

Does the COVID-19 pandemic threaten global solidarity?

Evidence from Germany

Sebastian H. Schneider¹

Jens Eger²

Martin Bruder³

Jörg Faust⁴

Cornelia Betsch⁵

Lothar H. Wieler⁶

Abstract

The COVID-19 pandemic poses a global health, economic and political threat for developed and developing countries alike. However, the latter are less well prepared. Tackling the pandemic and its effects requires global cooperation and the provision of development assistance to countries in need. Yet, support for development assistance among donor publics might be dampened by individual health-related and economic worries as well as decreasing trust in government during the pandemic. Against this backdrop, we investigate the effect of pandemic-induced worries on public support for providing assistance to developing countries as well as the moderating role of moral considerations and trust in government. Drawing on the aid attitudes and welfare state support literature and based on survey data for Germany provided by the COVID-19 Snapshot Monitoring (COSMO) project collected in April 2020

¹ Team leader, German Institute for Development Evaluation (DEval), Fritz-Schäffer-Str. 26, 53113 Bonn, Germany. Mail: sebastian.schneider@deval.org. Phone: +49 (0)228 336907-977 (ORCID iD 0000-0002-8208-3676, corresponding author).

² Evaluator, German Institute for Development Evaluation (DEval), Fritz-Schäffer-Str. 26, 53113 Bonn, Germany. Mail: jens.eger@deval.org. Phone: +49 (0)228 336907-972.

³ Head of department, German Institute for Development Evaluation (DEval), Fritz-Schäffer-Str. 26, 53113 Bonn, Germany. Mail: martin.bruder@deval.org. Phone: +49 (0)228 336907-970.

⁴ Director, German Institute for Development Evaluation (DEval), Fritz-Schäffer-Str. 26, 53113 Bonn, Germany. Mail: joerg.faust@deval.org. Phone: +49 (0)228 336907-902.

⁵ Heisenberg Professor of Health Communication. Faculty of Philosophy, Seminar for Media and Communication Science, University of Erfurt, post box 90 02 21, 99105 Erfurt, Germany. Mail: cornelia.betsch@uni-erfurt.de. Phone: +49 (0)361 737-1631.

⁶ President, Robert Koch Institute, Nordufer 20, 13353 Berlin, Germany. Mail: president@rki.de. Phone: +49 (0)30 18754 0.

(N = 1,012), our regression models show that on average neither health-related nor economic worries go along with less support for providing assistance to developing countries affected by the pandemic. However, we find a significant interaction between health-related worries and trust in government: For those with high levels of trust in government the effect of health-related worry on support for development assistance is positive, whereas it is negative for those with low levels of trust. We conclude that for the moment there is no need for concern as neither form of worry correlates negatively with support for development assistance. However, garnering support for global solidarity remains an important task for policy-makers in developed countries. When the epicenter of the pandemic moves to the developing world and at the same time the consequences of the lockdowns become manifest in donor countries and trust in government decreases, public support for global solidarity may wane.

Keywords: Coronavirus; COVID-19; development assistance; global solidarity; public opinion; trust in government

1. 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 substantially across countries. On average, the pandemic will likely affect developing countries to a larger extent than developed countries (OECD, 2020). For instance, Africa is still at the beginning of a public health crisis (WHO, 2020). Their health systems are worse prepared, poor hygienic conditions and often close cohabitation may contribute to a particularly rapid spread of the virus and make adverse public health ramifications more likely. The economic outlook is also bleak: Lockdowns including the closing of businesses and borders bring economies to a halt. Foreign investment is decreasing, international supply chains are close to collapse and tourists stay away. The International Labor Organization (ILO, 2020) estimates that the pandemic will cost about 100 million jobs in developing countries.

COVID-19, in its geographical reach, infectiousness, and course of disease, is not comparable to any other pandemic. Previous pandemics have been geographically limited. COVID-19 hits developing and developed countries alike. To tackle the pandemic and its immediate social and economic consequences, bilateral donors and multilateral organizations increased financial support to developing countries.¹ Despite the fact that such measures of global solidarity meet an urgent need, they imply a conflict for donor countries. Their publics also display health-related as well as economic worries and may be aware of trade-offs between spending money for measures at home and supporting foreign countries. Thus, global solidarity may be perceived as conflicting with the interests of donor publics. Similar to observations for the 2009 European financial crisis (Heinrich, Kobayashi & Bryant, 2016), the pandemic might dampen public support for development assistance.

In addition, lockdown measures imposed by the government may – after initial phases of “rallying around the flag” in which the incumbent government enjoys the public’s

confidence (Bol et al., 2020) – evoke distrust and opposition to the government’s policies that in turn could also affect public support for development assistance.

