

## Lessons from Covid 1: Key lessons

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*Although the COVID-19 response is ongoing and contexts are constantly evolving, the purpose of the following research paper is to flag key lessons learnt from the Covid-19 pandemic to assist PSI staff and affiliates in making policy strategies.*

*The paper builds on research done by a team of researchers at Public Services International Research Unit (PSIRU) for Public Services International (PSI) in 2020, available online in two working papers at the University of Greenwich <sup>4</sup> The ongoing research investigates what factors and policies have helped or hindered protection against Covid-19 as well as support for economic well-being and the environment. It analyses the unequal impact of the pandemic, the policies, and the role of business interests during the pandemic.*

*This is the first paper in a series on lessons from Covid-19, it is followed by three other papers: why countries expected to succeed did badly (paper 2); lessons for the healthcare sector and its supply chains (paper 3) and research on Covid-19 and economic recovery (forthcoming).*

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<sup>4</sup> Weghmann, V., Nguyen, T. and Hall, D. (2020) *Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32126/> ; and Nguyen, T.,Weghmann, V. and Hall, D. (2020) *COVID-19: Country case studies Mapping COVID: PSIRU working papers for PSI*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32127/>

## Lesson 1: Universal Public Healthcare

### Public universal health coverage offers resilience in times of pandemics

How well countries responded to the pandemic is ultimately dependent on the resilience of their health care systems.<sup>5</sup> Generally speaking countries with public health care and universal health coverage (UHC) managed to respond better to the pandemic than countries where the health care system is fragmented, shaped by inequalities of access, and/or where the health care system is subject to privatisation and excessive outsourcing.

### Public universal health coverage combats inequality

World Bank and World Health Organisation (WHO) research showed in 2017 that at least half of the world's population cannot obtain essential health services. Consequently, people are forced to pay for health care out of their own pockets and as a result are pushed into extreme poverty (defined by the World Bank as people who to live on less than \$1.90 a day).<sup>6</sup> Research in South Korea showed that universal health coverage can reduce health inequalities (see example below).

### Increasing public health care saved lives during the pandemic

Some countries that previously faced cuts in health care, such as Ghana and Greece, were quick to respond during the pandemic, increasing its health care capacity. However, public UHC is not enough, countries with strong UHC systems, such as Italy and the UK have also struggled with the pandemic as if did not cohesively implement robust coordination and privatised and outsourced essential parts of the health care system, such as hospitals, and pandemic responses, for example track and trace systems.

### Country examples:

**Taiwan** was estimated to have the second highest number of cases in early 2020 due to its proximity to and number of flights between China.<sup>7</sup> It turned out otherwise. Taiwan is one of the countries that handled the pandemic extremely well. To date (April 2021) the country only recorded 1,050 Covid-19 cases and it has a low Covid-19 case-fatality rate (1%) and consequently the country has one of the lowest deaths per population rate (0.04 in 100k pop.) in the world.<sup>8</sup> Taiwan has a national health insurance (NHI) scheme that covers more than 99% of the population. The NHI is a public program based on a single payer model with a sliding scale based on income and job status. By law all

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<sup>5</sup> Lal, A. et al (2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet Health Policy*. Vol. 397, pp. 61–67

<sup>6</sup> WHO (13 December 2017) World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. World Health Organisation. News Release. Available at: <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>

<sup>7</sup> Gardner, L. (31 January 2020) International Risk Model. Johns Hopkins University. Available at: <https://systems.jhu.edu/research/public-health/ncov-model-2/>

<sup>8</sup> John Hopkins University and Medicine (ongoing) Mortality Analysis. Available at: <https://coronavirus.jhu.edu/data/mortality>

hospitals in Taiwan have to be non-profit.<sup>9</sup> During the pandemic extra emergency funding has quickly been made available to increase COVID-19 prevention efforts.<sup>10</sup>

**Vietnam** is also one of the countries that performed best during the pandemic. To date (May 10th, 2021) the country only recorded 3444 Covid-19 cases and it has the world's lowest death rate at 1.0%.<sup>11</sup> During the pandemic, the government set up the National Steering Committee on Epidemic Prevention on Epidemic Prevention led by Deputy Prime Minister Vu Duc Dam only one week after the first 2 cases were identified on January 23<sup>rd</sup>, 2020. Vietnam's health services are provided by both public and private systems with the vast network of public health care extended throughout the poor and vulnerable areas. Social health insurance covered 82% of the population in 2018 with expectation of reaching 90% last year<sup>12</sup>. Being aware of the nation's lack of health care capacities for this disease, the Steering Committee has been guiding and working closely with ministries, local governments and military and police forces for a holistic response to the pandemic: compulsory state-provided quarantine for all incoming nationals, free tests, diagnosis and hospital treatments for Covid-19 patients while educating and encouraging communities to build a tight wall in areas with infection cases by participating in community-driven contact tracing method without the need for high tech apps.

In **South Korea** also has a low death per population rate (3.40 in 100k pop.) by the time of writing (April 2021). In South Korea most people (97%) are covered by the National Health Insurance Service (NHIS) and pay according to their income levels.<sup>13</sup> During the pandemic the government increased its capacity and achieved a temporary universal health care coverage (which included the remaining 3 % of the population not covered by NHIS) by making COVID- 19 diagnoses and treatments free of charge, regardless of income level.<sup>14</sup> A study on South Korea showed that while socioeconomic disparities in COVID-19 related health outcomes existed, in spite of the universal health coverage, the disparities caused by low socioeconomic status itself can be reduced with universal health coverage.<sup>15</sup>

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<sup>9</sup> Lewis Venerable, B. et al (16 January 2020) Comparing Health Care Systems in England, Taiwan, and the United States. *Global Policy Insights*. Available at: <https://www.globalpolicyinsights.org/comparing-health-care.php>

<sup>10</sup> Han, E. et al (2020) The resilience of Taiwan's health system to address the COVID-19 pandemic. *EClinicalMedicine*. Vol. 24. Commentary.

<sup>11</sup> Ministry of Health Vietnam, 'Info Page on COVID-19 (NCov)', accessed 10 May 2021, <https://ncov.moh.gov.vn/>.

<sup>12</sup> World Health Organisation, 'Universal Health Coverage in Viet Nam', accessed 10 May 2021, <https://www.who.int/westernpacific/health-topics/universal-health-coverage>.

<sup>13</sup> Dongarwar, D and Salihu, H (2021) Implementation of universal health coverage by South Korea during the COVID-19 pandemic. *The Lancet Regional Health - Western Pacific*. Vol. 7. Commentary.

