



COVID-19 GLOBAL EVALUATION COALITION

**New Zealand's International  
Development and Humanitarian  
Response to the COVID-19  
Pandemic (2020-2022)**



**NEW ZEALAND**  
**FOREIGN AFFAIRS & TRADE**  
Manatū Aorere

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# Foreword

The COVID-19 pandemic presented an unprecedented test of the global community's ability to respond swiftly, adapt to evolving needs, reallocate resources, and co-ordinate effectively across borders and sectors. As governments, organisations, and development actors worked to mitigate both the immediate effects of the pandemic and the broader socio-economic repercussions, the role of international development co-operation and humanitarian assistance in supporting national response efforts became crucial.

In 2022, the participants of the COVID-19 Global Evaluation Coalition (hereafter referred to as the "Coalition") launched the Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic to take stock of this response. Conducted under the auspices of the Coalition and led by the Organisation for Economic Co-operation and Development's (OECD) Development Co-operation Directorate, this evaluation seeks to generate credible evidence, assess coherence and effectiveness, and draw lessons to strengthen future responses to global crises.

The Coalition was established in 2020 to provide actionable insights and foster accountability in international co-operation during the COVID-19 pandemic. Comprising more than 65 organisations, including evaluation units from OECD and non-OECD governments, UN agencies, and multilateral institutions, the Coalition leverages diverse experiences to create high-quality, timely evaluations and to feed evidence into decision making in near real time. Its collective efforts enable learning across stakeholders and ensure that the global development community can better deliver on its commitments. In line with the Coalition's values of credibility, usefulness, and partnership, this strategic joint evaluation builds and complements other evaluations and reviews conducted on COVID-19 responses over the past four years. It brings together multiple actors to address the gap in evaluative evidence around the overall results of the collective pandemic response effort, offering a system-wide perspective.

The Secretariat are deeply grateful for the expertise, insights and resources provided by all those involved in this collaborative undertaking, including the OECD member states that provided funding for the Coalition project and the strategic joint evaluation.

This case study was conducted by Alasdair Shariff, Reneeta Mogan, and Motea Cawanikawai from the New Zealand Ministry of Foreign Affairs and Trade (MFAT) Monitoring, Evaluation, Research, and Learning (MERL) Unit in 2024, with input from Jenna Smith-Kouassi, Megan Kennedy-Chouane and Anita King (OECD), and Liz Patton (IOD Parc).

The lessons emerging from this analysis focus on the ways international partners work together and engage with local authorities and impacted communities. Taken together, they provide valuable insights to guide more relevant, coherent, effective and efficient international co-operation and, in turn, to support humanitarian and sustainable development progress.

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# Abbreviations and acronyms

ADB	Asian Development Bank
CRS	Creditor Reporting System
DAC	Development Assistance Committee
EHEF	Emergency High Commission/Embassy Fund
IDC	International Development Cooperation (
GDP	Gross domestic product
GNI	Gross national income
MFAT	Ministry of Foreign Affairs and Trade
ODA	Official development assistance
ODF	Official development finance
OECD	Organisation for Economic Co-operation and Development
PPE	Personal protective equipment
PPTC	Pacific Pathology Training Centre
SDG	Sustainable Development Goal
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

## Currency codes

NZD	New Zealand dollar
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# 1 Evaluation purpose and design

New Zealand is among several providers of development co-operation selected for in-depth analysis as part of the Strategic Joint Evaluation: People's Republic of China (China), Germany, Mexico, the Netherlands, Saudi Arabia, South Africa, Spain, and the US. Together, the providers selected provide a useful balance of characteristics (region, economy, size, DAC membership) and ODA landscapes (instruments and aid channels, priority sectors, volumes).

Individually, these case studies will provide evidence and real-life examples of how development assistance providers responded to the pandemic. As a group, they will support the identification of commonalities and differences across contexts (factors that enabled successes) thereby supporting a deeper understanding of what worked, where, and why. Findings from these analyses will be used to help answer evaluation questions, derive conclusions, and draw lessons for future co-ordination and crisis preparedness.

The New Zealand case was carried out by the New Zealand Ministry of Foreign Affairs and Trade (MFAT) Monitoring, Evaluation, Research, and Learning (MERL), using document review and interviews to gain a clear understanding of the response and lessons.

## 1.1. Scope of this analysis

**Timeframe:** The evaluation covers 1 January 2020 to 31 December 2022.

**Evaluand:** Provider case studies will look at efforts to fight the pandemic and invest in recovery by addressing both the direct and indirect impacts of the COVID-19 pandemic. In recognition of the all-encompassing socio-economic impacts of the pandemic, the evaluation will look beyond support identified as 'COVID-19 specific' to gain a more holistic understanding of the overall official development assistance provided during the pandemic.

The scope covers all efforts including all multilateral and bilateral Official Development Assistance (ODA) and Other Official Flows (OOF), i.e., non-concessional loans, and in-kind support to partner countries in 2020-22. It also covers support for equitable access to COVID-19 vaccines and vaccination rollouts. This includes, but is not limited to, contributions to the Access to COVID-19 Tools Accelerator (ACT-A), donations of COVID-19 vaccine doses, and support to address issues related to manufacturing and supply, delivery, health system capacities, communication, and combating mis- or disinformation. It may also include, vaccine doses and other support not reported as ODA.

## 1.2. Design and methodology

The New Zealand case study sought to answer the following six key evaluation questions posed by the COVID-19 Global Evaluation Coalition. The MFAT evaluation team used a mixed-methods methodology to recount the Ministry's (and the New Zealand government's) actions and support for Pacific Island countries and globally during the COVID-19 response. The approach focused mainly on the collection and

analyses of qualitative data through a document review and eight<sup>1</sup> stakeholder interviews. The interview schedule used in the semi-structured interviews is included in Annex B.

The Strategic Joint Evaluation is centred around six criteria (Box 1.1) – Descriptive, Relevance, Coherence, Effectiveness, Efficiency, and Forward Looking – each with its own corresponding question.