Against this backdrop, we disentangle the impact of the COVID-19 pandemic on public support for development assistance using survey data for Germany collected by the COVID-19 Snapshot Monitoring (COSMO) project in April 2020 (see Betsch, Wieler & Habersaat, 2020). The country is an illustrative case for traditional Official Development Assistance (ODA) donor states as Germany is among the main bilateral donors and immediately responded to the pandemic by initiating emergency foreign aid programs (BMZ, 2020; Federal Foreign Office, 2020).

In light of this, we address two research questions: First, we examine whether health-related and economic worries elicited by the pandemic affect public support for development assistance. Second, we explore whether moral considerations and trust in government moderate the impact of pandemic-induced worries.

In sum, we find that neither health-related nor economic worries predict less support for development assistance. Second, we find positive effects of trust in government and perceiving developing countries as most affected by the pandemic. Third, trust in government moderates the impact of health-related worries. Among those with high levels of trust the effect of health-related worries on support for development assistance is positive, whereas it is negative among those with low levels of trust.

2. Literature and theory

The COVID-19 pandemic has major health implications for people in developed and developing countries alike. The rapid spread of the virus and – in some patients – dramatic course of the disease as well as the economic consequences of the lockdown measures generate foremost health-related worries. Two scenarios are feasible: According to the *intergroup threat*

theory (see Rios, Sosa & Osborn, 2018; Stephan & Stephan, 2017), conflicts regarding the use of scarce financial or medical resources constitute a realistic intergroup threat. Resources used for assisting foreign countries apparently cannot be used domestically, which is why people may oppose supporting developing countries. By contrast, proponents of a common human identity perspective argue that in such threatening situations people become aware of what they have in common with people living in other countries, i.e. risk and vulnerability, a shared interest in health for all, and the insight that global cooperation and solidarity are needed to tackle the pandemic (West-Oram & Buyx, 2017; for climate change see Reese, 2016). A global pandemic may blur the lines of thinking in in- and out-groups, i.e. differentiating between compatriots and people abroad. Accordingly, we posit the following opposed hypotheses.

H1a: Higher levels of health-related worries induced by COVID-19 predict lower 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)

With regard to economic worries, intergroup threat theory again provides a useful perspective (Rios, Sosa & Osborn, 2018; Stephan & Stephan, 2017). In light of people losing their jobs and suffering from financial strains, economic worries induced by the pandemic may dampen support for development assistance as people want their governments to use resources domestically. Indeed, Heinrich, Kobayashi and Bryant (2016) find that support for foreign aid is lower when people's financial situation got worse. The same holds true for job losses in the wake of the European financial crisis of 2009. Contrariwise, support for domestic welfare provision rises in times of economic crises (Margalit, 2019). Since governments' resources are scarce, disbursements for development assistance conflict with domestic welfare. Facing

economic worries people may refrain from supporting the provision of development assistance as its tangible benefits do not become immediately clear.² 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). Thus, we posit the following hypothesis:

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

However, health-related and economic worries in the wake of the pandemic should not be regarded isolated from general dispositions towards development assistance. The literature on public support for development assistance centers around the question of whether people support ODA based on self-interest or moral consideration (Hudson & vanHeerde-Hudson 2012; Milner & Tingley, 2013). Both turn out to be relevant for explaining aid attitudes (Schneider & Gleser, 2018) and support for aid cuts (Henson & Lindstrom, 2013). In concrete situations, for instance when providing bailouts to fellow European countries in the 2009 European financial crisis, altruism can outweigh self-interest (Bechtel, Hainmueller & Margalit, 2014). Nevertheless, both factors should be included when modelling support for development assistance.

Moral considerations do not only affect political attitudes and behavior (Bloom, 2013; Kertzer et al., 2014) but also serve as information processing guidelines when coping with uncertainty and threatening situations (Haidt, 2001). Viewing development assistance from a moral angle may 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.³ This leads to the following hypotheses:

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.

Finally, trust in government is crucial in times of a global pandemic. It likely matters to how people cope with resulting worries. 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). More generally, 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.⁴ From a common human identity-perspective, high levels of trust in government should boost a positive effect of health-related worries.⁵ This reasoning leads to our final hypotheses:

Hypothesis 4a: The more people trust the government, the smaller the negative effect (the larger the positive effect) of health-related worries.

Hypothesis 4b: The more people trust the government, the smaller the negative effect of economic worries.

3. Data and methods

We use data from the 8th wave of the COVID-19 Snapshot Monitoring (COSMO) survey (Betsch, Wieler & Habersaat, 2020) collected on April 21 and 22, 2020, shortly after the German government announced its emergency foreign aid program. The 1,012 respondents were drawn randomly from an online access panel using quotas for age and gender (crossed) as well as federal state (not crossed).