<sup>14</sup> Lee H. et al. (2021) Power of universal health coverage in the era of COVID-19: A nationwide observational study. *The Lancet Regional Health - Western Pacific*. Vol. 7.

<sup>15</sup> Lee H. et al. (2021) Power of universal health coverage in the era of COVID-19: A nationwide observational study. *The Lancet Regional Health - Western Pacific*. Vol. 7.

**Kerala, India** engaged effectively in the emergency response, including in early detection, expansive contact tracing, risk communication, and community engagement.<sup>16</sup> Kerala's government's 'prompt response to COVID-19' was praised by the WHO.<sup>17</sup> Kerala's initial successful response is based on a robust health care system with a special focus on primary healthcare,<sup>18</sup> as well as its general commitment to broad social protection which in its response to the pandemic included temporary shelters for stranded migrant workers, cooked meals for people in need, increased internet capacity, and advanced pensions.<sup>19</sup> Yet the state had a surge in cases when India's lockdown eased in July and many migrant workers returned home. A significant proportion (17%) of the working-age population of Kerala works outside the state.<sup>20</sup> One problem with dealing with the pandemic was that Kerala privatised a lot of its hospitals (early 65–70 per cent of the population in Kerala depends on private hospitals) and in the beginning only involved the publicly owned hospitals in dealing with Covid-19 patients, which provided free treatment for Covid-19 as well as free meals to patients. Only from August 2020 the government started paying private hospitals to treat Covid-19 patients.<sup>21</sup> While Kerala managed to maintain public primary health care, also Kerala's health care systems saw privatization processes under the neoliberal reforms of the past three decades.<sup>22</sup>

**Costa Rica** has been praised for initially having one of the lowest rates of COVID-19 case fatality in the Americas. The good results were largely attributable to its robust universal health system as well as its rapid response and strong institutional support.<sup>23</sup> Costa Rica has a unified and universal healthcare system, on which it spends a higher proportion of GDP than the average OECD country.

**Cuba's** successful response to COVID-19 is mainly the result of years of investment in primary health care and general attention health care. Cuba has one of the highest doctor to patient ratios in the world. In response to the Covid-19 pandemic the government immediately mobilised its comprehensive public healthcare system and managed to keep both contagion and fatality rates at very low levels for most of 2020.<sup>24</sup> But it experienced a surge of infections in 2021. Yet, Cuba is still doing far better than the majority of other countries in the region.<sup>25</sup> Cuba currently has two vaccines

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<sup>16</sup> Lal, N. et al (January 2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*. Vol.397, Iss. 10268, pp. 61-67. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32228-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32228-5/fulltext)

<sup>17</sup> WHO (2 July 2020) Responding to COVID-19 - Learnings from Kerala. *World Health Organisation*. Available at: <https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala>

<sup>18</sup> Chathukulam, J. and Tharamangalam, J. (2021) The Kerala model in the time of COVID-19: Rethinking state, society and democracy. *World Development*.

<sup>19</sup> Lal, N. et al (January 2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*. Vol.397, Iss. 10268, pp. 61-67. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32228-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32228-5/fulltext)

<sup>20</sup> Biswas, S. (21 July 2020) India coronavirus: How Kerala's Covid 'success story' came undone. *BBC*. Available at: <https://www.bbc.co.uk/news/world-asia-india-53431672>

<sup>21</sup> Chathukulam, J. and Tharamangalam, J. (2021) The Kerala model in the time of COVID-19: Rethinking state, society and democracy. *World Development*.

<sup>22</sup> Chathukulam, J. and Tharamangalam, J. (2021) The Kerala model in the time of COVID-19: Rethinking state, society and democracy. *World Development*.

<sup>23</sup> Lal, N. et al (January 2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*. Vol.397, Iss. 10268, pp. 61-67. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32228-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32228-5/fulltext)

<sup>24</sup> Yaffe, H. (March 2021) Cuba's five COVID-19 vaccines: the full story on Soberana 01/02/Plus, Abdala, and Mambisa. LSE blog. Available at: <https://blogs.lse.ac.uk/latamcaribbean/2021/03/31/cubas-five-covid-19-vaccines-the-full-story-on-soberana-01-02-plus-abdala-and-mambisa/>

<sup>25</sup> Burki, T. (April 2021) Behind Cuba's successful pandemic response. *The Lancet*. Vol. 21, Iss.4, pp.465-466. Available at: <https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900159-6>

in final phase three trials and is expecting to carry out mass vaccination in the summer of 2021 as well as delivering solidarity vaccines across the world.<sup>26</sup>

In Europe, the Nordic model countries with strong welfare states and universal health coverage, such as **Iceland, Finland, Norway, Denmark**, did far better than the rest of the continent with the exception of Sweden. Also, **Greece** swiftly increased its health care capacity, in particular in regard to PPE and hospital beds. By April Greece had almost doubled its intensive care beds.<sup>27</sup>

**Ghana** was initiating reforms aimed at achieving the Universal Health Coverage prior to the pandemic, but its financing is a challenge.<sup>28</sup> During the pandemic Ghana quickly increased its health care spending in response to the pandemic.<sup>29</sup>

Key resources:

Weghmann, V., Nguyen, T. and Hall, D. (2020) *Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020.* [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32126/>

Nguyen, T.,Weghmann, V. and Hall, D. (2020) *COVID-19: Country case studies Mapping COVID: PSIRU working papers for PSI.* [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32127/>

Lal, N. et al (January 2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *The Lancet*. Vol.397, Iss. 10268, pp. 61-67.

WHO and World Bank (2017) Tracking universal health coverage: 2017 Global Monitoring Report.

Chathukulam, J. and Tharamangalam, J. (2021) The Kerala model in the time of COVID-19: Rethinking state, society and democracy. *World Development*.

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<sup>26</sup> Oppmann, P. (31 March 2021) Inside Cuba's race to vaccine sovereignty. CNN. Available at: <https://edition.cnn.com/2021/03/31/americas/cuba-vaccines-covid-phase-three-intl-latam/index.html>

<sup>27</sup><https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=2.1%20Physical%20infrastructure&Type=Section>

<sup>28</sup> Abor, P. and Abor, J. (2020) Implications of COVID-19 Pandemic for Health Financing System in Ghana. *Journal of Health Management*. Vol. 22, no.4, pp. 559–569.