### Box 1.1. Evaluation Criteria

1. **Descriptive:** How did national governments, and development and humanitarian actors respond to the COVID-19 pandemic?
2. **Relevance:** To what extent did COVID-19 support meet partner country needs and priorities?
3. **Coherence:** To what extent did responses align to ensure coherent approaches at global and country levels?
4. **Effectiveness:** What are the early results – positive and negative – of the collective (national and international) response to COVID-19?
5. **Efficiency:** To what extent were funding and programming decisions and interventions timely and informed?
6. **Forward Looking:** What good practices, innovations and lessons learned emerged from the collective response to COVID-19? How might they inform future crisis preparedness?

Source: OECD (2021<sup>[1]</sup>), *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>.

## 2 Overarching findings

Findings from the New Zealand case study have been presented against each evaluation question. The case study begins with a description of how New Zealand provided support, including use of the Polynesian Health corridors, support to Fiji, and use of emergency support. It then describes how assistance responded to needs and priorities in the region, and efforts to ensure coherence at country, regional and global levels. Finally, it looks at the timeliness and results of these efforts and identifies underlying lessons behind the successes described.

### 2.1. How did national governments, and development and humanitarian actors respond to the COVID-19 pandemic?

From the outset of the COVID-19 pandemic, the New Zealand government identified that the domestic COVID-19 strategy would also include support for Pacific peoples, seeking an outcome of increased pandemic preparedness across the Pacific region (Government of New Zealand, 2020<sup>[2]</sup>). This support was in recognition that many small island developing states (SIDS) across the Pacific would be especially vulnerable to the COVID-19 virus because of the strain it would put on their health system, and also the economic side-effects that closed borders would have on these countries whose economies are heavily reliant on tourism in many cases (New Zealand MFAT, 2021<sup>[3]</sup>).

#### *New Zealand support for COVID-19 vaccine access*

COVID-19 vaccines were first imported to New Zealand in February 2021, and included doses for Pacific countries, mainly in Polynesia (Government of New Zealand, 2021<sup>[4]</sup>). Vaccines were procured through the New Zealand Ministry of Health, and then delivered bilaterally to the Cook Islands, Niue, Tokelau, Samoa, Tonga, Tuvalu, and Fiji. As of August 2022, New Zealand had donated 305,580 Pfizer vaccine doses to the aforementioned Polynesian countries (combined population of approximately 345,000), and 83,560 doses to Fiji (population of approximately 920,000 people) (New Zealand MFAT, 2022<sup>[5]</sup>).

In addition to bilateral vaccine donations, New Zealand supported vaccine access through funding the COVAX Advance Market Commitment (AMC), which aimed to increase vaccine access and uptake in developing countries. New Zealand provided NZD 26 million to the COVAX AMC, as well as a further NZD 6.4 million to cover the cost of safe injection equipment and other ancillary costs (Government of New Zealand, 2022<sup>[6]</sup>; New Zealand MFAT, 2023<sup>[7]</sup>).

Through the COVAX AMC, New Zealand provided safe access to COVID-19 vaccinations to developing states in Polynesia (Samoa, Tonga, Tuvalu), Western Pacific (Fiji, Papua New Guinea, Solomon Islands, Vanuatu), South-East Asia (Indonesia, Timor-Leste), and Africa (Mauritania, Cameroon, Malawi, Niger, South Sudan).

#### Polynesian Health Corridors

In 2018, MFAT began the design of a new activity in the health sector that was aimed at improving service delivery, workforce development, leadership and governance, and access to affordable essential medicines within Polynesian health systems.

The activity, *Polynesian Health Corridors (PHC)*, began implementation in 2019 and was managed by the New Zealand Ministry of Health (MoH) through a memorandum of understanding (MoU) with MFAT. PHC's goal was to supplement and strengthen linkages between the New Zealand and Polynesian health systems (particularly Pacific health professionals and providers), which would subsequently result in improved health outcomes for people and communities in Polynesia (Samoa, Tonga, Cook Islands, Niue, Tokelau, and Tuvalu) (New Zealand MFAT, 2021<sup>[8]</sup>).

At the outset of the COVID-19 pandemic, the New Zealand Government determined that the PHC programme was a useful platform to which support and guidance could be provided to the six Polynesian countries to help them prepare for and respond to COVID-19. At an initial cost of NZD 6.6 million, a new workstream – Pandemic Preparedness & Response – was added to PHC, at which point the programme pivoted to devoting the majority of resourcing towards this new workstream.

Pandemic Preparedness & Response focused on seven components directly related to the COVID-19 response:

1. Case and contact management
2. Laboratory and testing
3. Surveillance systems
4. Health promotion
5. Vaccines and immunisation
6. Public health workforce
7. Supplies and supply chain.

Separate overarching goals and intended outcomes unique to the Pandemic Preparedness & Response workstream were also created by MFAT and MoH:

#### **Goals:**

- To strengthen the domestic pandemic preparedness and response capability of Polynesia; and
- To strengthen the links between the New Zealand and Polynesia health systems to support pandemic preparedness and response.

#### **Outcomes:**

- Improve capacity and capability of the public health workforce in Polynesian countries;
- Strengthen public health measures at the border to protect communities and support safe travel (including for quarantine-free travel);
- Strengthen preventative measures to minimise the risk of outbreaks occurring and the burden on existing domestic health workforce capacity and capability;
- Support Polynesian countries to prepare for and roll-out a COVID-19 vaccine.

### *New Zealand support for Fiji*

Fortunately, the COVID-19 virus was incredibly slow to arrive in most Pacific Island countries due to their relative isolation from the rest of the world, and their governments' early action in closing borders to protect their fragile domestic health systems (New Zealand MFAT, 2021<sup>[9]</sup>). Closing borders was not without (significant) economic consequences, which is still affecting many Pacific SIDS economies<sup>2</sup>.

Fiji was an outlier in this regard, with the country arguably having suffered the worst outbreak of the virus out of all South Pacific<sup>3</sup> countries following an incursion of the Delta variant in April 2021. By the end of 2021, Fiji had reported over 50,000 cases and over 700 deaths (within a population of approximately 916,000 people). In response to the worsening situation in Fiji, NZD 750 000 was immediately funded from the Emergency High Commission/Embassy Fund (EHEF) which provided supplies to cover critical needs such as Personal Protective Equipment (PPE), sanitation equipment, psycho-social counselling support, and food ration kits.

Following the immediate EHEF funding, the New Zealand government then focused on assisting with vaccination efforts. As Fiji was not initially included as one of the partner countries in the PHC programme, vaccine support had to be provided through different pathways. Fiji also did not have the cold-storage infrastructure in place to receive the Pfizer vaccine in early 2021.

