

COVID-19 and public support for development assistance

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Abstract

The 2020 COVID-19 pandemic poses a global health and economic threat. Tackling the pandemic requires global cooperation and the provision of development assistance to countries in need. However, individual health-related and economic worries may decrease support for development assistance among publics in donor countries. Against this background, we plan to investigate 1) the effect of pandemic-induced worries on public support for providing assistance to developing countries and 2) the moderating role of feelings of moral obligations towards developing countries and trust in government. Drawing on the aid attitudes literature and using survey data from the 8th wave (April 21./22., 2020) of the COSMO survey (Betsch et al., 2020) as well as linear regression models, a set of hypotheses will be tested.

Introduction

The COVID-19 pandemic poses a global threat to health and the economy. Although the pandemic is global, abilities to cope with the pandemic vary across countries. The pandemic will likely affect developing countries to a larger extent than developed countries. According to the World Health Organization (WHO, 2020), Africa is still at the beginning of the public health crisis. In addition, economic ramifications due to lockdown measure will negatively affect the continent. For instance, the International Labor Organization (ILO, 2020) estimates that the pandemic will cost almost 100 million jobs in developing countries.

To tackle the pandemic, bilateral donors and multilateral organizations began to increase financial and medical support to developing countries. For instance, the World Bank (2020) set up programs to provide rapid support to affected developing countries and the International Monetary Fund (IMF, 2020) approved debt relief for 25 low-income countries.

Despite the fact that such measures of global solidarity meet an urgent need, they imply a trade-off for donor countries as their publics also display health-related as well as economic worries. The publics may be aware of a conflict between spending money for measures at home and supporting foreign countries. Since policy makers aim at being responsive to their constituencies, global solidarity may be perceived as conflicting with the interests of donor publics. Similar to observations for the 2009 European financial crisis (Heinrich et al., 2016), the pandemic might dampen public support for global solidarity and at worst the government's willingness to provide development assistance. Against this backdrop, we aim at disentangling the impact of the COVID-19 pandemic on public support for global solidarity in Germany by focusing on the role of pandemic-induced worries. The country is a common case among traditional Official Development Assistance (ODA) donors as the country is not only among the main bilateral donors but also immediately responded to the pandemic by initiating emergency foreign aid programs (BMZ, 2020; Federal Foreign Office, 2020).

Literature review

Studies investigating attitudes towards development policy and development cooperation examine numerous factors that may influence attitudes. This includes, for example, people's own social situation, partisanship, political orientation and ideology, value orientations, trust in fellow citizens and political institutions, and moral obligations (e.g., Bae & Kim, 2016; Bauhr et al., 2013; Bayram, 2016a, 2016b; Bodenstein & Faust, 2017; Chong & Gradstein, 2008; Henson & Lindstrom, 2013; Milner & Tingley, 2013; Paxton & Knack, 2012). Many of these factors can be assigned to the dimensions of "self-interest/material" and "ideological" (Hudson & vanHeerde-Hudson, 2012; Milner & Tingley, 2013). Recently, situational drivers of aid attitudes gained scholarly attention. Whereas many studies use experimental designs testing the effect of development-related information in survey experiments (see, e.g., Scotto et al., 2017; Wood, 2019), observational studies investigating the effects of macro-political events are scarce. Heinrich et al. (2016) using cross-sectional comparative survey data for the European Union showed that in the wake of the financial crisis in 2009 changes in the financial situation and job losses correlated with less support for development assistance. Using an panel survey design, Schneider and Gleser (2018) found that during the so-called "European refugee crisis" in 2015 public support in Germany slightly rose but changes in ideology (i.e. people becoming more conservative) and attitudes towards immigration (i.e. people becoming more critical) did not have a positive effect on support for development cooperation. In that vein, the 2020 COVID-19 pandemic may provide a similar external stimulus affecting public attitudes toward development assistance. With investigating the effects of health-related and economic worries on support for development assistance, we aim at contributing to this strand of literature.