<sup>29</sup> Fitch Solutions (1 June 2020) Ghana Increases Healthcare Spending In Response To Covid-19 Pandemic. *Fitch Solutions*. Available at: <https://www.fitchsolutions.com/corporates/healthcare-pharma/ghana-increases-healthcare-spending-response-covid-19-pandemic-01-06-2020>

## Lesson 2: Privatisation and Outsourcing

### Lesson 2.1 Avoid outsourcing: it is inefficient, costly and often corrupt

The outsourcing of contracts for various aspects of the governmental programmes for dealing with Covid19 has been a great business opportunity. This includes contracts for the supply, storage and distribution of PPE to health workers, contracts for supplying, administering and analysing tests, contracts for track and trace, and also elements of economic support, such as free school meals for poor pupils. These contracts do not create 'extra resources' for the public sector – rather they increase costs and so drain financial resources away from public services and weakens their capacity. The performance of private companies on such contracts has been manifestly poor, exploiting the lack of rigorous monitoring. Multi-million-dollar contracts have also frequently been awarded without tendering, and so the potential for corrupt award of contracts to cronies of the government in power is huge.

#### Country cases:

**Greece**, despite its effective use of its public healthcare system, has rushed through outsourcing deals that hand over the management of Covid-19 to private companies. There has been a severe lack of transparency about these deals. For example, a private company was awarded with a €20m Covid-19 public awareness campaign. The exact details on why this company was chosen, what the deal entails, and the exact costings are not revealed to the public; despite parliamentary requests, the government has refused to disclose these details. Also, the Ministry of Migration and Asylum has been accused of bypassing standard procurement procedures and awarding contracts worth millions of euros to private companies while claiming that these contracts are "confidential". Yet, some investigative research suggests that these deals with the private providers have been overpriced and lacked planning.<sup>30</sup>

In the **UK**, the NHS had already been subjected to a long-term process over 25 years of outsourcing NHS services and supplies. Even the procurement process itself was outsourced to private companies who then awarded monopoly contracts for supplies of PPE, warehousing, logistics, and IT services. The government has continued this process in 2020, by outsourcing every possible part of the new resources spent to control the Covid19 epidemic, instead of strengthening the capacity of the NHS. This includes PPE, testing, tracking and tracing.<sup>31</sup> This excessive outsourcing has been carried out with minimal oversight and a severe lack of governance and transparency.<sup>32</sup>

In **Ghana**, outsourcing has generally increased in the last few years and accelerated during the pandemic. For example, the Ghanaian government used drones to deliver COVID -19 test samples and track and trace people through outsourced providers. Also, rapid testing has been carried out by

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<sup>30</sup> Fotiadis, A; (16 June 2020) As the pandemic subsides, Greeks will soon want answers on public finances. The Guardian. Available at: <https://www.theguardian.com/commentisfree/2020/jun/16/pandemic-greece-public-finances-covid-19>

<sup>31</sup> Hall, D. (2020) Privatised and Unprepared: The NHS supply chain. *We own it & PSIRU*. Available at: <https://weownit.org.uk/sites/default/files/attachments/Privatised%20and%20Unprepared%20-%20The%20NHS%20Supply%20Chain%20Final.pdf>

<sup>32</sup> Blackburn, P. (8 September 2020) Outsourced and undermined: the COVID-19 windfall for private providers. British Medical Association. Available at: <https://www.bma.org.uk/news-and-opinion/outsourced-and-undermined-the-covid-19-windfall-for-private-providers>



private companies. In particular, e-health has increased. For example, a number of pharmacies have outsourced their supply chain mPharma (mobile pharma) which manages their prescription drug inventories and that of their suppliers. Other private e-health providers such as Talamus Health, provide video health consultations.<sup>33</sup>

In **Africa**, the management to the pandemic has also been outsourced to the Partnership for Evidence-based Response to COVID-19 (PERC), a public-private partnership advises African governments on the impact of COVID-19 proposes public health social measures.<sup>34</sup>

### **Lesson 2.2: Better don't privatise your health care**

The privatisation and outsourcing of healthcare and other public services have been a major problem for the last 40 years, and it has worsened under the pandemic. Private companies and consultants have seized the business opportunities from all the money government is spending to deliver the response to Covid19. The incompetent performance of privatised systems has been exposed, along with the cost and the stench of corruption as many countries award contracts without even tendering.

The corona pandemic showed again that it is the state – with taxpayers' money – that steps in in times of need and not the private providers. Again, it means, profits are privatised while losses socialised. Privatisation of hospitals means that management decisions put economic efficiency over well-being. Planned surgeries are much more lucrative than emergency care. This can mean, for example, that private hospitals are not keen to treat corona patients in order not to lose lucrative patients.<sup>35</sup>

#### Country examples:

**Spain** took an early decision to 'requisition' private hospitals. This has not taken the form of nationalisation, however, rather of 'capacity payments' whereby the hospitals receive payment to cover their expenses, as long as they are available if needed for public healthcare work – typically, non-Covid operations for patients with other conditions. But as waiting lists of such operations build up, the public system finds itself obliged to pay private hospitals for a much larger proportion of work than before.

In **Italy**, in Lombardy, the country's wealthiest region was very quickly overwhelmed with the pandemic despite boasting itself with world-class medical facilities. The catastrophe in Lombardy is the consequence of having privatised public health care.<sup>36</sup> Around 40% of the health care providers are for profit companies that failed to coordinate their services. The region is chronically under-resourced in primary care and preventative care as primary care and preventative care is less profitable.<sup>37</sup>

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<sup>33</sup> Bright, V. (27 October 2020) Bright, V. (27 October 2020) Outsourcing 2020. *Ghana. Chambers and Partners*. Available at: <https://practiceguides.chambers.com/practice-guides/outsourcing-2020/ghana/trends-and-developments>

<sup>34</sup> Ipsos (6 May 2020) Responding to Covid-19 in Africa: Key findings from surveys in 20 countries. Ipsos. Available at: <https://www.ipsos.com/en/responding-covid-19-africa-key-findings-from-surveys-in-20-countries>

<sup>35</sup> Greil, A. (10 March 2020) Coronavirus: Tagesschau wirft pikante Frage über Privat-Kliniken auf. Merkur. Available at: <https://www.merkur.de/wirtschaft/coronavirus-tagesschau-ard-private-krankenhaeuser-kliniken-patienten-gesundheitssystem-stresstest-covid-19-zr-13590702.html>

<sup>36</sup> Goodman, P. and Pianigiani, G. (19 November 2020) Why Covid Caused Such Suffering in Italy's Wealthiest Region. *New York Times*. Available at: <https://www.nytimes.com/2020/11/19/business/lombardy-italy-coronavirus-doctors.html>

<sup>37</sup> Usuelli, M. (15 October 2020) The Lombardy region of Italy launches the first investigative Covid-19 commission. *The Lancet*. Vol. 396, Iss. 10262. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32154-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32154-1/fulltext)

