

Lessons from Covid 2: Why countries expected to succeed did badly

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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 lessons learnt from the Covid-19 pandemic to assist PSI staff and affiliates in formulating policies for healthcare systems and their supply chains.

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. ¹ 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.

This is the second paper in a series on lessons from Covid-19. It focuses on why many rich countries expected to succeed did badly in the first stages of the pandemic, while many countries in the global South have responded to the pandemic quite successfully.

This paper covers other groups of factors which undermined countries' responses: the dominance of business interests in political decision-making; the inequalities related to Covid-19; the key positive role of a public and political culture supporting collective action and solidarity; and how the involvement of local government and community solidarity helped to mitigate the pandemic.

This paper complements the first paper which drew out key lessons from Covid-19; and a third paper which specifically focused on the health care systems. There will be a forthcoming paper on Covid-19 and economic recovery.

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¹ 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/>

Most rich western countries in Europe and North America have experienced some of the highest death rates from Covid. Many other poorer countries, including the few remaining communist countries, have performed much better, including China, South Korea, and Vietnam. This was exactly the opposite of what was predicted by a 'Global Health Security Index' constructed and published in 2019 by consultants – that the USA and the UK were the best prepared countries in the world for a pandemic. The index had quite wrongly assumed that 'liberal market democracies' would do best.

In explaining why rich countries did so badly, we can look at four factors:

- The extent of business influence in government, and the ways this distorts public policy
- socio-economic inequalities leading to much worse health outcomes for those on low incomes
- The importance of a public culture of social solidarity and collective action
- The key role of local government and public volunteers in managing the impact of pandemics

Lesson 1: Business interests: distortion of policies and opportunistic privatisation

Business interests have gained increasing power and influence over policy-making at national and international levels over the last 30 years. Because Covid-19 has created different problems and opportunities for businesses than it has for people, the power of business influence has led to a series of problems for the interests of people and communities. These distortions include:

- Pressure to defer or end lockdowns, increasing risk of more cases and more deaths
- private healthcare companies lobbying to get more public spending during and after Covid
- consultancy contracts to shape government policies including research funding
- lobbying and networking to outsource Covid public health work
- capturing control of business support funds and distorting their use to favour big business
- continuing to house migrant labour in over-crowded accommodations.

Country examples:

- In **Europe**, political power of the private companies distorts and influences public policy in a number of ways. The association of European private health care companies, UEHP, lobby the EU constantly to get private companies 'equal rights' to benefit from public finance for combatting Covid; PPPs continue to be promoted by the EU Commission, despite a report by public auditors across Europe describing them as "inappropriate, incoherent, and ineffective"; consultancy firm McKinsey have advised the EU Commission on how to respond to Covid-19, through 'involvement of the private sector'; and private firms have special status in deciding on the allocation of nearly €10billion of EU public funding for research.²
- In the **UK** the government gave privileged access to business friends of ministers and MPs to get outsourced contracts for Covid work, including firms such as Serco. A National Audit

² Corporate Europe Observatory. 2021. 'When the Market Becomes Deadly'. <https://corporateeurope.org/en/2021/01/when-market-becomes-deadly>; EUobserver. 2021. 'Industry Lobby to "co-Decide" on Nearly €10bn EU Public Money', April 2021. <https://euobserver.com/opinion/151510>.

Office report said that cronies were 10 times more likely to get contracts than other firms. Contracts worth over £19billion were awarded without competitive tendering.³

- In **Ecuador**, the government set up a National Emergency Operations Committee (EOC) to lead the decision-making process under Covid, explicitly requiring community participation. Although the country lacks a universal system of health records, local government and other public sector and community organisations could have been involved. But the government's approach centred on law enforcement and the private sector, and so stakeholders from civil society or community organizations were not included at any stage. Business interests were thus involved on a daily basis, but public interests – and local knowledge and experience – had no influence on policy.⁴
- The **Netherlands**, where investors have always been very influential, has been privatising its vaccine capacity over the last 10 years. This included the sale of the state vaccine production company in 2012, supposedly with a guarantee that the government could requisition production in times of national crisis – but the new private owners insist that 'There is no such agreement'. It then prepared to privatise the state Institute for Vaccine research, Intravacc, but in 2020 public outcry forced it to delay the privatisation.⁵
- The political influence of consultants can be seen in **France**, where Covid-19 has led to an explosion in outsourcing strategic advice to the small group of international management consultants, with over €4million going to McKinsey, who now chair the health ministry's daily policy meeting on Covid.⁶
- In **South Africa** the government created a fund worth R200bn to provide state guarantees for bank loans to small businesses, which was especially important for supporting black businesses: but the banks were allowed to apply their own restrictive conditions for lending to SMEs, so less than R18bn in loans were actually approved. The government is now considering creating a state-owned bank.⁷

³ Plimmer, Gill. 2021. '£19bn of UK Covid-Related Contracts Awarded without Seeking Rival Bids'. 12 April 2021. <https://www.ft.com/content/ca80611a-d020-4f17-ba99-c75350e1bed1>.