Theory and hypotheses

The rapid spread of the virus as well as the economic consequences of the lockdown measures generate both health-related and economic worries among the publics in donor countries. With regard to health-related worries, in such threatening situations people either may perceive a realistic intergroup conflict (Rios, Sosa & Osborn, 2018; Stephan & Stephan, 2017) or may become aware of what they have in common with people living in other countries, i.e. risk and vulnerability, a shared interest in promoting health for all, and the insight that global cooperation and solidarity are needed to tackle the pandemic (West-Oram & Buyx, 2017). Thus, people who worry about their health might either show higher or lower support for global solidarity, i.e. for assisting developing countries.

With regard to economic worries, global solidarity implies that donor countries provide financial and medical assistance to beneficiaries in other countries who are not their own constituencies. In light of people losing their jobs and suffering from financial strains, economic worries induced by the pandemic may dampen support for global solidarity as people want their governments to use available resources at home. Indeed, Heinrich et al. (2016) find that support for foreign aid is lower when people report that their financial situation got worse. The same holds true for job losses in the wake of the European financial crisis of 2009. Accordingly, support for domestic welfare provision rises in times of economic crises and shocks (Margalit, 2019). Since governments' resources are scarce, increasing aid disbursements conflicts with domestic welfare measures. Facing economic worries people may refrain from supporting the provision of development assistance as its tangible benefits do not become immediately clear. In sum, for economic worries a common human identity scenario seems unlikely as people often do not appreciate the economic benefits of providing development assistance (e.g., trade, export; see Heinrich, Kobayashi & Bryant, 2016: 68).

In addition, we explore the moderating effect of moral considerations and trust in government on the impact of health-related and economic worries. Moral considerations do not only shape political

attitudes and behavior (e.g., Bloom, 2013; Kertzer et al., 2014) as well as aid attitudes (see, e.g., Hudson and vanHeerde-Hudson, 2012; Schneider & Gleser, 2018) but also serve as information processing guidelines when coping with uncertainty and threatening situations (e.g., Haidt, 2001). Viewing development cooperation from a moral angle may thus offset pandemic-induced worries. Hence, we hypothesize that the positive effect of health-related worries increases with higher levels of moral obligations as it provides a fertile soil for global solidarity. By contrast, pronounced feelings of moral obligations toward developing countries should buffer the negative impact of economic worries.

Trust in government may also matter to how people respond to worries caused by the COVID-19 pandemic. If people share the impression that the government is trustworthy and doing the right thing, they are willing to accept personal risks or sacrifices when being uncertain whether beneficial policy outcomes will materialize (Rudolph & Evans, 2005: 661). This holds especially true for development policy as the implemented policies are remote and hard to monitor for the public. In that vein, trust in government may shape preferences for development assistance and its modalities (Bodenstein & Faust, 2017; Paxton & Knack, 2012: 174). In more general terms, studies find that higher trust correlates with stronger support for public policies (Citrin & Stoker, 2018: 61). In light of an ongoing pandemic, trusting the government may not only go along with higher support for development assistance. From an intergroup threat-perspective it may also buffer or even offset the negative impact of health-related and economic worries. From a common human identity-perspective, high levels of trust in government should boost a positive effect of health-related worries.

The reasoning above leads to the following hypotheses that will be tested in our study:

H1a: Higher levels of health-related worries induced by COVID-19 predict higher support for development assistance. (*realistic intergroup threat scenario*)

H1b: Higher levels of health-related worries induced by COVID-19 predict higher support for development assistance. (*common human identity scenario*)

H2: Higher levels of economic worries induced by COVID-19 predict lower support for development assistance.

H3a: The higher feelings of moral obligation, the larger the positive effect of health-related worries on support for development assistance.

H3b: The higher feelings of moral obligation, the smaller the negative effect of economic worries on support for development assistance.

H4a: The more people trust the government, the larger the positive effect (the smaller the negative effect) of health-related worries.

H4b: The more people trust the government, the smaller the negative effect of economic worries.

Data and research design

Data

We use data from the 8th wave of the COVID-19 Snapshot Monitoring (COSMO) survey collected on April 21 and 22, 2020 (see Betsch et al., 2020). In this wave, we included several items tapping the global political dimensions of the pandemic.