**Germany** has a well-funded universal health care system. Yet, currently, more than a third of hospitals are privatised – and roughly one third is run by the municipalities and one third run by non-profit providers. The trend is towards increased hospital privatisation. Also, the vast majority of nursing homes in Germany are privately run.<sup>38</sup> The privatisations made dealing with the pandemic more complex and costly. The German government tried to economically incentivise the treatment of corona patients by offering hospitals 560 Euros per day for each bed that is kept free for Covid-19 and a one-off payment of 50,000 euros for each new intensive care unit.<sup>39</sup> And private hospitals employ less staff than municipal hospitals and are less likely to have staff on full time contracts, moreover private hospitals are more likely to outsource cleaning and catering to other private providers. Low wages are the consequence and trade unions have pointed out that in some private hospitals the lowest wages are below the minimum wage.<sup>40</sup>

In the **UK**, private hospitals have been seeking to gain outsourcing contracts from the NHS for many years and gained hugely from Covid19 when the UK government required all private hospitals to make themselves 100% available for NHS work, under contracts worth £400million per month whereby the government pays all the running expenses of the private hospitals to be available for NHS work. The private hospitals now expect £10 billions of extra contracts from the NHS over the next 4 years.<sup>41</sup>

**India** has nearly double the number of private hospitals as public ones—an estimated 43 487 versus 25 778. Yet most people simply cannot afford them, 85.9% of India’s rural population and 80.9% of its urban population has no health insurance.<sup>42</sup> Many private hospitals have been excessively overcharging patients for Covid-19 treatment. In public medical facilities the treatment is free but the health sector has a severe lack of investment in terms of equipment, facilities, and staff and thus the quality of care is often very insufficient. A few Indian states took action against private hospitals overcharging patients. West Bengal announced that Covid-19 treatment should be completely free in public and private hospitals handling covid-19 cases, but most private hospitals did not comply. More than 10 other states in India, including Punjab, Tamil Nadu, Andhra Pradesh, and Jharkhand, have announced to subsidise covid-19 treatment in private hospitals. Yet, there is a lack of enforcement around these subsidies and price caps.

#### Key resources:

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<sup>38</sup> Mattheis, H. (11 May 2020) Wir dürfen unser Gesundheitssystem nicht dem freien Markt überlassen! *Frankfurter Rundschau*. Available at: <https://www.fr.de/meinung/starker-staat-alle-13758868.html>

<sup>39</sup> Heine, H. (20 April 2020) Warum Krankenhäuser trotz Schutzschirms in finanzielle Not geraten. *Der Tagespiegel*. Available at: <https://www.tagesspiegel.de/berlin/leere-stationen-kaum-ops-warum-krankenhaeuser-trotz-schutzschirms-in-finanzielle-not-geraten/25754400.html>

<sup>40</sup> Cicero (nd) Gesundheitssystem – Krankenhaus im Ausverkauf. *Cicero*. Available at: <https://www.cicero.de/wirtschaft/krankenhaus-im-ausverkauf/52424>

<sup>41</sup> Lintern, S. (17 August 2020) NHS prepares to spend up to £10 billion on private hospital treatments. *Independent*. Available at:

<https://www.independent.co.uk/news/health/coronavirus-uk-private-hospitals-surgery-nhs-england-a9673941.html>

<sup>42</sup> Thiagarajan, K. (10 September 2020) Covid-19 exposes the high cost of India’s reliance on private healthcare. Available at: <https://www.bmj.com/content/370/bmj.m3506>



Weghmann, V., Nguyen, T. and Hall, D. (2020) *Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32126/>

Nguyen, T., Weghmann, V. and Hall, D. (2020) *COVID-19: Country case studies Mapping COVID: PSIRU working papers for PSI*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32127/>

Jefferys, S. (2012) Shared business services outsourcing: Progress at work or work in progress? *Working Lives Research Institute*.

Hall, D. (2020) Privatised and Unprepared: The NHS supply chain. *We own it & PSIRU*.  
New Economic Foundation (05 February 2021) Weekly Economics Podcast: Is Outsourcing out of Control?

### Lesson 3: Essential Role of the Public Sector Capacity

#### Lesson 3.1: Austerity weakens the public sector

Years of austerity after the 2008 financial crisis had hollowed out public services and in particular health care services across the globe. A study from 2013 that looked at 27 EU countries from 1995 to 2011 found that the healthcare sector was hit particularly hard by austerity. This was especially the case in countries exposed to IMF lending agreements, which were almost 4 times more likely to make healthcare cuts than other countries.<sup>43</sup> Globally World Bank data showed that health care spending declined sharply after 2009, then recovered from 2013 onwards but then again decreased since 2016. However, the spending on public health care is still significantly higher today than before the millennium.<sup>44</sup>

Worldwide the ability of many countries to cope with the pandemic was weakened by these austerity programmes. International institutions such as the IMF, the European Commission and the European Central Bank made reductions in public spending, which included cuts to health care and the privatisation of essential public services such as water, conditional to loans.

While even the World Bank and the IMF now declared “fiscal activism” and “heavy borrowing” instead of austerity to deal with the pandemic<sup>45</sup>, research by Oxfam as shown that the IMF has pushed austerity measures on 80% of countries forced into IMF loans in the aftermath of the coronavirus pandemic.<sup>46</sup> Some countries even hold on to austerity measures during pandemic.

#### Country case studies:

**Nigeria** announced to cut its funding for local, primary healthcare services by more than 40% in 2020.<sup>47</sup>

In **Ecuador** 8% of the jobs in healthcare had been cut in 2019 as part of cuts imposed by the IMF as a condition for a loan.<sup>48</sup>

**Greece**, as part of its bailout, had seen a 50% reduction in funding for public hospitals between 2009 and 2015<sup>49</sup>, which in practical terms meant that more than 13,000 doctors and over 26,000 other healthcare workers lost their jobs between 2009 and 2016.<sup>50</sup>

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<sup>43</sup> Reeves, A. et al (2014) The political economy of austerity and healthcare: Cross-national analysis of expenditure changes in 27 European nations 1995–2011. *Health Policy*. Vol.115, Iss. 1, pp.1-8.