⁴ Torres, Irene, and Daniel López-Cevallos. 2021. 'In the Name of COVID-19: Legitimizing the Exclusion of Community Participation in Ecuador's Health Policy'. *Health Promotion International*, January, daaa139. <https://doi.org/10.1093/heapro/daaa139> ; Irene Torres, Fernando Sacoto. 25/04/2020. 'Localising an Asset-Based COVID-19 Response in Ecuador'. *The Lancet* 395 (10233): 1339. [https://doi.org/10.1016/S0140-6736\(20\)30868-0](https://doi.org/10.1016/S0140-6736(20)30868-0)

⁵ 'Vaccin-instituut Bilthoven op het nippertje gered/Vaccine institute Bilthoven saved in the nick of time'. 2020. *Biltschecourant*, 17 April 2020. <https://www.biltschecourant.nl/nieuws/algemeen/970327/vaccin-instituut-bilthoven-op-het-nippertje-gered>.

⁶ 'How Consultants like McKinsey Took over France'. 2021. POLITICO. 8 February 2021. <https://www.politico.eu/article/how-consultants-like-mckinsey-accenture-deloitte-took-over-france-bureaucracy-emmanuel-macron-coronavirus-vaccines/>.

⁷ Amanda Khoza. n.d. 'Ramaphosa Slams Banks over R200bn Covid-19 Loan Guarantee "Failure"'. HeraldLIVE. Accessed 15 April 2021. <https://www.heraldive.co.za/news/politics/2021-03-26-ramaphosa-slams-banks-over-r200bn-covid-19-loan-guarantee-failure/>.

- The same discrimination happened in the **USA** , where black-owned businesses received far less benefit from the government’s loan scheme, because “the US Treasury decided to disperse the money via banks, it flowed to companies with the best banking relationships....and black businesses have much weaker banking ties than white ones”: as a result, “black businesses have been knocked out at twice the rate of white businesses during the pandemic and the Black Lives Matter protests”⁸.

Some outbreaks of the virus have been caused by employers using unsafe working practices and accommodation, especially where migrant workers are employed: “In the US, Europe and Asia, poor working conditions in care homes, meat plants and factories have helped to spread the virus.”⁹ In the UK, the city of Leicester experienced a surge in cases and deaths from Covid as a result of cramped clothing sweatshops continuing employing workers with Covid symptoms, paying far below the minimum wage, to supply highly profitable online clothing retailers such as Boohoo. Outbreaks also emerged in meat factories in Ireland and Northern Ireland.¹⁰

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/>

Corporate Europe Observatory. 2021. ‘When the Market Becomes Deadly’. <https://corporateeurope.org/en/2021/01/when-market-becomes-deadly>

Tett, Gillian. 2020. ‘Pandemic Aid Is Exacerbating US Inequality’. *Financial Times*, 6 August 2020. <https://www.ft.com/content/8287303f-4062-4808-8ce3-f7fa9f87e185>

‘How Consultants like McKinsey Took over France’. 2021. POLITICO. 8 February 2021. <https://www.politico.eu/article/how-consultants-like-mckinsey-accenture-deloitte-took-over-france-bureaucracy-emmanuel-macron-coronavirus-vaccines/>

⁸ Tett, Gillian. 2020. ‘Pandemic Aid Is Exacerbating US Inequality’. *Financial Times*, 6 August 2020. <https://www.ft.com/content/8287303f-4062-4808-8ce3-f7fa9f87e185>.

⁹ *Financial Times*. 2020. ‘Leicester’s Dark Factories Show up a Diseased System | Free to Read’, 3 July 2020. <https://www.ft.com/content/0b26ee5d-4f4f-4d57-a700-ef49038de18c>.

¹⁰ *Financial Times*. 2020. ‘Leicester’s Dark Factories Show up a Diseased System | Free to Read’, 3 July 2020. <https://www.ft.com/content/0b26ee5d-4f4f-4d57-a700-ef49038de18c>.