As our key *dependent variable* we use an item capturing the support for development assistance (“Germany should increase support for 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 (“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 addresses general solidarity with developing countries, the latter more directly captures the willingness to pay for assistance.

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. Collective health-related worries 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 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. For all worry indicators, 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 (Grimmelikhuijsen & Knies, 2017).⁶ 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 was morally obliged to help countries that were more affected. Again, the item were assessed using a 7-point scale ranging from 1 "I do not agree at all" to 7 "I completely agree". For details on all items, we refer to the online-appendix.⁷

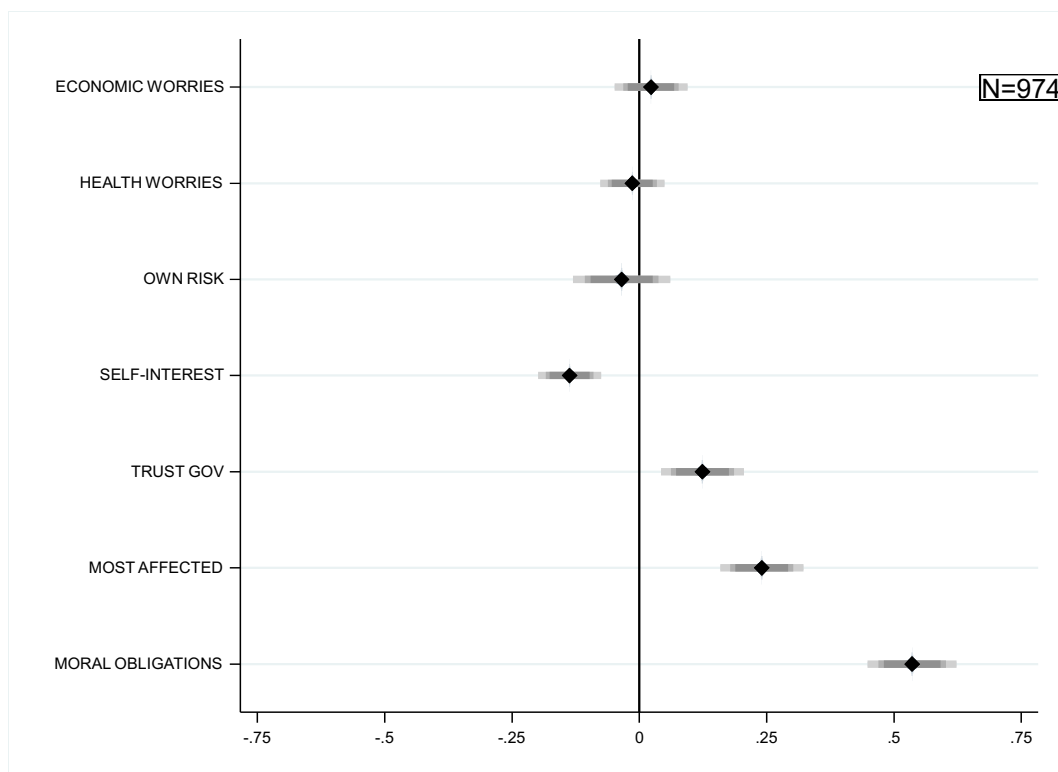
To test our hypotheses, we use OLS regression models. First, we examine the direct effects of all variables. Second, we test the moderator hypotheses by including multiplicative interaction terms.⁸ We do so blockwise by first testing the hypotheses for moral obligations in a model, followed by a model for trust in government.⁹

4. Findings

Respondents show moderate support for development cooperation (Mean = 4.1; SD = 1.9) but are more reluctant to support debt relief to developing countries (Mean = 3,7; SD = 1.9). The reason for this difference may be that the latter item more directly implies higher financial costs, which in Germany is a sensible issue as the country is a net payer in the EU and among ODA donors.

Next, we examine the direct effects of all theorized variables. Figure 1 visualizes the unstandardized regression coefficients. The two main factors of interest – health-related and economic worries – do not have statistically significant effects on support for development assistance. Thus, we reject hypotheses H1a and H1b as well as H2 as our data neither supports the realistic intergroup threat nor the common human identity perspective.¹⁰ In line with the aid attitudes literature, moral obligations and trust in government are significantly and positively associated with support for development assistance. Perceiving developing countries as most affected by the COVID-19 pandemic also increases support for development assistance. By contrast, self-interest dampens support for development assistance. All coefficients fulfill the 0.1% level of statistical significance.¹¹