It was quickly realised that MedSafe approval (required for any vaccine donation from New Zealand) for the AstraZeneca vaccine would not arrive soon enough to assist with the immediate need that Fiji had to vaccinate its population, so an alternative solution was found. Efficient coordination between MFAT posts in Europe and divisions in Wellington meant that an arrangement with the European Union was made to purchase 100,000 AstraZeneca vaccines from Spain and have them shipped from Madrid to Suva.

Following the first tranche of AstraZeneca vaccinations, MFAT and the MoH began work with Fijian counterparts, the Australian Department of Foreign Affairs and Trade (DFAT), and UNICEF to prepare the country to be 'Pfizer ready'. Fiji then received their first doses of the Pfizer vaccine in November 2021, and was included in scope for vaccine support through the Pandemic Preparedness & Response workstream of the PHC programme.

A notable aspect of New Zealand's overall vaccine support for Fiji was the focus on delivering paediatric vaccine doses. From 1 July to 31 December 2022, all 50,000 of the vaccine doses delivered to Fiji through the PHC programme were paediatric doses.

### *Emergency budget support*

As mentioned earlier in this report, the potential vulnerability of the Pacific to the economic impacts of COVID-19 was recognised early, as was the need for an immediate response from New Zealand.

In March 2020, the Ad Hoc Cabinet Committee on COVID-19 Response agreed that a package of NZD 50 million of financial support should be redeployed within the existing International Development Cooperation ((IDC) – New Zealand's official development assistance allocation) programme baselines to support 12 Pacific countries to manage their key health, economic, social, and governance challenges relating to COVID-19. Funding was mainly redistributed from within bilateral and multi-country programmes and taken from activities that could no longer continue with delivery due to the impacts of the pandemic. Other funds were also taken from across other programmes within the IDC, such as Research and Evaluation.

NZD 10 million of this funding was earmarked to support immediate health system preparation, and NZD 40 million was used to support broader measures to enable Pacific governments to address a range of economic, social, and governance constraints. These bilateral budget support packages came under the

New Zealand IDC programme's *COVID-19 Pacific Economic Resilience Fund (ERF)* (New Zealand MFAT, 2022<sup>[10]</sup>). Initial amounts for each country can be found in Annex A.

After the initial funding amounts were delivered under the ERF, then Minister of Foreign Affairs Hon Nanaia Mahuta approved larger budget support packages across the Pacific to allow partner governments to respond flexibly to the pandemic in line with their own objectives, recognising that each country had different priorities for their response and recoveries. By the middle of 2022, MFAT had disbursed a total of NZD 316.65 million in emergency budget support across the Pacific (New Zealand MFAT, 2022<sup>[11]</sup>).

This emergency budget support complemented New Zealand's existing programmes of reform-linked general budget support which focused on strengthening economic governance systems and capability in Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, and Tuvalu (Annex A).

## 2.2. To what extent did COVID-19 support meet local needs and priorities?

New Zealand's COVID-19 support was driven by the underlying principle of strengthening the prosperity and resilience of the Pacific (New Zealand Government, 2021<sup>[12]</sup>). Commitments to the health sector from New Zealand more than doubled from 2019 to 2021, increasing by 78% from 2019 and 2020 and again by 33% from 2020 to 2021 (see Annex C – New Zealand's support).

Both the **health** and **economic** support provided by New Zealand was in response to formal requests made by the partner countries themselves. For example, the initial NZD 750 000 EHEF payment in Fiji was made in May 2021 immediately following a request from the Government of Fiji, which allowed them to source medical equipment, operational support and supplies (including oxygen machines), and a polymerase chain reaction (PCR) testing machine – supplies critical to servicing the needs of Fijian residents and citizens during the Delta outbreak.

### *Local health needs*

Work completed within New Zealand's IDC Programme prior to COVID-19 had already identified a development need within the Pacific to strengthen local health systems, which was one of the key drivers that led to the establishment of the PHC programme (New Zealand MFAT, 2019<sup>[13]</sup>). While these existing health sector relationships with Polynesian countries became of great benefit once it came to vaccinating their populations against COVID-19, the lack of an equivalent programme or developed connections across the Western Pacific became apparent.

When reflecting on New Zealand's support to the Pacific, some interviewees believed that more could have been done to address health needs in the Western Pacific region<sup>4</sup>. With the exception of Fiji, vaccination rates across this region were much lower than those in Polynesia, indicating a need that was not met by other funders (The New York Times, 2021<sup>[14]</sup>). There was recognition that New Zealand was able to effectively provide more direct support to Polynesian countries through the PHC programme.

The addition of the Pandemic Preparedness & Response workstream within the PHC programme met requests for COVID-19 response support from Niue, Tokelau, and the Cook Islands in dealing with their first community and border cases. Along with the vaccine rollout, the workstream also provided technical support to Niue at their request through the deployment of a Principal Adviser and a Public Health Physician during the second half of 2022.

In order to provide booster shots to frontline workers and mitigate the impacts of an outbreak, a further 9,300 and 10,000 doses of Pfizer were also donated to Tonga and Samoa respectively in February 2022 (New Zealand Government, 2022<sup>[15]</sup>).

One of the huge advantages of the PHC programme was the high levels of cultural competence of staff within the programme that could meet the local needs more directly. Staff were able to communicate in the local languages and understand nuances which facilitated the responsiveness and timeliness of specific support required.

New Zealand also made a donation of COVID-19 therapeutic drugs as part of its domestic supply in response to interest from the Cook Islands, Niue, and Tokelau. Cabinet Ministers' approval for the donation was achieved in August 2022, and delivery of the therapeutics eventuated in December the same year (New Zealand Government, 2022<sup>[16]</sup>). This donation was the result of intensive and ongoing collaboration between key government agencies in New Zealand, including MoH, MFAT, Pharmac, and Te Whatu Ora (Health NZ), in order to meet the needs of the Realm countries<sup>5</sup> as they were not eligible for these therapeutic drugs through global mechanisms (e.g. coordinated by the World Health Organisation).