Lesson 2: Inequalities make the poor more vulnerable to diseases, including Covid

Covid19 has exposed again the damaging health effects of national and international inequalities. The poor are most exposed to infection through working in healthcare and other 'essential' jobs, travelling by public transport, and living in over-crowded conditions. Systemic racism means that black and other ethnic minority households are disproportionately affected. Migrant workers have been especially vulnerable, with their lack of health and employment rights, and the food chain has been exposed for unhealthy working conditions from farm to factory (see above).¹¹

Across all OECD countries there is a significant link between greater inequality and higher death rate from Covid-19.¹² The connection is so strong that if the most unequal countries just reduced their inequality to the average of G7 countries, then the death rate from the first wave of Covid-19 could have been 14% lower – saving 88,500 lives.¹³ The effect of inequality itself is made worse by inadequate public health care systems which mean that the poor suffer from unequal access to healthcare too.¹⁴

This pattern is not unique to Covid-19: "Inequalities in COVID-19 mortality rates follow a similar social gradient to that seen for all causes of death and the causes of inequalities in COVID-19 are similar to the causes of inequalities in health more generally". In any recovery programme: "reducing widening social, economic, environmental and health inequalities should be a high priority for government policies and public investments".¹⁵

In many countries in the global north, including the UK and USA, the mortality rate from COVID-19 has been much higher amongst Black and other ethnic minorities. But most of this is attributable to "living in deprived areas, crowded housing and being more exposed to the virus at work and at home – these conditions are themselves the result of longstanding inequalities and structural racism."¹⁶

Men are more likely to be infected and die from Covid-19, but most of the burden of dealing with the pandemic crisis is carried by women. More than 70% of healthcare workers worldwide are women,

¹¹ Shadmi, Efrat, Yingyao Chen, Inês Dourado, Inbal Faran-Perach, John Furler, Peter Hangoma, Piya Hanvoravongchai, et al. 2020. 'Health Equity and COVID-19: Global Perspectives'. *International Journal for Equity in Health* 19 (June). <https://doi.org/10.1186/s12939-020-01218-z>.

¹² Wildman, John. 2021. 'COVID-19 and Income Inequality in OECD Countries'. *The European Journal of Health Economics*, February. <https://doi.org/10.1007/s10198-021-01266-4>; .

¹³ James B. Davies. 2021. 'Economic Inequality and Covid-19 Death Rates in the First Wave: A Cross-Country Analysis1'. *Covid Economics*, CESifo Working Paper No. 8957, , no. 73 (March): 53. <https://www.cesifo.org/en/publikationen/2021/working-paper/economic-inequality-and-covid-19-death-rates-first-wave-cross>.

¹⁴ Shadmi, Efrat, Yingyao Chen, Inês Dourado, Inbal Faran-Perach, John Furler, Peter Hangoma, Piya Hanvoravongchai, et al. 2020. 'Health Equity and COVID-19: Global Perspectives'. *International Journal for Equity in Health* 19 (June). <https://doi.org/10.1186/s12939-020-01218-z>.

¹⁵ Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison. 2020. 'Build Back Fairer: The COVID-19 Marmot Review'. <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>.

¹⁶ Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison. 2020. 'Build Back Fairer: The COVID-19 Marmot Review'. <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>.

more women than men work in the informal sector and women do more of the unpaid care work at home and home schooling.¹⁷ Restrictions imposed by lockdowns also led to a sharp rise in domestic abuse in many countries throughout the world, creating another public health crisis on top of the pandemic.¹⁸

Country and regional cases:

- The effects of Covid-19 In **Latin America** were made much worse by the extensive inequalities in countries. The UN regional economic development agency, ECLAC, has concluded that recovering from this crisis “will require political and social compacts built on broad multi-stakeholder participation that universalize social protection and health and, above all, refocus development on equality and on fiscal, production and environmental policies for sustainability.”¹⁹
- In the **UK** and the **USA** , black and other ethnic minority groups have suffered a significantly higher risk of infection and death.²⁰ In the UK young workers from disadvantaged ethnic groups in precarious employment suffer greatest economic losses. In the USA, residential segregation and income inequality were two powerful factors causing higher death rates amongst black populations.²¹
- In **India** over 80% of workers are in the informal sector, migrant workers and others in informal settlements find it challenging to even follow basic guidelines on handwashing and physical distancing, domestic violence against women increased by 94%, and government financial support failed to reach half of the poorest women in the country: “The COVID-19 pandemic has uncovered and intensified existing societal inequalities.”²²
- Even in the Nordic countries (**Norway Sweden, Finland and Denmark**), where the traditional focus in maintaining and reducing the economic impact of crises on social inequality was

¹⁷ <https://www.oxfam.org/en/5-reasons-why-coronavirus-crisis-needs-feminist-response> ; https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/briefingnote/wcms_743623.pdf ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)

¹⁸ Piquero, Alex R., Wesley G. Jennings, Erin Jemison, Catherine Kaukinen, and Felicia Marie Knaul. 2021. ‘Domestic Violence during the COVID-19 Pandemic - Evidence from a Systematic Review and Meta-Analysis’. *Journal of Criminal Justice* 74 (May): 101806. <https://doi.org/10.1016/j.jcrimjus.2021.101806>.