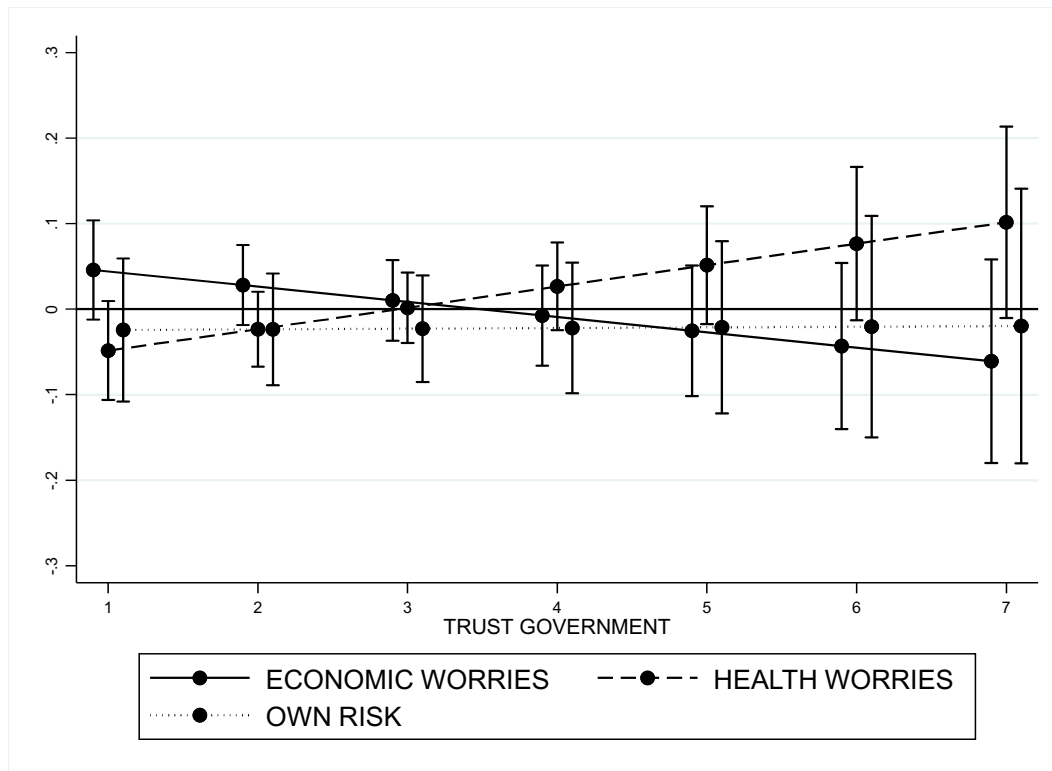
Figure 1. Regression analysis support for development cooperation



Note: Unstandardized coefficients with 90% confidence intervals based on Model 2 in Table 3 in the online-appendix. Control variables omitted. Robust standard errors.

Next we turn to the moderation analysis. For moral obligations, none of the coefficients for the interaction terms between moral obligations and indicators for health-related and economic worries fulfills the 10% level of statistical significance (Table 4, Model 3). Hence, we reject hypotheses H3a and H3b.

Figure 2. Moderation analysis trust in government



Notes: Marginal effect of the interactions of economic worries, health worries and own risk with trust in government. 90% confidence intervals based on robust standard errors. For the full regression table, see Model 1, Table 4 in the online-appendix.

With regard to trust in government a different picture emerges. The interaction between health-related worries and trust in government is positive ($b = 0.025$) and significant at the 10%-level (Table 4, Model 1). Figure 2 reveals that worries regarding losing relatives or friends are negatively associated with support for development assistance at low levels of trust and positively associated with support at high levels.¹² By contrast, the associations with economic worries as well as the correlation between perceived own risk and support for development assistance are not moderated by trust in government. Thus, we find support for hypothesis H4a proposing that trust in government increases the positive association between

health-related worries and support for development assistance but discard hypothesis H4b that proposes that trust offsets negative effects of economic worries.¹³

5. Discussion

The COVID-19 pandemic affects developed as well as developing countries and requires global cooperation and solidarity implying that developed countries need to provide financial resources, know-how, and medical equipment to developing countries. However, from the perspective of donor countries this represents a trade-off between spending resources for domestic measures or abroad. This realistic intergroup conflict could undermine public support for global solidarity and development assistance.

Against this background, using survey data for Germany collected at the peak of the pandemic in April 2020, we investigated whether pandemic-induced health-related and economic worries correspond to less support for development assistance and moderating role of moral considerations and trust in government. Our results indicate that neither form of worry correlates negatively with support for development assistance. What is more, our results suggest – besides a direct positive effect of trusting the government – that health-related worries lead to higher support for development assistance among those trusting the government. Furthermore, we show that seeing developing countries as most affected by the ongoing pandemic corresponds to higher support for development assistance. Put differently, the gain in awareness for developing countries and development assistance might facilitate a positive long-run impact on public support for development assistance.

