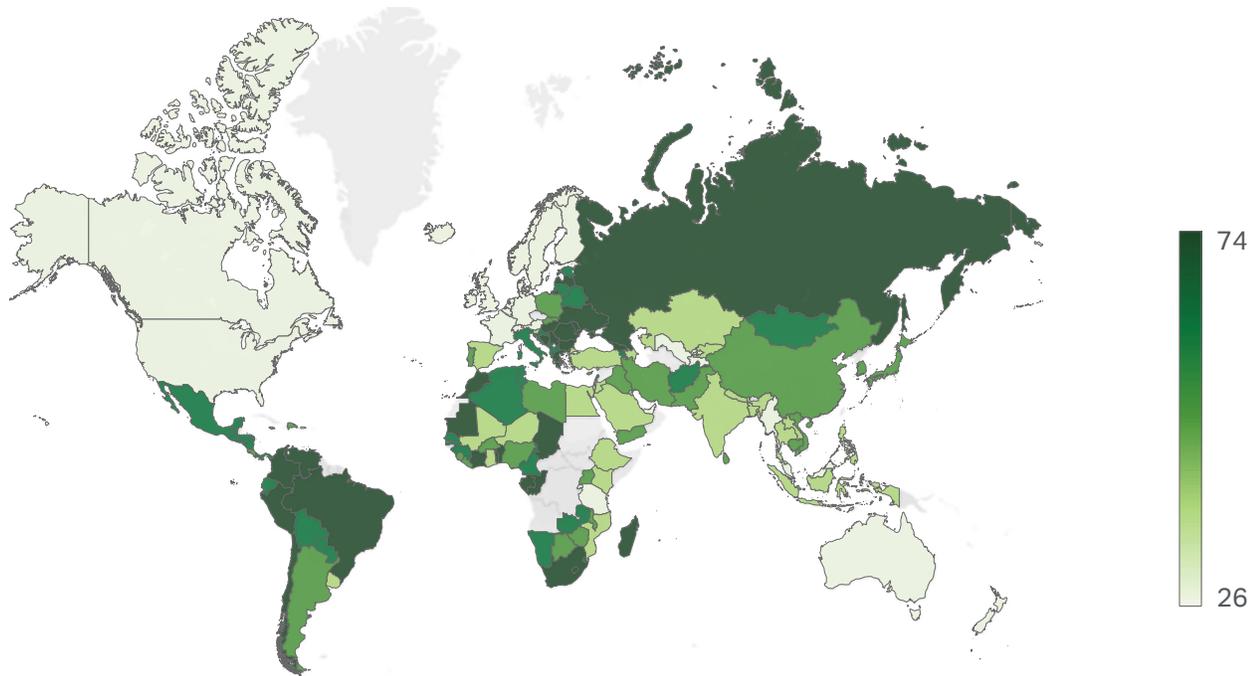


All Regions Face Challenges Post-COVID-19

The heat map depicts results for the 137 countries and territories on the COVID-19 Recovery Risk measure. Scores are based on a 0-to-100 scale, with higher scores representing higher risk for complications in managing the virus’s spread and treating those who contract it. Worldwide, scores range from a low of 26 in Norway to a high of 74 in Ukraine. The global median score across all 137 countries and areas is 53.

Countries where scores suggest recovery conditions are challenging are located in all regions of the world, but cluster in three regions specifically. Among 27 countries whose scores fall into the top 20% on the measure, all but three are in Latin America, Eastern/Southeastern Europe or sub-Saharan Africa.

Global COVID-19 Recovery Risk scores, by country



Countries worldwide with the highest COVID-19 Recovery Risk scores

1	Ukraine	74	9	Chad	68
2	Togo	72	10	Benin	68
3	Brazil	71	11	Gabon	68
4	Bulgaria	70	12	Georgia	67
5	Republic of the Congo	69	13	Morocco	67
6	Latvia	69	14	Peru	66
7	Venezuela	69	15	Colombia	66
8	Bosnia and Herzegovina	68	16	Ivory Coast	66



Latin America

Of the 16 countries worldwide with the highest scores on the measure, four are populous Latin American nations: Venezuela, Brazil, Peru and Colombia. Many Latin American countries post high scores based on a combination of factors:

- 1 They are highly urban.** The World Bank estimates that 81% of Latin America residents live in cities, versus far lower percentages in other developing regions such as South Asia (34%) or sub-Saharan Africa (41%).¹ In poverty-stricken slums, such as the favelas in Brazil, people live in crowded quarters with poor sanitation and little access to healthcare services — creating potential hotbeds for virus transmission.
- 2 Most have weak healthcare capacity.** Latin American countries spend considerably less on healthcare than other urbanized regions; the World Bank estimates that the region's per-capita healthcare expenditure in 2017 was just \$685, versus \$3,261 for EU countries and \$9,691 in North America.²
- 3 They have high levels of income inequality.** The prevalence of low-income slums alongside more affluent neighborhoods in many Latin American cities highlights the effects of extreme inequality on the consequences of the pandemic. Not only do the region's low-income residents have less access to healthcare, they are more likely to live in communities where social distancing is more difficult and to work in manual labor or service-sector jobs that cannot be done remotely.
- 4 Residents place little trust in authorities.** Distrust of officials such as politicians and healthcare professionals can affect how likely people are to change their behavior in response to official guidelines. People in many Latin American countries lack trust in authorities. In Brazil, which as of early October 2020 had the second-largest COVID-19 death toll in the world,³ one in four adults (25%) surveyed for the Wellcome Global Monitor in 2018 said they trusted the country's doctors and nurses "a lot," and 3% said the same about the country's national government.

1 World Bank. (2020). *Urban population (% of total population)*. Retrieved October 6, 2020, from <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS>

2 World Bank. (2020). *Current health expenditure per capita (current U.S. \$)*. Retrieved October 6, 2020, from <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD>

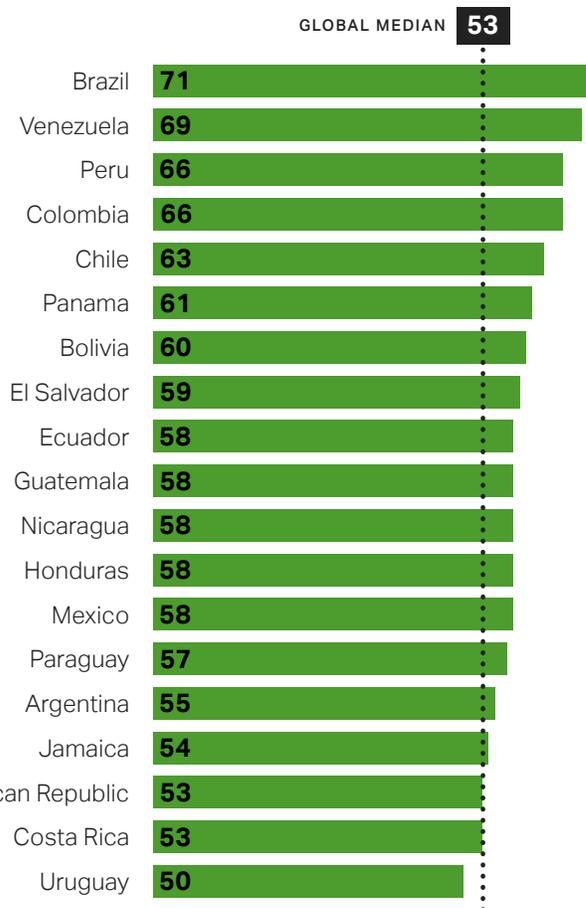
3 Johns Hopkins University & Medicine. (2020). *Mortality analyses*. Retrieved October 6, 2020, from <https://coronavirus.jhu.edu/data/mortality>

THE CURRENT SITUATION:

As of the writing of this report, Brazil, Mexico, Chile and Peru are all fighting major COVID-19 outbreaks. Daily reported deaths remain high in the region compared with most Western European countries; according to the most recent data from local governments compiled by Johns Hopkins University and the WHO,⁴ Peru, Brazil, Chile, Bolivia and Ecuador are among the 10 countries worldwide with the highest COVID-related death rates per capita. Moreover, studies have found that the actual number of infections in some countries, such as Brazil, may be much higher than official figures because of low levels of testing.