¹⁹ CEPAL, NU. 2020. ‘Political and Social Compacts for Equality and Sustainable Development in Latin America and the Caribbean in the Post-COVID-19 Recovery’, October. <https://repositorio.cepal.org/handle/11362/46146>

²⁰ <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01307-z>

²¹ Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison. 2020. ‘Build Back Fairer: The COVID-19 Marmot Review’.

<https://www.instituteoftheequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>;
Crossley, Thomas F., Paul Fisher, and Hamish Low. 2021. ‘The Heterogeneous and Regressive Consequences of COVID-19: Evidence from High Quality Panel Data’. *Journal of Public Economics* 193 (January): 104334. <https://doi.org/10.1016/j.jpubeco.2020.104334> ; Yu, Qinggang, Cristina E. Salvador, Irene Melani, Martha K. Berg, Enrique W. Neblett, and Shinobu Kitayama. 2021. ‘Racial Residential Segregation and Economic Disparity Jointly Exacerbate COVID-19 Fatality in Large American Cities’. *Annals of the New York Academy of Sciences*, January, nyas.14567. <https://doi.org/10.1111/nyas.14567>.

²² Raju, Emmanuel, Anwesha Dutta, and Sonja Ayeb-Karlsson. 2021. ‘COVID-19 in India: Who Are We Leaving Behind?’ *Progress in Disaster Science* 10 (April): 100163. <https://doi.org/10.1016/j.pdisas.2021.100163>.

maintained during the Covid-19 pandemic, Covid-19 infection rates were much higher among low-income and people with ethnic minority background.²³

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/>

Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison. 2020. 'Build Back Fairer: The COVID-19 Marmot Review'. <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>.

Wildman, John. 2021. 'COVID-19 and Income Inequality in OECD Countries'. *The European Journal of Health Economics*, February. <https://doi.org/10.1007/s10198-021-01266-4>.

James B. Davies. 2021. 'Economic Inequality and Covid-19 Death Rates in the First Wave: A Cross-Country Analysis¹'. *Covid Economics*, CESifo Working Paper No. 8957, , no. 73 (March): 53. <https://www.cesifo.org/en/publikationen/2021/working-paper/economic-inequality-and-covid-19-death-rates-first-wave-cross>.

Shadmi, Efrat, Yingyao Chen, Inês Dourado, Inbal Faran-Perach, John Furler, Peter Hangoma, Piya Hanvoravongchai, et al. 2020. 'Health Equity and COVID-19: Global Perspectives'. *International Journal for Equity in Health* 19 (June). <https://doi.org/10.1186/s12939-020-01218-z>.

CEPAL, NU. 2020. 'Political and Social Compacts for Equality and Sustainable Development in Latin America and the Caribbean in the Post-COVID-19 Recovery', October. <https://repositorio.cepal.org/handle/11362/46146>.

Raju, Emmanuel, Anwesha Dutta, and Sonja Ayeb-Karlsson. 2021. 'COVID-19 in India: Who Are We Leaving Behind?' *Progress in Disaster Science* 10 (April): 100163. <https://doi.org/10.1016/j.pdisas.2021.100163>.

Yu, Qinggang, Cristina E. Salvador, Irene Melani, Martha K. Berg, Enrique W. Neblett, and Shinobu Kitayama. 2021. 'Racial Residential Segregation and Economic Disparity Jointly Exacerbate COVID-19 Fatality in Large American Cities'. *Annals of the New York Academy of Sciences*, January, nyas.14567. <https://doi.org/10.1111/nyas.14567>.

²³ Greeve, B. et al (1 December 2020) Nordic welfare states—still standing or changed by the COVID-19 crisis? *Social Policy Administration*. Vol. 55, pp. 295–311.

Lesson 3: Solidarity and collective public response to the pandemic

The pattern of successful responses to Covid-19 suggests that the culture which place heavy emphasis on market activity and competition did worse. Instead, a strong and widely supported public culture of social solidarity seems to have been a crucial advantage.