Outside of the PHC programme, New Zealand also funded laboratory support in the Pacific through the Pacific Pathology Training Centre (PPTC). As a response to COVID-19, in 2020 the PPTC began designing and delivering laboratories to Fiji, Kiribati, Tokelau, and Niue. Through collaboration with in-country Ministry of Health staff, the PPTC was able to ensure that the specifications of each container met the countries' needs and were appropriate for utilisation within a Pacific Island setting (PPTC, n.d.<sup>[17]</sup>).

### ***Local economic needs***

The intrinsic link between health and economic outcomes was often exemplified during the pandemic. There was concern amongst many, if not all, Pacific countries about the ongoing health crisis and associated economic downturn. In this context, the provision of budget support from New Zealand's IDC programme was considered a "lifeline" by some partner governments in the Pacific (MFAT, 2022).

As an example, prior to COVID-19, 86% of the Cook Islands' GDP came from tourism revenue and associated industries such as hospitality. Border closures and the suspension of the tourism industry during the pandemic was predictably devastating to the country's economy, causing a 41% contraction in their GDP – the worst decline in its history (MFAT, 2024).

Budget support received from New Zealand supported the Cook Islands to fund and deliver its Economic Response Plan, which allowed the provision of wage subsidies, business loans and grants, and electricity subsidies. This crucial planning and support allowed the survival of many businesses in the Cook Islands that otherwise would have collapsed during the pandemic, and also enabled the retention of local entrepreneurs and workers who may have considered leaving the country.

Budget support provided by New Zealand, as well as other development partners, contributed to similar economic and social support packages in a number of other Pacific countries. These partner countries used the budget support for pandemic-related initiatives such as gender-based violence prevention during lockdown periods, disability payments, pensions, and interest rate relief.

Throughout the entirety of the pandemic, New Zealand continued to provide core funding to regional organisations in the Pacific such as the Secretariat of the Pacific Regional Environment Programme (SPREP). The important ongoing work of the SPREP created an evidence base which could be used to inform future programming decisions for the IDC Programme, such as the need of Pacific countries to access climate finance and COVID-19 recovery packages to promote climate resilience.

Ultimately, New Zealand's support for the Pacific during COVID-19 continued to be driven by the underlying principle of strengthening the prosperity and resilience of the Pacific, and a desire to uphold the *mana* (prestige, power, authority, status) of each of New Zealand's partners – supporting their agency to "chart their own development pathways" (New Zealand Government, 2021<sup>[12]</sup>). This values-based, partner-

led approach to New Zealand's engagement meant that the impact of our COVID-19 response was, and is, measured by how well support met partner needs.

### 2.3. To what extent did responses align to ensure coherent approaches at global and country levels?

New Zealand took an All-of-Government approach in which government agencies collaborated on COVID-19 related matters. This allowed for close coordination across New Zealand government agencies, and working in partnership with Pacific Island country governments, donor partners, regional agencies, and international organisations to ensure there was effective coordination of support on the COVID-19 response. With the implications of COVID-19 experienced globally, having a coordinated response ensured a coherent approach that minimised duplication of response and met needs more efficiently at country and global levels.

#### *Country-level coherence*

Efficient inter-governmental and inter-agency cooperation was crucial in responding to country level requests and needs. An example of effective coordination in action occurred during laboratory alterations and upgrades in Rarotonga Hospital (Cook Islands) to install Polymerase Chain Reaction (PCR) machinery, equipment, and consumables (e.g. plasticware, tubes, tips and pipettes, cleaning and waste materials, RT PCR reagents, etc.). This work was undertaken by The Pacific Community (SPC) and the Australia-based Doherty Institute. Unfortunately, Doherty Institute staff were unable to travel to the Cook Islands from Australia due to border closures. So MFAT – in consultation with DFAT and SPC - contracted PPTC to step in and deliver face-to-face training to hospital staff. PPTC worked closely with the Doherty Institute to ensure integrated training, and also assisted the Rarotonga Hospital laboratory with the development of standard operating procedures, workflows, and provided significant ad hoc advice to the Cook Islands.

Other collaborations included work between MFAT, MoH, and the New Zealand Defence Force (NZDF) that delivered vaccines to remote islands such as Tokelau and Palmerston Island in the Cook Islands, which are only accessible by sea vessel. Coordinated border re-openings and quarantine-free-travel between countries also supported New Zealanders offshore and facilitated their return home, and supported the movement of Recognised Seasonal Employer (RSE) workers back into New Zealand. This not only provided support to Pacific Island countries' economies, but also supported the New Zealand agriculture sector with its harvest of products.

#### *Regional and Global Level*

New Zealand worked in partnership with other donors and participated in multi-donor forums such as the World Health Organisation Joint Incident Management team to ensure effective coordination of support. New Zealand made dose contributions through the COVAX facility, and separately provided a funding contribution of NZD 6.5 million to an Australian-UNICEF partnership to increase access to vaccines in the Pacific and Southeast Asia. Additionally, New Zealand in coordination with Australia, the Asian Development Bank (ADB) and the World Bank provided grant funding in the form of emergency budget support across the Pacific. From a Pacific regional perspective, New Zealand's response supported the Polynesian countries to reduce the impact of the virus and strengthened relationships and trust between the New Zealand and Polynesian health systems.

New Zealand also contributed to the Pacific Humanitarian Pathway on COVID-19 (PHP-C), a significant regional initiative that was established in 2020 by the Pacific Islands Forum Foreign Ministers. The PHP-C enabled the delivery of over 390 tonnes of health and humanitarian relief supplies to 15 Form Member countries during the COVID-19 response, and was credited with significantly strengthening bonds between countries within the region during this turbulent and uncertain time period (Pacific Islands Forum, 2023<sup>[18]</sup>).

## 2.4. What are the results of the collective (national and international) response to COVID-19?

The combined modalities of New Zealand's response supported the countries' recoveries from COVID-19 and for some, a quicker return to longer-term economic and social resilience.