<sup>44</sup> World Bank (n.d) Current health expenditure (%of GDP) available at:  
<https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS>

<sup>45</sup> Wheatley, J. (8 October 2020) Borrow to fight economic impact of pandemic, says World Bank’s chief economist. *The Financial Times*. Available at: <https://www.ft.com/content/0582e495-765a-46a1-98f9-ac48e80a139c>

<sup>46</sup> Oxfam (20 October 2020) Over 80 per cent of IMF Covid-19 loans will push austerity on poor countries. *Oxfam*. Available at:

[https://oxfamapps.org/media/press\\_release/over-80-per-cent-of-imf-covid-19-loans-will-push-austerity-on-poor-countries/](https://oxfamapps.org/media/press_release/over-80-per-cent-of-imf-covid-19-loans-will-push-austerity-on-poor-countries/)  
<sup>47</sup> Akinwotu, El (10 June 2020) Nigeria to cut healthcare spending by 40% despite coronavirus cases climbing. *The Guardian*. Available at

<https://www.theguardian.com/global-development/2020/jun/10/nigeria-to-cut-healthcare-spending-by-40-despite-coronavirus-cases-climbing>

<sup>48</sup> Baunach, L. and Merling, L. (7 May 2020) In planning a global economic recovery, it’s time to turn the page on inequality? *Equal Times*. Available at: <https://www.equaltimes.org/in-planning-a-global-economic?lang=en#.YJUudkhKgdW>

<sup>49</sup> Karamanoli, E. (5 December 2015) 5 years of austerity takes its toll on Greek health care. *The Lancet*. Vol. 386, Iss.10010. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01163-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01163-0/fulltext)

<sup>50</sup> Passadakis, A. (18 March 2020) Austerität ist tödlich. *Der Freitag*. Available at:  
<https://www.freitag.de/autoren/der-freitag/austeritaet-ist-toedlich>

In **Italy** between 2010 and 2018 the public system lost 30,000 hospital beds, a cut of 16%, and 40,000 staff, a cut of 6%.<sup>51</sup>

### **Lesson 3.2: Key role of the wider public sector for an effective pandemic response**

To have essential public services in public ownership was a deciding factor in how well governments could support their citizens during the pandemic. Water services are especially important to mitigate the pandemic as frequent handwashing is key to reduce the transmission of the virus.<sup>52</sup> Yet 3 billion people, about 40% of the global population, do not have access to a basic handwashing facility at home.<sup>53</sup> Also, energy services are key to treating Covid-19 and mitigating its impact. Energy is needed for powering healthcare facilities, supplying clean water and for enabling communications and IT services that connect people while maintaining social distancing. Yet in sub-Saharan Africa, only 28% of healthcare facilities benefit from reliable electricity<sup>54</sup>, and only 43% of the population is electrified.<sup>55</sup>

#### Country cases:

**Ghana, Guinea and Gabon** announced that the government would cover the water bills of its citizens, while ensuring stable water and electricity supply.<sup>56</sup> However, the majority of people in Ghana, who do not have a household water connection buy their water from vendors and hence were not able to enjoy the free water during the pandemic.<sup>57</sup> This demonstrates the importance of universal access of public services to ensure public health for all. In order to increase access to water many African countries rapidly, increased access to water by drilling boreholes and mobilising water tankers and big buckets (the Veronica bucket) to supply water.<sup>58</sup> The pandemic needs to be a wake-up call for the need of universal access to clean water.

**Mauritius** demonstrated that an effective response to the pandemic is possible when public services are in public ownership. Not only are water and electricity services publicly owned and managed and emergency legislations were introduced to ensure that residents cannot be disconnected from their water or electricity services if they fall short to pay their bills. Mauritius also has a robust health care system, which it rapidly expanded during the pandemic. Moreover, the publicly owned airline, Air

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<sup>51</sup> Giangrande, N. (7 April 2020) Serena Sorrentino: “The same workers that have been attacked by policies aimed at making the public sector ‘more efficient’ are now on the frontline in the fight against Covid-19”. Equal Times. Available at: <https://www.equaltimes.org/serena-sorrentino-the-same-workers#.YBvKr-n7Ry->

<sup>52</sup> McDonald, DA, Spronk, S and Chavez, D. (eds). 2020. Public Water and Covid-19: Dark Clouds and Silver Linings, Municipal Services Project (Kingston), Transnational Institute (Amsterdam) and Latin American Council of Social Sciences (CLACSO) (Buenos Aires). Available at:

<https://www.municipalservicesproject.org/publication/public-water-and-covid-19-dark-clouds-and-silver-linings>

<sup>53</sup> [https://www.who.int/water\\_sanitation\\_health/publications/jmp-2019-full-report.pdf](https://www.who.int/water_sanitation_health/publications/jmp-2019-full-report.pdf)

<sup>54</sup> Puliti, R. (22 April 2020) Energy access takes center stage in fighting COVID-19 (Coronavirus) and powering recovery in Africa. Available at:

<https://www.worldbank.org/en/news/opinion/2020/04/22/energy-access-critical-to-overcoming-covid-19-in-africa>

<sup>55</sup> Blimpo, M and Cosgrove-Davies, M. (2019) Electricity Access in Sub-Saharan Africa. *World Bank*. Available at:

<https://openknowledge.worldbank.org/bitstream/handle/10986/31333/9781464813610.pdf?sequence=6&isAllowed=y>

<sup>56</sup> UN-HABITAT, UNCDF, UCLG-A (2020) *COVID-19 IN AFRICAN CITIES: Impacts, Responses and Policies*. Available at:

<https://www.tralac.org/documents/resources/covid-19/regional/3738-covid-19-in-african-cities-impacts-responses-and-policies-uneca-june-2020/file.html>

<sup>57</sup> McDonald, DA, Spronk, S and Chavez, D. (eds). 2020. Public Water and Covid-19: Dark Clouds and Silver Linings, Municipal Services Project (Kingston), Transnational Institute (Amsterdam) and Latin American Council of Social Sciences (CLACSO) (Buenos Aires). Available at:

<https://www.municipalservicesproject.org/publication/public-water-and-covid-19-dark-clouds-and-silver-linings>

<sup>58</sup> Amegah, A (2020) Improving handwashing habits and household air quality in Africa after COVID-19. *The Lancet Global Health*. Commentary.

Mauritius, was repurposed to import ventilators and personal equipment from all over the world. And its majority publicly owned broadband doubled data availability and extended digital TV in order to incentivise citizens to stay at home. It also broadcasted online classes for school children on national television. Not at least because of its publicly owned public services Mauritius managed to achieve one of the lowest Covid-19 mortality rates in the world. This is especially interesting as on the outbreak of the pandemic, the World Health Organisation (WHO) predicted through economic modelling that per capita Mauritius would be among the highest affected countries by Covid-19.<sup>59</sup> In Latin America **Uruguay** stands out with having a much lower Covid-19 mortality rate than the rest of the continent. Its success is built on a strong tradition of publicly owned and controlled public services, especially a good public health care system and universal access to other essential public services, such as water and sanitation.<sup>60</sup>

Key resources:

Weghmann, V., Nguyen, T. and Hall, D. (2020) *Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32126/>

Nguyen, T.,Weghmann, V. and Hall, D. (2020) *COVID-19: Country case studies Mapping COVID: PSIRU working papers for PSI*. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32127/>

Reeves, A. et al (2014) The political economy of austerity and healthcare: Cross-national analysis of expenditure changes in 27 European nations 1995–2011. *Health Policy*. Vol.115, Iss. 1, pp.1-8.