However, our data was collected in a phase of rather high support for the anti-pandemic measures initiated by the German government. If in the near future the consequences of the lockdown for the economy become manifest (e.g., bankruptcy of companies, unemployment) in Germany as well as other donor countries and if trust in

government wanes, publics in donor countries may turn against global solidarity. Thus, scholars should investigate the questions addressed in this article in further traditional and new donor countries as well as using data collected a different phases of the pandemic.

Either way, development policy-makers and NGOs are well advised to closely monitor whether public mood swings against global solidarity. More importantly, they should steadily make the case for global cooperation and solidarity as it is the only feasible option the global community has. Awareness about the situation in developing countries and its positive correlation with support for development assistance provides a fertile soil for this endeavor.

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¹ 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.

² It must be noted that ODA usually amounts only to a very small part of national budgets. However, the public in many donor countries heavily overestimates the amount of money spend for ODA (e.g., Milner & Tingley, 2013; Schneider & Gleser, 2018; Scotto et al., 2017). Hence, the mentioned conflict stems more from perceived than from manifest trade-offs.

³ As we use cross-sectional data instead of a longitudinal or (quasi)-experimental design, we are aware of the possibility that the COVID-19 pandemic is reflected in the answers people give to survey questions regarding moral and self-interest as motives for supporting development aid. Thus, the reported absolute effects sizes must be treated with caution.

⁴ The Politbarometer surveys on March 27, April 9, and April 24, 2020 show that about 80% of the population mention the COVID-19 pandemic as the most important problem Germany is currently facing (Forschungsgruppe Wahlen, 2020).

⁵ Again, we cannot rule out that the COVID-19 pandemic affects both worries and trust in government as trust in government on its part varies with government performance and, more importantly, salience attached to particular issues at a given time (Hetherington & Rudolph, 2008). Thus, once more absolute effect sizes must be treated with caution.

⁶ A full list of variables and question wordings is available in the online-appendix.

⁷ As control variables, we include 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). Despite in the survey no variable measuring political ideology or partisanship – an important predictor for attitudes towards development assistance (e.g., Bodenstein & Faust, 2017; Dolan & Nguyen, 2020; Milner & Tingley, 2013; Paxton & Knack, 2012; Schneider & Gleser, 2018) – is available, we are confident that by including moral obligations and development-related self-interest we are able to capture the pathway underlying ideology and partisanship.

⁸ Due to limited space, we move robustness checks to the online-appendix.

⁹ The model has been tested for multicollinearity. With variance inflation factors between 1.1 and 3.2 we found no severe multicollinearity. In addition, we found no non-linear effects. Augmented component-plus-residual plots for all variables are available upon request.

¹⁰ These results are robust to alternating the dependent variable from support for development cooperation to support for debt relief to developing countries (see Model 3 in Table 3 and Figure 3 in the online-appendix). However, coefficients are considerably smaller throughout.

¹¹ Repeating the analysis only with the indicators for health-related and economic worries and socio-demographic controls revealed that worries only accounted for a very small proportion of the variance as R^2 adjusted amounts only to 0.027 compared to 0.544 in the full model.

¹² The confidence intervals crossing the horizontal zero line indicate the uncertainty of the estimation due to the limited number of observations and particular the number of respondents scoring either very high or very low on the trust measure.

¹³ When using support for debt relief as the dependent variable, our results remain largely unaltered. Again, we find that moral obligations do not moderate the effect of health-related and economic worries. With regard to trust in government, the interaction term with health-related worries this time fulfils the 1%-level of statistical significance. Therefore, the effect of health-related worries is again positive at high levels of trust and negative at

low levels but this time not crossing the horizontal zero line. However, one noteworthy exception stands out: the interaction between economic worries and trust in government is negative and fulfills the 10% significance level (see Table 4, Model 2). The marginal effect plot in Figure 4 shows that economic worries have a positive effect when the level of trust is low and negative when trust is high. This implies that especially those who trust the government economic worries correspond to less support for debt relief indicating that they want the German government to pay attention to the country's cash position. Since only the confidence interval for trust equaling 1 (low) does not cross the horizontal zero line whereas all others do, this fragile finding should not be over-interpreted.