### *Increased vaccination rates & strengthened health systems*

New Zealand's support to Pacific Island countries contributed to Polynesian countries achieving some of the highest rates of COVID-19 vaccinations coverage in the world at 97% overall – the Cook Islands at 98%, Tokelau at 97%, Niue at 99%, Samoa at 93%, Tonga at 91% and Tuvalu at 93%<sup>6</sup>. With New Zealand's support, alongside other partners, all Pacific countries could test for COVID-19 during the pandemic. In addition to vaccines and testing, some initiatives were instrumental in the response to COVID-19 by assuring appropriate coverage of relevant COVID-19 messaging. For example, the Kiribati Health Champions activity reached 50% of the population with COVID-19 messaging (New Zealand MFAT, 2020<sup>[19]</sup>) and New Zealand's contribution to UNICEF Indonesia's response contributed to reaching 40 million people with COVID-19 prevention messages (New Zealand MFAT, 2021<sup>[20]</sup>).

The six countries (Cook Islands, Niue, Samoa, Tokelau, Tonga, and Tuvalu) participating in the PHC were provided support for pandemic preparedness and access to essential medicines which strengthened their health systems to respond to the pandemic well. Consequently, New Zealand's support also led to building capability in different areas of the health system. For example, increased capability in pandemic preparedness (i.e. capabilities in place to deal with another virus), and in vaccination. In Tonga, the use of the Supply software was expanded for COVID-19 vaccine immunisation registrations. These efforts have helped build capability in some Pacific countries to respond to another health emergency in the future.

New Zealand's support to other regions outside the Pacific, especially through multilateral organisations, also had some positive early results. For example, New Zealand's contribution of NZD 5 million to UNICEF Indonesia's COVID-19 response contributed to 680,000 people being provided with essential water, sanitation and hygiene supplies to prevent infection spread; 7,718 health workers received training on infection prevention control and treatment protocols; 9 million children were supported through remote learning; and 340,000 women and children were kept connected to critical basic health services.

### *Pacific economic and social recovery*

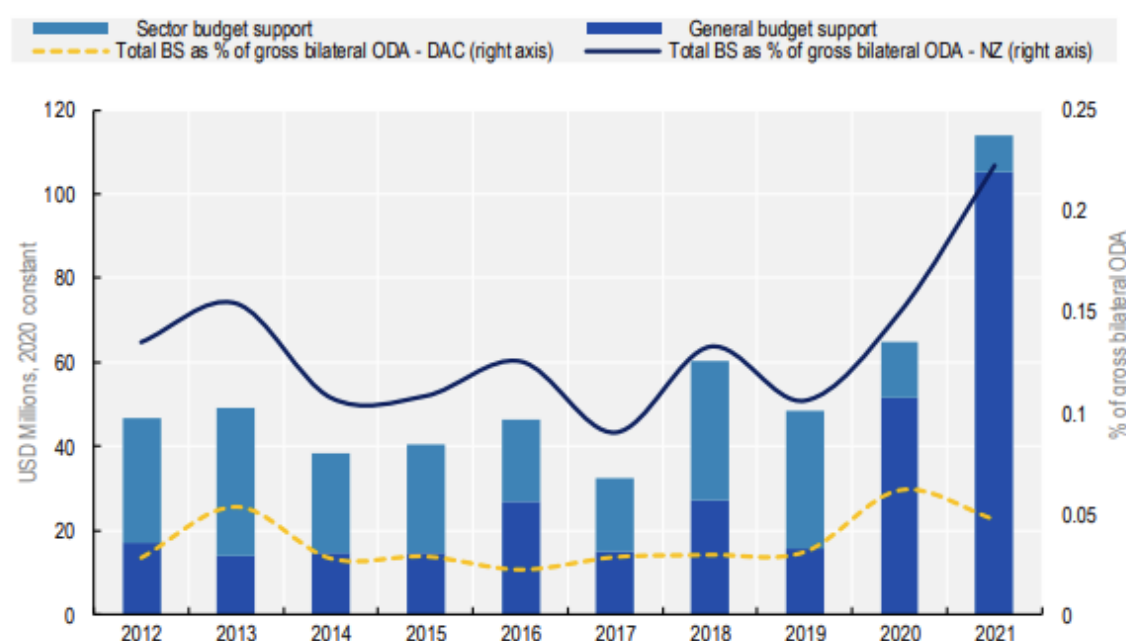
New Zealand has committed close to NZD 320 million in emergency budget support to countries in the Pacific region from 2020-2023. This support has allowed countries to respond directly and rapidly to their own priorities for COVID-19 response and recovery (New Zealand MFAT, 2023<sup>[21]</sup>), which strongly aligns with the Pacific Resilience approach by acknowledging that each country has different priorities for their emergency responses and recoveries.

New Zealand's support through emergency budget support helped prevent Pacific countries avoid severe economic distress. The initial rapid response of funding strengthened both health systems and border

responses by providing countries the time required to have their border closures maintained for as long as necessary, which gave them the maximum amount of time for vaccines to be delivered and administered.

Following the initial rapid response of emergency budget support, which was mainly used for health response priorities, New Zealand provided targeted funding support to Pacific countries which were used for other economic and social priorities. These included economic and social stimulus packages, health sector support (i.e. upgrade of healthcare facilities), wage support packages, support for small business especially for Pacific countries with tourism-reliant economies, social protection payments, as well as funding vital assistance such as food rations, household packs to those in home isolation and lockdown, and electricity and water subsidies for low-income households (New Zealand MFAT, 2020<sup>[19]</sup>) (New Zealand MFAT, 2021<sup>[20]</sup>) (New Zealand MFAT, 2022<sup>[5]</sup>).

**Figure 2.1. New Zealand's use of budget support**



Note: BS = budget support

Source: OECD CRS (2023<sup>[22]</sup>), OECD Creditor Reporting System, <https://stats.oecd.org/Index.aspx?DataSetCode=crs1#>

## 2.5. To what extent were funding and programming decisions and interventions timely and informed?

Before the COVID-19 pandemic, New Zealand had already been providing budget support to eight Pacific partner countries which were linked to strengthening economic governance systems and capability. The eight countries were Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga and Tuvalu (OECD, 2023<sup>[23]</sup>).<sup>7</sup> To respond quickly to the COVID-19 impacts, New Zealand designed and launched new support packages in the form of emergency budget support. This approach was based on:

- Several years of experience of delivering reform-linked budget support in partner countries, which included familiarity with partner government systems;
- Partner governments having pandemic response and recovery plans in place;
- Partner governments having accountability mechanisms in place to provide reporting on the use of funds.

Importantly, the new packages were on top of existing budget support, which helped to protect existing reform-linked packages and processes.