McDonald, D. Spronk, S. and Chavez, D. (eds). [Public Water and Covid-19: Dark Clouds and Silver Linings](#). Transnational Institute

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<sup>59</sup> Waogodo Cabore , J. et al ( 25 May 2020) The potential effects of widespread community transmission of SARS-CoV-2 infection in the WHO African Region: a predictive model. *British Medical Journal*. Vol. 5, Iss. 5.

<sup>60</sup> McDonald, DA, Spronk, S and Chavez, D. (eds). 2020. *Public Water and Covid-19: Dark Clouds and Silver Linings*, Municipal Services Project (Kingston), Transnational Institute (Amsterdam) and Latin American Council of Social Sciences (CLACSO) (Buenos Aires). Available at: <https://www.municipalservicesproject.org/publication/public-water-and-covid-19-dark-clouds-and-silver-linings>

## Lesson 4: Direct secure employment

### Lesson 4.1: Provide decent work and sick pay to all workers

#### Falling wages

For four decades wages have been falling<sup>61</sup>, now a new ILO report revealed that Covid-19 is pushing wages down even further. Women and low-paid workers have been disproportionately affected by wage cuts during the pandemic.<sup>62</sup> Already 66 per cent of workers in low-income countries live in extreme or moderate poverty in 2019.<sup>63</sup> In countries that do not provide comprehensive social protection systems, most workers simply cannot afford to miss out on work.

#### Lack of sick pay and social protection

Workers across the world have been urged to stay home when they feel ill. But without access to paid sick leave, workers have been forced to make the false choice of working when ill or being unable to pay for food and shelter. As such, paid sick leave plays an important role in reducing the likelihood of employees going to work when they're sick. Yet only 55% of high-income countries guaranteed paid sick leave to workers on the first day of reported illness.<sup>64</sup> And many social insurance programmes, such as health insurance and unemployment benefits, are tied to salaried employment and in some cases exclude workers under non-standard contracts in general.<sup>65</sup>

#### The informalisation of work

It is estimated that in low-income countries around 70 per cent of workers (approximately 2 billion people) make their living through informal employment, where salaries are lower than in formal employment, working conditions worse and social protection is largely absent. Especially, women, youth, persons with disabilities and marginalised groups are overrepresented among workers in the informal economy. Working in the informal economy is usually not a choice but reflects the unavailability of formal jobs.<sup>66</sup> The informal economy has been significantly impacted by the COVID-19 pandemic.

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<sup>61</sup> UNCTAD (2020) UNCTAD's Trade and Development Report 2020. UNCTAD. Available at: <https://unctad.org/webflyer/trade-and-development-report-2020>

<sup>62</sup> ILO (2020) Global Wage Report 2020-21: Wages and minimum wages in the time of COVID-19. ILO. Available at: [https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_762547/lang--en/index.htm](https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_762547/lang--en/index.htm)

<sup>63</sup> ILO (2020). *World Employment and Social Outlook: Trends 2020*. ILO. Available at: <https://www.ilo.org/global/research/global-reports/weso/2020/lang--en/index.htm>

<sup>64</sup> Vazquez, J. et al (October 2020) Expanding Paid Sick Leave as a Public Health Tool in the Covid-19 Pandemic. *Journal of Occupational and Environmental Medicine*. Vol. 62, Iss.10. Available at: [https://journals.lww.com/joem/Fulltext/2020/10000/Expanding\\_Paid\\_Sick\\_Leave\\_as\\_a\\_Public\\_Health\\_Tool.26.aspx](https://journals.lww.com/joem/Fulltext/2020/10000/Expanding_Paid_Sick_Leave_as_a_Public_Health_Tool.26.aspx)

<sup>65</sup> UNDESA (March 2021) A changing world of work: implications for the social contract. *United Nations Department of Economic and Social Affairs (UNDESA)*. Available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB\\_94.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB_94.pdf)

<sup>66</sup> UNDESA (March 2021) A changing world of work: implications for the social contract. *United Nations Department of Economic and Social Affairs (UNDESA)*. Available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB\\_94.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB_94.pdf)

### The gig economy

Gig economy workers are among the most affected by the pandemic according to the World Economic Forum.<sup>67</sup> It is estimated that there are around 440 million gig economy workers worldwide and this number is likely to have further increased during the pandemic. Similar to non-standard contract workers and workers in the informal economy, gig economy workers have little employment security and limited access to social protection, such as health insurance and sick pay.<sup>68</sup> Gig economy work shifts risks and responsibilities away from employers and onto workers.

### Migrant workers

Migrant workers are generally disproportionately at risk from the impact of the pandemic not only because of the harsh working conditions but also because they often live in overcrowded accommodation, their reliance on public transport and in many countries have limited access to healthcare and basic services. It is estimated that there are about the 164 million migrant workers in the world who are over-represented in agro-food industry, hospitality and domestic work sectors as well as in the front-line health services.<sup>69</sup> Abrupt redundancies in these sectors have left many workers suddenly without an income their families were losing out on remittances, often the main source of income. Many are now indebted and chased by loan sharks. In most countries, migrant workers aren't eligible for certain benefits in stimulus packages, they are not left stranded entirely by the governments. Many migrants work in essential jobs on the frontlines of the pandemic, for example in health and care. Despite being the backbone of our global economy, migrant workers are still confronted with structural discrimination and poor living and working conditions.<sup>70</sup>

### Health care workers:

Health care workers have shouldered the emotional and physical labour of the pandemic. High rates of burnout have been the consequences and it is estimated that one in four health care workers are currently experiencing depression and anxiety.<sup>71</sup> Around 70% of global health workers are women, when social workers are included this number rises to 90%. Among the health care workers women, and Black women in particular, had less access to personal protective equipment (PPE) and training during the pandemic.<sup>72</sup>

### Country examples of paid sick leave extension during the Covid-19 pandemic:

- **El Salvador** provided 30 days of paid sick leave for higher risk workers who are required to quarantine themselves.
- **Chile** extended paid leave for all workers who due to the COVID-19 crisis must remain at home and cannot work remotely.