Dependent variables

Our key dependent variable is an item capturing the support for development cooperation (“Germany should increasingly support developing countries with money and know-how to cope with the corona situation and its consequences”; SUPPORT DEVELOPMENT COOPERATION). As a robustness check, we run all analyses using an alternative dependent variable that measures

support for debt relief to developing countries (“Germany should waive debt repayment to the poorest countries due to the corona situation”; SUPPORT DEBT RELIEF). Both items are measured on a 7-point scale ranging from 1 “I do not agree at all” to 7 “I completely agree”. Whereas the first item addresses general solidarity with developing countries during the pandemic, the latter addresses more directly the willingness to pay for assistance.

Independent variables

As independent variables, we use individual health-related and economic worries evoked by the pandemic. Individual health-related worries (OWN RISK) are operationalized by an additive index of the perceived risk to become infected with the coronavirus and the assessment of the severity of an infection (Spearman-Brown reliability: 0.64). Both items are measured on 7-point scales ranging from 1 “not vulnerable at all” and “completely harmless” to 7 “very vulnerable” and “extremely harmful”, respectively. The resulting index ranges from 1 to 7. Higher values indicate higher levels of worries. Collective health-related worries (WORRY LOSS) about relatives and friends are operationalized by the worry to lose a loved one measured on a 7-point scale ranging from 1 “very little worry” to 7 “a lot of worries”. Economic worries (WORRY ECONOMY) are operationalized by an additive index of the worry to lose one’s job and the worry to get into financial struggles (Spearman-Brown reliability: 0.62), both using the same 7-point scale as above. Again, the resulting index ranges from 1 to 7; higher values indicate higher levels of worries.

For the moderator analysis we operationalize trust in government (TRUST GOVERNMENT) using a 9-item additive index measuring the sub-dimensions government’s competence, benevolence, and integrity (Grimmelikhuisen & Knies, 2017). For the sake of simplicity and due to high correlations between the dimensions we refrained from using them separately (Cronbach’s Alpha 0.98). The resulting index ranges from 1 to 7; higher values indicate higher levels of trust. Moral obligations (MORAL OBLIGATIONS) are measured by the agreement with the statement that Germany is morally obliged to help countries that are more affected. Again, the item was measured using a 7-point scale ranging from 1 “I do not agree at all” to 7 “I completely agree”.

As control variables, we use national self-interest measured by the item “Germany should only cooperate with other countries if it directly benefits German interests (e.g. protection of EU external borders)” (SELF-INTEREST) and an assessment of the situation in developing countries measured by the item “Developing countries are the most affected by the corona-situation” (MOST AFFECTED). Both items use the same 7-point rating scale ranging from “I do not agree at all” to “I completely agree”. In addition, we control for age (in years; AGE), gender (GENDER; reference category: male), education (EDUCATION; reference category: up to 9 years of school education), federal state (STATE; reference category: Baden-Wuerttemberg), and a categorical variable with three levels indicating the respondent’s place of residence’s number of inhabitants (INHABITANTS; reference category: less than 5,000).

To test our hypotheses, we will use OLS linear regression models. First, we will examine the direct effects of all theorized variables. Second, we will test the moderator hypotheses by including multiplicative interaction terms. We will do this blockwise by first testing the hypotheses for moral obligations in a model, followed by a model for trust in government.

The following tables provide an overview on all variables and operationalizations that we plan to use in our study.

Table 1. Operationalizations (based on COSMO wave 8; variable name in COSMO dataset in parentheses).