Online-Appendix

Table 1. Question wording

Variable	Question	Answer categories
AGE	How old are you?	I am _____ years old.
GENDER	What is your gender?	1 – Male 2 – Female
EDUC	How many years of education have you completed?	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?	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 Recoded to: 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?	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)?	1 – Not severe 7 – Very severe
HEALTH WORRIES (Introduction: Crises often involve fears and worries. Please let us know: At the moment, how much do you worry about	...losing someone I love	1 – don't worry at all 7 – worry a lot
ECONOMIC WORRIES (Introduction: see HEALTH WORRIES)	...becoming unemployed ...experiencing financial difficulties due to loss of income (e.g. short-time work)?	1 – don't worry at all 7 – worry a lot
TRUST GOVERNMENT (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 ...)	...the Government is capable	1 – I do not agree at all 7 – I completely agree
	...the Government is an expert.	
	...the Government carries out its duty very well.*	
	...If citizens need help, the Government will do its best to help them.*	
	...the Government acts in the interest of citizens.*	
	...the Government is genuinely interested in the wellbeing of citizens.*	
	...the Government approaches citizens in a sincere way.*	
	...the Government is sincere.* ...the Government is honest.*	
SUPPORT DEVELOPMENT COOPERATION	Germany should increase support for developing countries with money and know-how to cope with the corona situation and its consequences	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.	1 – I do not agree at all 7 – I completely agree
MOST AFFECTED	Developing countries are most affected by the corona situation	1 – I do not agree at all 7 – I completely agree
MORAL OBLIGATIONS	Germany is morally obliged to help countries that are more affected.	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).	1 – I do not agree at all 7 – I completely agree

Table 2. Descriptive statistics

<i>Variable</i>	<i>Obs.</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Min</i>	<i>Max</i>
SUPPORT DEVELOPMENT COOPERATION (Range 1–7)	1012	4.141	1.882	1	7
SUPPORT DEBT RELIEF (Range 1–7)	1012	3.681	1.908	1	7
WORRY ECONOMY (Range 1–7)	974	3.053	1.815	1	7
WORRY LOSS (Range 1–7)	1012	4.279	2.025	1	7
OWN RISK (Range 1–7)	1012	3.904	1.373	1	7
SELF-INTEREST (Range 1–7)	1012	3.795	1.961	1	7
TRUST GOVERNMENT (Range 1–7)	1012	4.519	1.577	1	7
MOST AFFECTED (Range 1–7)	1012	4.549	1.761	1	7
MORAL OBLIGATIONS (Range 1–7)	1012	4.151	1.855	1	7
AGE (in years)	1012	46.845	15.337	18	74
GENDER	1012	1.515	.5	1	2
Male (reference category)	491				
Female	521				
EDUCATION	1012	2.45	.688	1	3
<9 years (reference category)	114				
≥10 years	329				
University entrance qualification	569				
STATE	1012	7.305	4.481	1	16
Baden-Wuerttemberg (reference category)	128				
Bavaria	156				
Berlin	48				
Brandenburg	21				
Bremen	10				
Hamburg	27				
Hesse	76				
Mecklenburg-West Pomerania	21				
Lower Saxony	95				
North Rhine-Westphalia	223				
Rhineland-Palatinate	51				
Saarland	14				
Saxony	62				
Saxony-Anhalt	26				
Schleswig Holstein	35				
Thuringia	19				
INHABITANTS	1012	2.227	.706	1	3
<5,000 (reference category)	163				
5,001 – 100,000	456				
>100,000	393				

Note: N total = 1,012. The COSMO survey uses a forced-choice format for all items. The missing values for WORRY ECONOMY are due to those not working were allowed to skip the item on worries related to unemployment.

Table 3. OLS regression models (direct effects)

	Support development cooperation		Support debt relief
	(1)	(2)	(3)
WORRY_ECONOMY	-0.054 (0.039)	0.023 (0.028)	0.042 (0.034)
WORRY LOSS	0.060+ (0.033)	-0.014 (0.024)	-0.025 (0.030)
AGE	0.008+ (0.004)	0.001 (0.003)	0.003 (0.004)
GENDER	-0.145 (0.123)	-0.097 (0.084)	-0.291** (0.101)
EDUCATION: More than 10 years	0.138 (0.221)	-0.019 (0.150)	-0.194 (0.174)
EDUCATION: University entrance qualifications	0.617** (0.216)	0.121 (0.152)	-0.102 (0.170)
INHABITANTS: 5,001-100,000	-0.029 (0.180)	0.058 (0.118)	-0.029 (0.133)
INHABITANTS: more than 100,000	0.177 (0.194)	0.187 (0.129)	0.140 (0.152)
OWN RISK		-0.035 (0.037)	0.035 (0.043)
SELF-INTEREST		-0.137*** (0.024)	-0.085** (0.029)
TRUST GOVERNMENT		0.124*** (0.032)	0.067+ (0.037)
MOST AFFECTED		0.240*** (0.032)	0.125*** (0.035)
MORAL OBLIGATIONS		0.536*** (0.034)	0.506*** (0.036)
CONSTANT	3.353*** (0.424)	0.739* (0.333)	0.999* (0.386)
STATE DUMMIES INCLUDED	YES	YES	YES
N	974	974	974
R ²	0.050	0.558	0.383
Adj. R ²	0.027	0.544	0.365