COVID-19 Recovery Risk scores, Latin America



⁴ Covid world map: Tracking the global outbreak. (n.d.). *The New York Times*. Retrieved October 6, 2020, from <https://www.nytimes.com/interactive/2020/world/coronavirus-maps.html>



Eastern/Southeastern Europe

Most countries in Eastern and Southeastern Europe, stretching from the Baltic states in the north to the Balkans in the south, are at risk for COVID-19 mitigation setbacks because of a number of factors:

- 1 They have large elderly populations.** As in Western Europe and developed East Asia, most Eastern and Southeastern European countries have large elderly segments who are particularly vulnerable to serious complications from the virus. Bulgaria, Latvia, Greece, Serbia and Croatia are among the 11 countries worldwide where at least 20% of the population is aged 65 or older.⁵
- 2 Access to healthcare is often limited.** Eastern/Southeastern European countries invest less in healthcare services and accessibility than others with aging populations, as reflected in lower per-capita healthcare expenditures and lower levels of satisfaction with health services. Gallup's World Poll finds that across 21 Eastern/Southeastern European countries surveyed in 2019, a median of 51% of residents are satisfied with access to quality healthcare in their area, versus 79% among Western European countries.
- 3 Most are low-trust societies.** Like many in Latin America, Eastern/Southeastern European countries tend to be low-trust societies where people are suspicious of authorities, including healthcare experts and government officials. In recent years, this has translated into high levels of vaccine skepticism in much of the region.

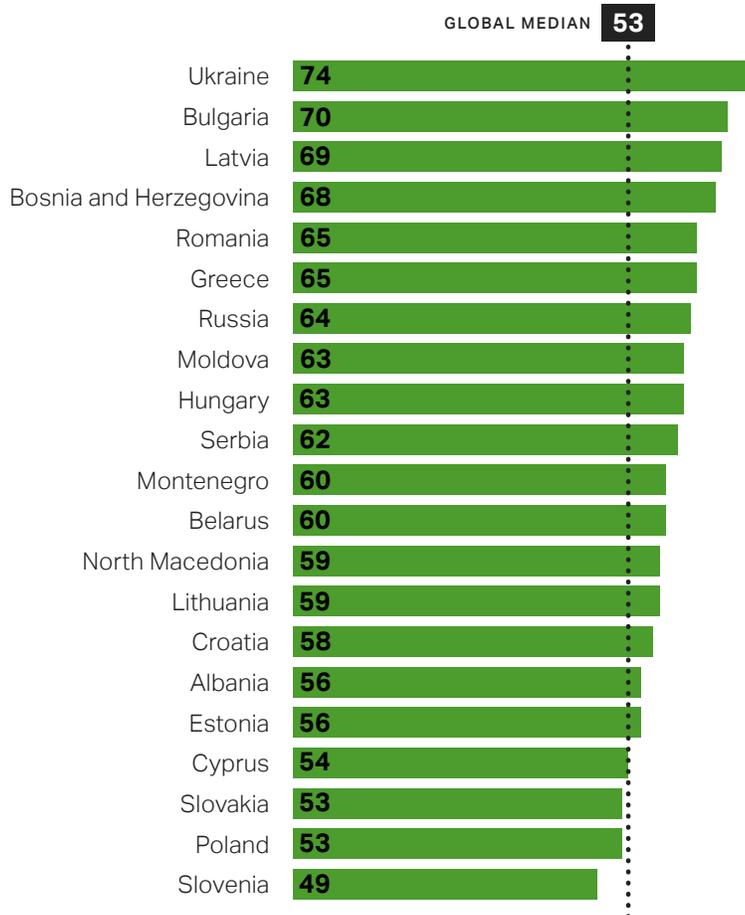
⁵ Population Reference Bureau. (2020). *Countries with the oldest populations in the world*. Retrieved October 6, 2020, from <https://www.prb.org/countries-with-the-oldest-populations/>

THE CURRENT SITUATION:

In the early months of the pandemic, countries in Europe’s eastern and southeastern regions appeared to manage it better than their neighbors to the west, in many cases initiating lockdown procedures more quickly and enforcing them more stringently. However, as cases have fallen in Western Europe, they have risen in the east — especially the southeastern Balkan countries, which are now COVID-19 hotspots.



COVID-19 Recovery Risk scores, Eastern/Southeastern Europe





Sub-Saharan Africa

Most sub-Saharan African populations remain particularly vulnerable to communicable diseases because of the subcontinent's climate and insufficient healthcare infrastructure. Many African countries continue to struggle with diseases such as malaria, cholera and the Ebola virus, which are rarer or eradicated in other regions.

On average, African countries' per-capita healthcare expenditure is a fraction of the amount spent in an economically developed region like Western Europe. Paradoxically, the region's weak healthcare systems contribute to an advantage with regard to COVID-19 consequences, in that most African populations have low average ages and smaller elderly segments than those in other regions. In other words, many of those who would be most likely to succumb to the virus have already died by some other cause.