The quantum of New Zealand's response is as follows. A COVID-19 package of NZD 50 million was delivered in March 2020, including NZD 40 million delivered in emergency budget support. As the impacts of the pandemic continued, a further NZD 277 million in emergency budget support was disbursed between 2019/20 and 2021/22.

As a result of this funding approach and with financing from other development partners, the recipient partner governments were the drivers of their own COVID-19 response and recovery. The funding supported the preservation of countries' cash reserves and revenues and allowed partner governments to finance priority measures such as economic stimulus packages, social protection payments, and support for small businesses in their tourism sector.

## 2.6. What good practices, innovations and lessons learned emerged? How might they inform future crisis preparedness?

Reflections from teams within MFAT and from partner reporting have illustrated that the successful aspects of New Zealand's COVID-19 response (such as high vaccination rates in Polynesia) can be attributed to at least one of four key lessons.

### *Strong domestic collaboration is required for success*

To enable coordination and collaboration within New Zealand, MFAT established a new temporary division with the Ministry during the COVID-19 pandemic which convened multi-agency meetings. This temporary division – the COVID-19 Policy Coordination Division (CPCD) - was established to develop and coordinate MFAT policy and international engagement on COVID-19 issues (especially in relation to New Zealand domestic policy settings) so that MFAT contributed meaningfully to the Government's efforts to protect New Zealanders' lives and livelihoods in response to the COVID-19 pandemic. CPCD led MFAT's engagement across government on different areas such as communication, briefings that were presented to ministers (especially on vaccination), and advice around quarantine free travel. Figure 2.2 below outlines how New Zealand agencies worked together on different areas of governance and international workstreams during the pandemic. This served as an advantage because the ability to attend some of these multi-agency meetings allowed MFAT staff to mobilise support quickly and effectively where required in the Pacific and globally.

Figure 2.2. International COVID-19 System of Governance



Note: AOG = All Of Government; BEB = Border Executive Board; DPMC = Department of Prime Minister & Cabinet; ENZ = Education New Zealand; INZ = Immigration New Zealand; MBIE = Ministry of Business, Innovation and Employment; MOE = Ministry of Education; MOJ = Ministry of Justice; MOT = Ministry of Transport; MPI = Ministry of Primary Industries; MSD = Ministry of Social Development; NZIC = New Zealand Intelligence Community; NZTE = New Zealand Trade and Enterprise; TNZ = Tourism New Zealand; TPK = Te Puni Kōkiri (Ministry of Māori Development); TSY = Treasury New Zealand.

Source: New Zealand MFAT

The PHC programme, which oversaw New Zealand's contribution to the vaccine rollout in six Polynesian countries and Fiji, was built on a foundation of robust collaboration and communication between the Global Health team at MoH, and the Health team within the Pacific and Development Group (PDG) in MFAT. Fortunately, this relationship had the opportunity to develop prior to COVID-19, but it nevertheless displayed the importance of effective cross-agency collaboration when trying to achieve development and humanitarian outcomes in periods of non-acute crisis.

The working relationship between New Zealand domestic health agencies also extended out to Pharmac when meeting the requests of Pacific partners for New Zealand to supply COVID-19 therapeutics.

Strong collaboration was also required on the border settings work, when teams from Customs NZ, Immigration NZ, and MFAT balanced a need from many Pacific governments (including New Zealand) to keep COVID-19 out of the respective countries, while also planning for a safe re-opening of borders as soon as possible to kickstart economic recovery.

The quarantine-free travel (QFT) bubbles with Niue and Cook Islands (opened in March and June 2021 respectively) were seen as landmark milestones that allowed the resumption of travel and trade between

those countries and New Zealand. This was then followed by quarantine-free travel arrangements with Samoa, Tonga, and Vanuatu in October 2021, that allowed for the entry of 11,000 RSE workers into New Zealand.

### ***Clear strategy and political buy-in are crucial***

New Zealand's international development and humanitarian support during the COVID-19 pandemic was driven by the Pacific Resilience Approach – a “desire for a peaceful, stable, prosperous, and resilient Pacific in which New Zealand operates as a true partner”. This approach to engagement in the Pacific recognised the significant overlap between New Zealand's domestic and international policy settings where the Pacific is concerned, given shared communities and cross-regional challenges faced together. The approach was grounded in a focus on well-being and resilience, in line with shared commitments under the United Nations Sustainable Development Goals (SDGs) (New Zealand MFAT, 2021<sup>[24]</sup>).

As the overarching approach was delivered via a Cabinet mandate, it meant that all New Zealand government agencies operated under a shared strategy and guiding principles when engaging with the Pacific. This, in turn, aided with prioritisation of work, and enhanced collaboration between domestic agencies. Interviewees also noted that decisions requiring Cabinet approval, such as for emergency budget support and border settings, were granted at a faster rate.

### ***Importance of well-informed development programming***

A large part of the success of New Zealand's vaccine rollout support in Polynesia, and budget support across the Pacific, can be attributed to the work that was already under way in New Zealand's IDC programme prior to the start of the pandemic. Having activities that were already in place allowed New Zealand to respond quickly overall, but also to respond quickly to critical gaps (e.g. supply gaps or advice gaps) some of which were already known.

Design of the PHC programme began in 2018, and implementation commenced the following year. The design work for the programme had already identified that there were critical gaps in the health systems of these six Polynesian countries, and that greater linkages between them and the New Zealand health system would help improve health outcomes for communities across the region.

Due to the prior work undertaken by the teams at MFAT and MoH in consulting with partner countries and identifying health sector needs, the Pandemic Preparedness & Response workstream was able to be efficiently docked into a programme that already shared the same strategic, humanitarian, and development goals.

Similarly, development programming in the economic space had already assessed and strengthened the public financial management capabilities of partner countries through reform-linked budget support that had been in place since as early as 2016 in some countries. This provided a strong evidence base and partnerships upon which funding decisions could be made during the initial rounds of emergency budget support provided by the New Zealand IDC programme.

### ***Robust relationships with partner countries***

If the above three practices are achieved, then it positions provider countries well during a crisis response to achieving the ultimate outcome of having deep, robust relationships with partner countries.

From a New Zealand perspective, the desire to achieve this outcome is articulated in the enduring principles that guided engagement in the Pacific before and during the COVID-19 response.