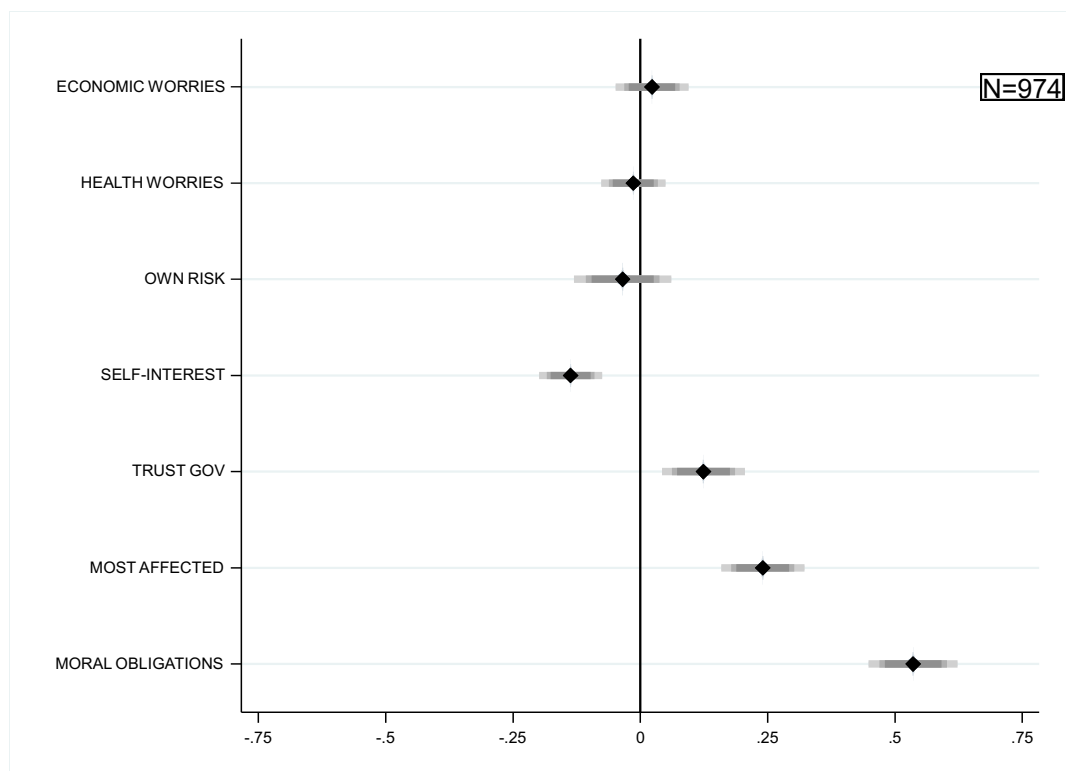
Note: + p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001; unstandardized coefficients; robust standard errors in parentheses. Reference categories: GENDER = male; EDUCATION: <9 years; INHABITANTS: < 5,000.

Table 4. OLS regression models (moderator effects)