However, African countries have a wide range of scores on the COVID-19 Recovery Risk measure according to their results on the remaining variables, most notably:

- 1 Some countries are more urbanized than others.** Most African countries have low population density, which helps constrain the virus's spread. However, in several countries — including Gabon, South Africa, Botswana and the Republic of the Congo — well over half of residents live in urban areas.⁶
- 2 Trust in authorities varies widely.** African countries also vary widely in terms of residents' likelihood to trust medical professionals and their national governments. For example, in the small West African nation of Togo, 21% of residents say they trust their national government "a lot" or "some," and 15% trust doctors and nurses in their country "a lot." In Rwanda, by contrast, the corresponding figures are 97% and 72%.

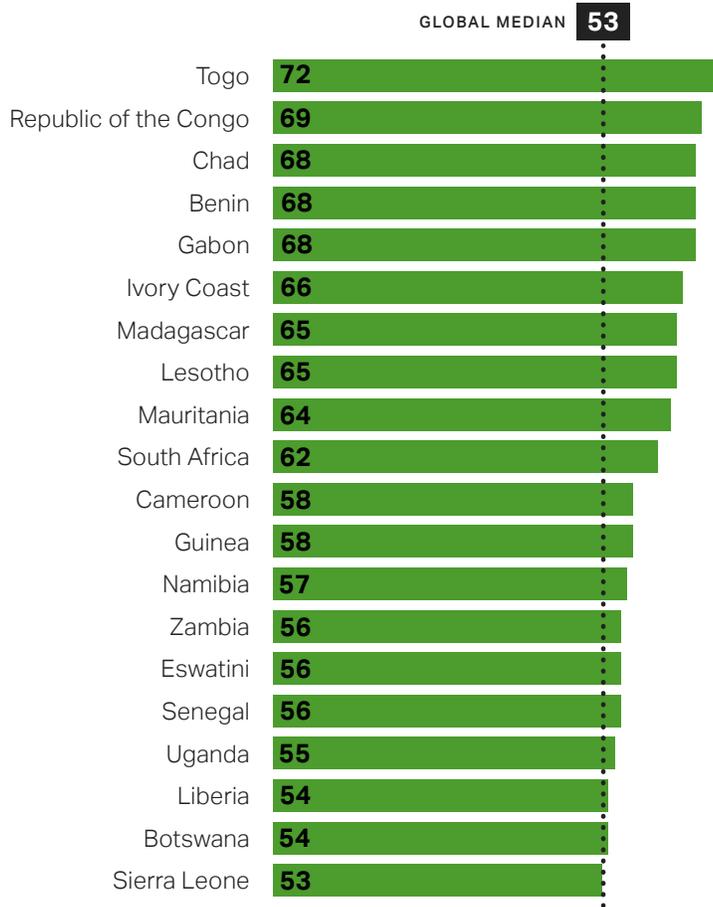
⁶ World Bank. (2020). *Urban population (% of total population)*. Retrieved October 6, 2020, from <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS>

THE CURRENT SITUATION:

International development agencies such as the World Bank have raised concerns that sub-Saharan Africa is a “blind spot” for COVID-19 tracking because of limited testing capacity and access to data.⁷ Though official coronavirus cases are rising sharply on the continent, analysts worry that the world does not really know how widespread the disease is there. Given the risk factors inherent to many African countries, that lack of information may well prove disastrous in the months and years to come.



COVID-19 Recovery Risk scores among 20 sub-Saharan African countries at or above the global median



⁷ Bariyo, N., & Parkinson, J. (2020, August 3). In the world’s coronavirus blind spot, fears of a silent epidemic. *The Wall Street Journal*. <https://www.wsj.com/articles/in-the-worlds-coronavirus-blind-spot-fears-of-a-silent-epidemic-11598806800>

Implications

There are inherent limitations to consider with regard to this analysis. Per-capita expenditure is an important but imperfect gauge of how developed a country's healthcare system is; actual health outcomes also depend on how efficiently and equitably that money is spent. For example, though the U.S. spends more per-capita on healthcare than any other country in the world, health-related outcomes are consistently poorer in the U.S. than in countries with lower healthcare expenditure, partly attributable to structural inefficiencies and discrepancies in access to quality care.

Such caveats notwithstanding, this measure offers a unique perspective on "starting point" conditions that may have influenced — and continue to influence — a country's efforts to manage the pandemic. Notably, as low-trust countries in Latin America, Eastern Europe and elsewhere have demonstrated, confidence in authorities to provide clear, accurate information and make sound decisions that reflect the public interest is essential to the high level of cooperation between governments and citizens required to mitigate the virus.



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