While the COVID-19 pandemic was a challenging time, it also highlighted the importance of effective partnerships and what being partner-led really means in international development and humanitarian responses: aligning international support to priorities and solutions that have been identified by the partner countries themselves (New Zealand MFAT, 2021<sup>[25]</sup>). Focusing on the communicated needs of the partner before and during the pandemic, as opposed to donor-driven approaches, has allowed for a more sustainable development impacts in Polynesia and Fiji. High vaccination rates, strengthened health workforce capacity, and a resilient Pacific tourism industry (Pacific Tourism Organisation, 2025<sup>[26]</sup>) are all indicators that the Pacific is successfully leading itself into a post-COVID future.

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# Annexes

## Annex A - New Zealand's budget support and snap shot of development co-operation

Table A.1. Initial Emergency Budget Support amounts disbursed in 2020

Pacific island country	Amount NZD	Disbursement date
Cook Islands	NZD 7 million	30 March 2020
Fiji	NZD 3 million	27 March 2020
Kiribati	NZD 3 million	2 April 2020
Nauru	NZD 0.5 million	3 April 2020
Niue	NZD 3 million	30 March 2020
Papua New Guinea <sup>a</sup>	NZD 3 million	26 May 2020
Samoa	NZD 5.5 million	30 March 2020
Solomon Islands	NZD 3 million	29 April 2020
Tokelau	NZD 3 million	30 March 2020
Tonga	NZD 4 million	1 April 2020
Tuvalu	NZD 2 million	14 April 2020
Vanuatu	NZD 3 million	2 April 2020
<b>Total</b>	<b>NZD 40 million</b>	

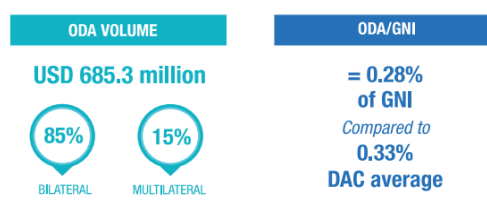
Note: <sup>a</sup> = transferred to the Health Services Improvement Program Trust Account.

Source: New Zealand MFTA

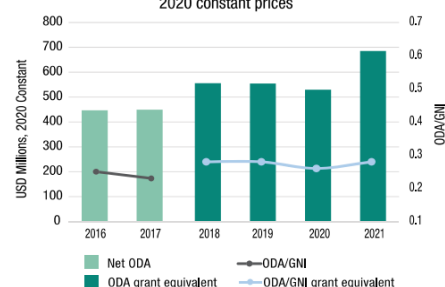
## Infographic A.1. New Zealand's development co-operation at a glance

Figures expressed in USD million and based on current price unless otherwise stated

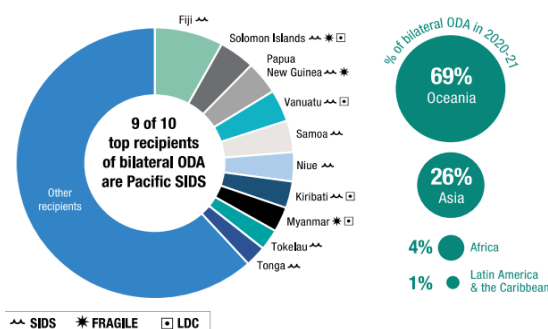
### NEW ZEALAND RANKS 18<sup>TH</sup> OUT OF 29 DAC COUNTRIES ON ODA AS A SHARE OF GNI 2021 current prices



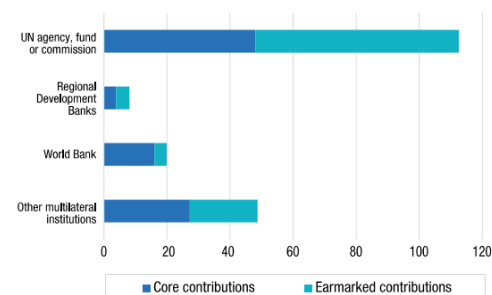
### ODA ROSE IN VOLUME IN 2021 BUT REMAINS STATIC AS A SHARE OF NEW ZEALAND'S GNI 2020 constant prices



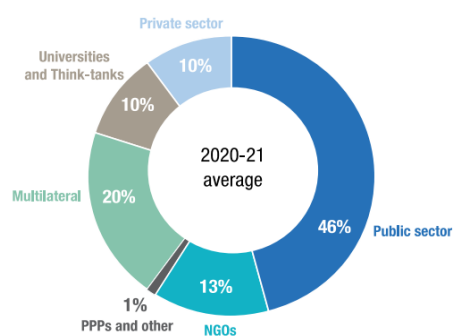
### BILATERAL ODA FOCUSES ON PACIFIC SIDS 2020-21 average, Gross disbursements



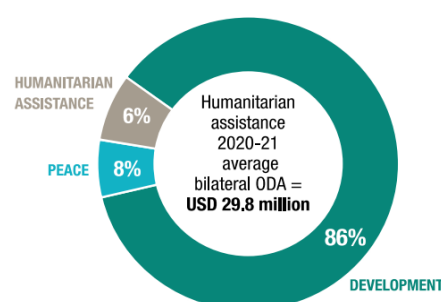
### THE UNITED NATIONS IS THE MAIN RECIPIENT OF NEW ZEALAND'S MULTILATERAL ODA 2020-21 average core and earmarked contributions Gross disbursements in USD millions, 2020 constant



### ALMOST HALF OF NEW ZEALAND'S BILATERAL ODA IS DELIVERED VIA THE PUBLIC SECTOR 2020-21 average, % of gross disbursements, 2020 constant



### NEW ZEALAND ALLOCATES A SIMILAR SHARE OF ODA TO PEACE AND HUMANITARIAN AID Gross disbursements, 2020 constant



Source: OECD (2023<sup>[27]</sup>), *OECD Development Co-operation Peer Reviews: New Zealand 2023*, <https://doi.org/10.1787/10883ac5-en>

## Annex B - Interview Schedule

### Introduction:

#### Greeting and Introduction

- Briefly introduce yourself and the purpose of the interview.
- Explain confidentiality and consent, etc.

### Background Information:

#### Interviewee Background

- Can you describe your role and experience related to New Zealand's COVID-19 response in the Pacific?
- How long were you involved in this activity/area?
- What specific responsibilities did you have?