	Support dev. cooperation	Support debt relief	Support dev. cooperation	Support debt relief
	(1)	(2)	(3)	(4)
WORRY ECONOMY	0.099 (0.072)	0.186* (0.089)	0.068 (0.065)	0.130+ (0.079)
WORRY LOSS	-0.123+ (0.073)	-0.219** (0.081)	-0.036 (0.062)	-0.017 (0.068)
OWN RISK	-0.027 (0.104)	0.097 (0.117)	-0.069 (0.089)	0.058 (0.095)
TRUST GOVERNMENT	0.070 (0.079)	0.021 (0.097)	0.127*** (0.032)	0.067+ (0.038)
WORRY LOSS * TRUST GOV.	0.025+ (0.015)	0.044** (0.017)		
OWN RISK * TRUST GOV	0.001 (0.021)	-0.010 (0.025)		
WORRY ECONOMY * TRUST GOV.	-0.018 (0.015)	-0.033+ (0.019)		
WORRY LOSS * MORAL OBL.			0.006 (0.013)	-0.002 (0.015)
OWN RISK * MORAL OBL.			0.009 (0.019)	-0.005 (0.021)
WORRY ECONOMY * MORAL OBL.			-0.011 (0.013)	-0.021 (0.017)
MOST AFFECTED	0.244*** (0.032)	0.131*** (0.035)	0.241*** (0.032)	0.126*** (0.035)
SELF-INTEREST	-0.137*** (0.024)	-0.085** (0.029)	-0.137*** (0.024)	-0.083** (0.029)
MORAL OBLIGATIONS	0.537*** (0.034)	0.509*** (0.036)	0.507*** (0.083)	0.600*** (0.090)
AGE	0.000 (0.003)	0.002 (0.004)	0.001 (0.003)	0.003 (0.004)
GENDER	-0.114 (0.084)	-0.319** (0.101)	-0.104 (0.084)	-0.291** (0.101)
EDUCATION: more than 10 years	-0.046 (0.151)	-0.239 (0.173)	-0.029 (0.151)	-0.206 (0.175)
EDUCATION: University entrance qualifications	0.102 (0.152)	-0.133 (0.169)	0.115 (0.153)	-0.114 (0.170)
INHABITANTS: 5,001–100,000	0.065 (0.119)	-0.017 (0.132)	0.066 (0.119)	-0.014 (0.135)
INHABITANTS: more than 100,000	0.195 (0.128)	0.152 (0.153)	0.192 (0.129)	0.145 (0.152)
CONSTANT	0.975* (0.455)	1.204* (0.515)	0.843+ (0.442)	0.633 (0.481)
STATE DUMMIES INCLUDED	YES	YES	YES	YES
N	974	974	974	974
R ²	0.560	0.390	0.558	0.385
Adj. R ²	0.545	0.370	0.544	0.365

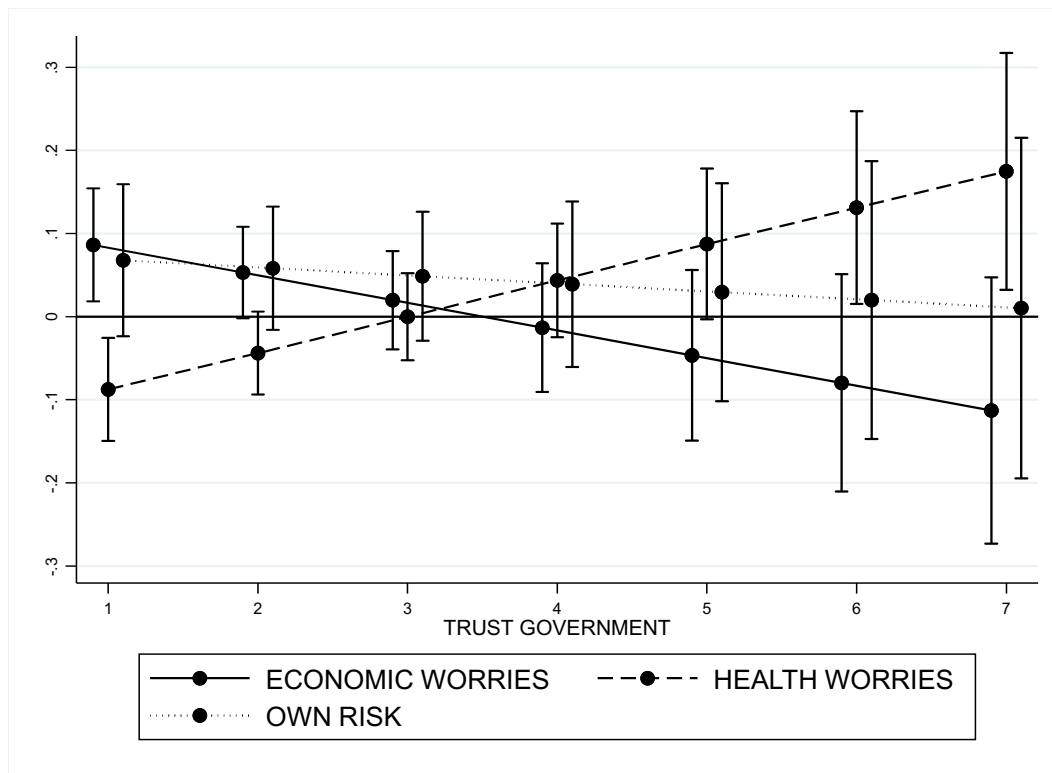
Note: + p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001; unstandardized coefficients; robust standard errors in parentheses. Reference categories: GENDER = male; EDUCATION: <9 years; INHABITANTS: < 5,000.

Figure 3. Regression analysis support for debt relief



Note: Coefficient plot based on Model 3 in Table 3 with 90% confidence intervals (based on robust standard errors). Controls omitted.

Figure 4. Moderation analysis trust in government (support for debt relief)



Note: Marginal effect plot of the interactions of economic worries, health worries and own risk with trust in government based on model 2 in Table 4. 90% confidence intervals based on robust standard errors.