**Background Paper (BP) on the ‘Policy lessons of country experiences with health and wellbeing (SDG3) in the wake of COVID-19’**

Yesim Tozan, PhD

School of Global Public Health, New York University, New York, NY 10003, USA

NYU Research Team: Sooyoung Kim, Tyler Y. Headley, Ariadna Capasso, Kiera Bloch

**Abstract**

The COVID-19 pandemic has disproportionately affected the socially and economically disadvantaged groups, specifically poor, minority, and vulnerable populations, across the globe. In this background paper, we aim to answer the question: How have the low- and middle-income countries responded to the COVID-19 pandemic and what have been the main similarities and differences in policies and approaches across these countries when tackling this novel public health threat? Our focus is not only on the public health efforts to combat the spread of the virus but the various policy responses and approaches taken by the governments to mitigate the socio-economic crisis stemming from the COVID-19 pandemic. To do so, we will compile 6 country case studies from around the world: Viet Nam, South Korea, Oman, Germany, Nigeria (or Rwanda, TBD), Peru (or Colombia, TBD). These countries are selected on the basis of their varying levels of progress towards universal health coverage over the past decade, national disease surveillance systems, pandemic preparedness and response capacity, and overall level of economic development. The overall aim of case studies is to describe in depth the development and implementation of public health- and social policy measures taken by each country in response to the COVID-19 pandemic and to highlight the key lessons learned so as to strengthen resilience in all nations through synergistic systems for future public health emergencies. Given that we attempt to describe the country experiences and synthesize the evidence based on very recent policy developments in response to a public health emergency that is still unfolding, we will apply descriptive research methods and rely primarily on national and other official policy documents and published literatures from the start of the COVID-19 crisis in January 2020 to now. Where we can, we will use quantitative indicators from international and national data sources to support our arguments and findings.