### National and International Responses:

#### Government and Actor Responses

- How did the NZ government respond to the COVID-19 pandemic in the Asia-Pacific region? What did you understand the government priorities for the region were?
- What were the main strategies and actions taken by MFAT and other government agencies?

#### Meeting Needs and Priorities

- To what extent did the support provided by New Zealand and other international actors meet the needs and priorities of Pacific partner countries (that you were working with)?
- Were there any significant gaps or mismatches between the support provided and the needs on the ground?

### Alignment and Coherence:

#### Alignment of Responses

- To what extent did the responses from New Zealand, Pacific governments, and other international actors align to ensure coherent approaches at both global and country levels?
- What were the main challenges or successes in achieving this alignment (that you recall)?

### Early Results:

#### Results of the Response

- What are the early results – both positive and negative – of the collective response to COVID-19 from national and international actors (mainly in the Asia-Pacific)?
- Can you provide examples of both successful outcomes and challenges encountered?

**Timeliness and Decision-Making:**

## Funding and Programming Decisions

- In your experience in the role, to what extent were funding and programming decisions timely and informed during the COVID-19 response?
- How did these decisions impact the overall effectiveness of the response?

**Good Practices and Innovations:**

## Emergent Practices and Innovations

- What good practices, innovations, and lessons learned emerged from the collective response to COVID-19?
- How might these practices and lessons inform future crisis preparedness and response strategies? I.e. Which practices would you employ again?

**Personal Reflections:**

## Personal Experience

- Are there any particular experiences or stories you'd like to share?

**Closing:**

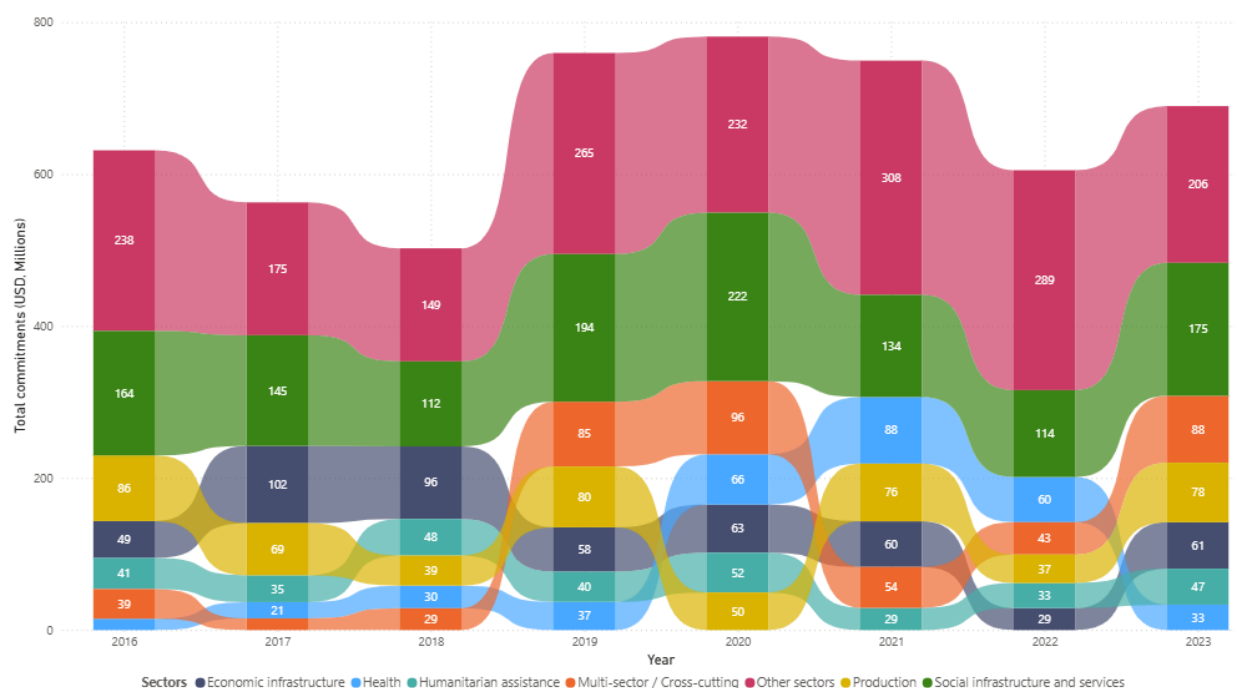
## Final Thoughts

- Is there anything else you would like to add about New Zealand's COVID-19 response in the Pacific that we haven't covered? - Do you have any questions for us or any additional thoughts you'd like to share?

## Annex C – New Zealand's support by sector

Figure C.1. Official development finance from New Zealand, by sector, 2016-2023

USD million commitments, constant 2023 prices



Source: OECD CRS Data (2025<sup>[28]</sup>), Creditor Reporting System (Database), <https://stats.oecd.org/Index.aspx?DataSetCode=crs1>.

Note: 'Social infrastructure and services' includes education, population policies, governance and water & sanitation. 'Economic infrastructure' includes transport, energy, communications, banking & financial services, and business. For providers, 'other sectors' includes general budget support and debt actions, as well as in-donor refugee costs, admin costs, and other programmes, making it the largest category.

## Notes

<sup>1</sup> Four MFAT staff were interviewed by the OECD in 2023 which informed this case study. A further four MFAT staff were then interviewed by the MFAT evaluation team in 2024.

<sup>2</sup> The consequences of border closures are discussed in more detail below in the “Local economic needs” sub-section

<sup>3</sup> South Pacific being made up of all countries and territories in the Polynesia, Micronesia, and Western Pacific regions

<sup>4</sup> The Western Pacific being the made up of Papua New Guinea, Solomon Islands, Vanuatu, and Fiji.

<sup>5</sup> The Realm of New Zealand comprises New Zealand, Tokelau, the Ross Dependency and the self-governing states of the Cook Islands and Niue.

<sup>6</sup> New Zealand's vaccination strategy in the Pacific and globally

<sup>7</sup> For further information on this process, see the OECD peer review (Box 5), Using budget support to respond rapidly to COVID-19 in Pacific small island developing states (SIDS), available at: <https://doi.org/10.1787/10883ac5-en>, as well as the related [TIPs practice](#).