Variable	Question	Answer categories
AGE	How old are you? (AGE)	I am ____ years old.
GENDER	What is your gender? (GENDER)	1 – Male 2 – Female
EDUC	How many years of education have you completed? (EDUCATION)	1 – 0-9 years 1 →10 year 1 – more than 12 years
INHABITANTS	How many inhabitants live in the village or town in which you live? (INHABITANTS)	1 – ≤ 5,000 inhabitants 2 – 5,001 - 20,000 inhabitants 3 – 20,001 - 100,000 inhabitants 4 – 100,001 - 500,000 inhabitants 5 – > 500,000 inhabitants <i>Recoded to:</i> 1 – ≤ 5,000 inhabitants 2 – 5,001 - 100,000 inhabitants 3 – > 100,000 inhabitants
OWN RISK	How susceptible do you consider yourself to an infection with the novel coronavirus? (SUSCEP_OWN)	1 – Not at all susceptible 7 – Very susceptible
	How severe would contracting the novel coronavirus be for you (how seriously ill do you think you will be)? (SEVERITY)	1 – Not severe 7 – Very severe
HEALTH WORRIES (<i>Introduction: Crises often involve fears and worries. Please let us know: At the moment, how much do you worry about</i>)	...losing someone I love (WORRY_LOSS)	1 – don't worry at all 7 – worry a lot
ECONOMIC WORRIES (<i>Introduction: see HEALTH WORRIES</i>)	...becoming unemployed (WORRY_EMPLOYMENT)	1 – don't worry at all 7 – worry a lot
	...experiencing financial difficulties due to loss of income (e.g. short-time work)? (WORRY_MONEY)	
TRUST GOVERNMENT (<i>Introduction: Please indicate to what extent you think the following statements apply to the federal government. Regarding how to deal with the corona outbreak situation ...</i>)	...the Government is capable (T_COMP1_GOVERN)	1 – I do not agree at all 7 – I completely agree
	...the Government is an expert. (T_COMP2_GOVERN)	
	...the Government carries out its duty very well. (T_COMP3_GOVERN)	
	...If citizens need help, the Government will do its best to help them. (T_BEN1_GOVERN)	
	...the Government acts in the interest of citizens. (T_BEN2_GOVERN)	
	...the Government is genuinely interested in the wellbeing of citizens. (T_BEN3_GOVERN)	
	...the Government approaches citizens in a sincere way. (T_INT1_GOVERN)	

	...the Government is sincere. (T_INT2_GOVERN)	
	...the Government is honest. (T_INT3_GOVERN)	
SUPPORT DEVELOPMENT COOPERATION	Germany should increasingly support developing countries with money and know-how to cope with the corona situation and its consequences. (EPOL_UNTERSTUETZUNG_EP)	1 – I do not agree at all 7 – I completely agree
SUPPORT DEBT RELIEF	Germany should waive debt repayment to the poorest countries due to the corona situation. (EPOL_SCHULDENERLASS)	1 – I do not agree at all 7 – I completely agree
MOST AFFECTED	Developing countries are most affected by the corona situation (MOT_KOOP_BETROFFEN)	1 – I do not agree at all 7 – I completely agree
MORAL OBLIGATIONS	Germany is morally obliged to help countries that are more affected. (MOT_KOOP_MORAL)	1 – I do not agree at all 7 – I completely agree
SELF-INTEREST	Germany should only cooperate with other countries if it directly benefits German interests (e.g. to protect the EU's external borders). (MOT_KOOP_INSTR)	1 – I do not agree at all 7 – I completely agree

Table 2. Variables used for hypotheses testing

Hypothesis	Variables used (see Table 1, Column 1)
H1: Higher levels of health-related worries induced by COVID-19, predict higher support for development assistance.	HEALTH WORRIES; OWN RISK
H2: Higher the levels of economic worries induced by COVID-19 predict lower support for development assistance.	ECONOMIC WORRIES
H3a: The higher feelings of moral obligation, the larger the positive effect of health-related worries on support for development assistance.	HEALTH WORRIES * MORAL OBLIGATIONS; OWN RISK * MORAL OBLIGATIONS (multiplicative interaction terms)
H3b: The higher feelings of moral obligation, the smaller the negative effect of economic worries on support for development assistance.	ECONOMIC WORRIES * MORAL OBLIGATIONS (multiplicative interaction term)
H4a: The more people trust the government, the larger the positive effect of health-related worries.	HEALTH WORRIES * TRUST GOVERNMENT; OWN RISK * TRUST GOVERNMENT (multiplicative interaction term)
H4b: The more people trust the government, the smaller the negative effect of economic worries.	ECONOMIC WORRIES * TRUST GOVERNMENT (multiplicative interaction terms)

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