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<sup>67</sup> World Economic Forum (21 April 2020) Gig workers among the hardest hit by coronavirus pandemic. *World Economic Forum*. Available at: <https://www.weforum.org/agenda/2020/04/gig-workers-hardest-hit-coronavirus-pandemic/>

<sup>68</sup> The Fairwork project (2020) The Gig Economy and Covid-19: Looking Ahead. Available at: <https://fair.work/en/fw/publications/the-gig-economy-and-covid-19-looking-ahead/>

<sup>69</sup> ILO (23 June 2020). Social protection for migrant workers: A necessary response to the Covid-19 crisis. Available at: [https://www.ilo.org/secsoc/information-resources/publications-and-tools/Brochures/WCMS\\_748979/lang-en/index.htm](https://www.ilo.org/secsoc/information-resources/publications-and-tools/Brochures/WCMS_748979/lang-en/index.htm)

<sup>70</sup> ITUC (2020) Covid-19 and Migrant Workers' Rights. ITUC. Available at: [https://www.ituc-csi.org/IMG/pdf/covid\\_19\\_migrant\\_workers\\_rights.pdf](https://www.ituc-csi.org/IMG/pdf/covid_19_migrant_workers_rights.pdf)

<sup>71</sup> UNDESA (March 2021) A changing world of work: implications for the social contract. *United Nations Department of Economic and Social Affairs (UNDESA)*. Available at: [https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB\\_94.pdf](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/04/PB_94.pdf)

<sup>72</sup> Lotta, G. (24 March 2021) Gender, race, and health workers in the COVID-19 pandemic. *The Lancet*. Vol. 397, Iss.10281 Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00530-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00530-4/fulltext)



- **Saudi Arabia** introduced a special paid sick leave for quarantined workers that came from abroad.
- **Trinidad and Tobago** introduced a pandemic leave available to government workers that are ineligible for sick leave including non-standard contract workers.
- **Uzbekistan** increased the wage replacement rate for paid sick leave from 60-80% to 100% for the full duration of the quarantine.
- **Russia** increased the minimum benefit level for sick leave pay to the national minimum wage until the end of 2020 <sup>73</sup>

#### Country examples of how migrant workers were impacted:

- In **India** indicated that around 90 per cent of migrant workers did not get wages paid and food rations and only had limited access to medical care.<sup>74</sup>
- In **Spain** staff shortages meant that Moroccan women picking strawberries in Spain had to pick more kilos than usually, work overtime and were faced with increased abuse by managers.<sup>75</sup>
- In **Singapore** about 90% of the Covid-19 cases occurred amongst the 323,000 low-paid migrants.<sup>76</sup>

#### Extended protection for migrant workers:

- **France** and **Spain** have extended residence permits for several months so that migrants are covered by health care.
- **Portugal** has given non-nationals, including asylum-seekers, access to certain rights and support, including health care, social support, employment and housing.
- **Colombia** gave migrants and refugees with COVID-19 symptoms access free medical consultations

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<sup>73</sup> Heymann, J. et al (April 2020) Protecting health during COVID-19 and beyond: A global examination of paid sick leave design in 193 countries. *Global Public Health*. Available at:

[https://worldpolicycenter.org/sites/default/files/Protecting\\_Health\\_During\\_COVID-19\\_and\\_Beyond\\_Heymann\\_et\\_al\\_0.pdf](https://worldpolicycenter.org/sites/default/files/Protecting_Health_During_COVID-19_and_Beyond_Heymann_et_al_0.pdf)

<sup>74</sup> Inju, USM (22 May 2020) COVID-19: How do India's urban informal settlements fight the pandemic. *Down to Earth*.

Available at:

<https://www.downtoearth.org.in/blog/health/covid-19-how-do-india-s-urban-informal-settlements-fight-the-pandemic-71302>

<sup>75</sup> Grant, H. (3 June 2020) Women picking fruit for UK supermarkets 'facing new forms of exploitation'. *The Guardian*. Available at:

<https://www.theguardian.com/global-development/2020/jun/03/women-picking-fruit-for-uk-supermarkets-facing-new-forms-of-exploitation>

<sup>76</sup> Wei, TT (26 June 2020) Most migrant workers expected to be cleared of coronavirus by end-July. *The Straits Times*.

Available at:

<https://www.straitstimes.com/singapore/health/most-migrant-workers-expected-to-be-cleared-of-virus-by-end-july>

- **Qatar and Saudi Arabia** made testing and medical treatment for Covid-19 free of charge for all COVID-19 infection cases irrespective of nationality. Qatar also provided quarantine services.<sup>77</sup>

Country examples of (strike) actions taken by health care workers during the pandemic:

- In Nigeria doctors held a nationwide strike as they demanded appropriate PPE and adequate pay. The strike paralysed Nigeria's response to the pandemic.<sup>78</sup>
- In Zimbabwe doctors and nurses have gone on strike due to inadequate PPE that puts their lives at risk in the middle of the coronavirus pandemic.<sup>79</sup>
- In India hundreds of thousands of female healthcare workers on strike to demand wage and legal protections amid COVID-19.<sup>80</sup>

Key resources:

Weghmann, V., Nguyen, T. and Hall, D. (2020) Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32126/>

Nguyen, T., Weghmann, V. and Hall, D. (2020) COVID-19: Country case studies Mapping COVID: PSIRU working papers for PSI. [Working Paper]. Available at: <https://gala.gre.ac.uk/id/eprint/32127/>

UNCTAD (2020) *UNCTAD's Trade and Development Report 2020*

ILO (2021) *Global Wage Report 2020-21: Wages and minimum wages in the time of COVID-19*  
The Fairwork project (2020) *The Gig Economy and Covid-19: Looking Ahead.*

ITUC (2020) *Covid-19 and Migrant Workers' Rights*

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<sup>77</sup> ILO (23 June 2020). Social protection for migrant workers: A necessary response to the Covid-19 crisis. Available at: [https://www.ilo.org/secsoc/information-resources/publications-and-tools/Brochures/WCMS\\_748979/lang--en/index.htm](https://www.ilo.org/secsoc/information-resources/publications-and-tools/Brochures/WCMS_748979/lang--en/index.htm)

<sup>78</sup> Brown, W. (16 June 2020) Nigerian doctors stage 'indefinite' walk out, crippling Covid-19 response. The Telegraph. Available at: <https://www.telegraph.co.uk/global-health/science-and-disease/nigerian-doctors-stage-indefinite-walk-crippling-covid-19-response/>

<sup>79</sup> Cassim, J. (25 March 2020) Zimbabwe health workers strike amid Covid 19 pandemic. AA. Available at: <https://www.aa.com.tr/en/africa/zimbabwe-health-workers-strike-amid-covid-19-pandemic/1779474>

<sup>80</sup> Business and Human Resource Centre (August 2020) Hundreds of thousands of female healthcare workers on strike to demand wage & legal protections amid COVID-1. Available at: <https://www.business-humanrights.org/en/india-hundreds-of-thousands-of-female-healthcare-workers-on-strike-to-demand-wage-legal-protections-amid-covid-19>

## Lesson 5: International Coordination and action

### Lesson 5.1 The key role of the WHO

The WHO has played a key role from the outset, by issuing guidance, providing free training, co-ordinating expertise and resources, and monitoring developments. Since January 2020 it published a comprehensive set of guidelines on lockdown, test, track and trace, it provided free online training for millions of health workers, coordinated the worldwide solidarity trial to research Covid-19, and it is leading the global Covax initiative. It has also set up systems to maintain supplies of key equipment such as PPE and testing kits, as global market-based supply chains broke down.<sup>81</sup>

The WHO continued to play this key supportive role despite the damaging attack in April 2020 by the then US president, Donald Trump, who pulled the USA out of the WHO, seen as an attempt to find an outside scapegoat for his own failure to control Covid-19 in the USA.<sup>82</sup> New president Biden reinstated USA membership of WHO as one of his first decisions on taking office in 2021.<sup>83</sup>

### Lesson 5.2: a global pandemic demands global solidarity

As the case of the US withdrawal from WHO shows, powerful nations are not reliably living up to their commitment to solidarity and equity.<sup>84</sup> However, there are many examples where regions, countries and international institutions have recognised that global efforts to beat the pandemic are only as strong as their weakest links.

#### Examples of international solidarity in the early stages of the pandemic

In Europe, for example, **Austria**, **Germany** and **Luxembourg** have made their intensive care units available to Dutch, French and Italian patients in critical condition. Some countries, such as Poland and Romania and Germany have sent teams of doctors to help treat patients in hospitals in Italy while Denmark has sent ventilators and hospital equipment to Italy.<sup>85</sup>

Also, **Somalia**, had send doctors to Italy in spring 2020 to deal with the outbreak of the pandemic.<sup>86</sup>

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<sup>81</sup> WHO. 2021. 'Looking Back at a Year That Changed the World: WHO's Response to COVID-19'. WHO. <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-covid-19> ; WHO 2021 'Strategy and Planning'.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-and-plans>.

<sup>82</sup> DePetris, D. (15 April 2020) Trump is desperate to find someone to blame for his coronavirus failings. *The Spectator*. Available at:

<https://www.spectator.co.uk/article/trump-is-desperate-to-find-someone-to-blame-for-his-coronavirus-failings>

<sup>83</sup> 'Biden Administration Renewed Support for World Health Organization Is "good News for America and the World," Scientists Say'. n.d. USA TODAY. Accessed 9 May 2021.

<https://www.usatoday.com/story/news/health/2021/01/22/scientists-applaud-biden-decision-rejoin-world-health-organization/4243377001/>.

<sup>84</sup> Bump, J. et al (2021) International collaboration and covid-19: what are we doing and where are we going? *British Medical Journal*. Available at: <https://doi.org/10.1136/bmj.n180> (Published 29 January 2021)

<sup>85</sup> European Council Council of the European Union (n.d.) 10 things the EU is doing to fight COVID-19 and ensure recovery. Available at: <https://www.consilium.europa.eu/en/policies/coronavirus/10-things-against-covid-19/>

<sup>86</sup> Okereke, C. and Nielson, K. (& May 2020) The problem with predicting coronavirus apocalypse in Africa. *Aljazeera*.

<https://www.aljazeera.com/indepth/opinion/problem-predicting-coronavirus-apocalypse-africa-200505103847843.html>

**Cuba**, internationally famous for its well-trained doctors, responded to the pandemic by sending hundreds of doctors and nurses to support health services in other countries.<sup>87</sup>

#### Examples of regional cooperation

Very early in the pandemic the African Union set an example for effective regional cooperation: already in January 2020 the Africa Centre for Disease Control and Prevention (Africa CDC) activated an Emergency Operation for Covid-19 and from February onwards the AU had a continental strategy in place building on networks that had been established in the previous Ebola pandemic, sharing information and training.

In contrast, in Latin America's political fragmentation hindered a united and coordinated response. This stands in stark contrast to the years from the mid-200s to mid-2010s when South American countries had stark regional coordination and action. In 2008 the left-wing leaders of the time created the Union of South American Nations (UNASUR) which had a health cooperation branch, which conducted disease surveillance and negotiated lower prices for mass purchases of HIV drugs. Yet, UNASUR was dissolved in 2019. Columbia and Chile founded a replacement, the Forum for the Progress and Development of South America (Prosur), but Prosur has done little in terms of a coordinated response to Covid-19<sup>88</sup>.

#### **Lesson 5.2: key role of sharing information on common issues**

The public availability of reliable information on cases and deaths by country on a daily basis, worldwide, has been a very important feature of the pandemic. Through the WHO a global surveillance system was set up to gather and disseminate standardized data at global, regional, and country. Countries performance in terms of cases, deaths and flattening of the curve of cases, have been constantly visible in relation to other countries and general trends. It has enabled the public, as well as governments and scientists, to see the development of pandemic in 'real time', and reduced the scope for national governments or other bodies to distort and mislead.<sup>89</sup>

The task of monitoring Covid-19 has been made more efficient in many countries as a result of WHO sharing advice on how to use existing systems of surveillance of other diseases, such as influenza or TB, to build surveillance of Covid19, including monitoring of antibodies in populations. Universities have played a key role in gathering, disseminating and analysing data, at global and national levels, and key academic journals such as the Lancet have provided rapid and free access to analyses. Even in LMIC countries, networks of research institutions provide epidemiological information at national level and connect with the WHO's global network.<sup>90</sup>

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<sup>87</sup> Ministry of Foreign Affairs Republic of Cuba (19 May 2020) CARICOM Chair expresses her gratitude to the support given by Cuba to face the pandemic at the 73rd World Health Assembly. Available at: <http://www.minrex.gob.cu/en/caricom-chair-expresses-her-gratitude-support-given-cuba-face-pandemic-73rd-world-health-assembly>

<sup>88</sup> Osborn, C. (2 April 2021) Latin America's COVID-19 Fiasco Is Also a Crisis of Regional Integration. *Foreign Policy*. Available at: <https://foreignpolicy.com/2021/04/02/latin-america-covid-19-fiasco-crisis-regional-integration/>

<sup>89</sup> WHO (2021) Looking Back at a Year That Changed the World: WHO's Response to COVID-19 WHO. Available at: WHO. <https://www.who.int/publications/m/item/looking-back-at-a-year-that-changed-the-world-who-s-response-to-covid-19>.

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