- The individualistic ‘frontier culture’ of countries like the **USA** is often treated as an advantage in market economies because it encourages competition. But, especially under populist right wing leaders such as Trump in the USA or Bolsonaro in Brazil, it encourages behaviour which is the opposite of the public solidarity needed in a pandemic. Even within the USA, places where frontier culture is strongest are “associated with less social distancing and mask use as well as weaker local government effort to control the virus. frontier culture lies at the root of ... the weak collective response to public health risks, including a lack of civic duty, partisanship, and distrust in science”.²⁴
- The **UK** is a country which should have been able to draw strength from the huge public commitment to the NHS and its basic principle of universal solidarity, but this was wasted by another right-wing populist government which rather emphasised the ‘frontier spirit’ of defiance of the pandemic. Observance of lockdowns was good, based on the belief that everyone was ‘in it together’, so when public officials were found to have broken the rules, they were removed from their posts, thus maintaining trust. But when the prime minister’s then key advisor, Dominic Cummings, flagrantly broke the rules, he was treated as a special case and retained his position. This had a great negative effect on public trust.
- In contrast **South Korea’s** success was based on a strong public collective culture: “South Korea is special in its nurturing of collective behaviour and a shared sense of responsibility. Citizen participation and responsible citizenship, based on these social and cultural norms, are important contributing factors in mitigating the COVID-19 outbreak in South Korea. Cooperative and collective citizen behaviour during the pandemic response reflects of these social and cultural norms.”²⁵ This culture of collective action depends on a strong degree of trust in government and the public sector, rather than simply an authoritarian enforcement of orders. A transparent, scientific and approachable communication strategy led by public health agencies has thus been key to build public awareness and support in successful countries.²⁶ South Korea’s TRUST campaign aimed at delivering transparent information by

²⁴ Bazzi, Samuel, Martin Fiszbein, and Mesay Gebresilasse. 2021. “‘Rugged Individualism’ and Collective (in)Action during the COVID-19 Pandemic”. *Journal of Public Economics* 195 (March): 104357.

<https://doi.org/10.1016/j.jpubeco.2020.104357>.

²⁵ Jeong, Bok Gyo, and Sung-Ju Kim. 2021. ‘The Government and Civil Society Collaboration against COVID-19 in South Korea: A Single or Multiple Actor Play?’ *Nonprofit Policy Forum* 12 (1): 165–87.

<https://doi.org/10.1515/npf-2020-0051>.

²⁶ 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/>

keeping the public fully informed through press briefings twice a day with simultaneous interpretation and also via text alerts and mobile apps.

- In **Vietnam**, the viral “Ghen Covy” song was a collaboration effort between the country’s public health agency and influencers which certainly enhanced public awareness.
- In **Uruguay** this was summarised as citizens’ using “responsible freedom” based on the trustworthiness of public institutions.
- in **Costa Rica** the health minister described the country’s success as “due to the very favourable response from a population that understands the challenge we’re facing.”
- The successful policy in **Germany** was based on a high degree of public trust in the government. Angela Merkel has been praised for her evidence-based and consensus-oriented leadership style.^{27,28} The country never had a full lockdown, the guidance was voluntary and people remained free to leave the house for walks as often as they liked. Physical distancing restrictions were, however, in place. One month after its first case on the 27th of January, mass gatherings and travel were increasingly restricted and in late March Germany enforced strict physical distancing guidelines, banning groups of more than two people and the closure of most businesses. The government also did not introduce surveillance mechanisms.
- In **Argentina**, public support and acceptance of the lockdown has been high, partly due to President Fernandez’ pragmatism in developing cooperation with provincial and municipal governments, and partly the traditional working-class trust of Fernandez’ Peronist party.²⁹
- Even in **China**, where the initial lockdown involved draconian restrictions on public behaviour, a study of villages found that “the lockdown measures were largely accepted by villagers....They were not implemented as simple top-down coercion. Instead, they involved, importantly, the bottom-up, localised response of villagers, and they were negotiated and adapted according to local circumstances.”³⁰

The importance of a culture of collective action can be observed in other successful countries, including communist countries such as **Cuba, Vietnam, and China**. It also applies to international action as well as national and local actions: “solidarity is the key response strategy ...building on elements of relationships among individuals, peoples, and states both at national and international levels”³¹

²⁷

<https://www.theatlantic.com/international/archive/2020/04/angela-merkel-germany-coronavirus-pandemic/610225/>

²⁸ <https://www.ft.com/content/d79a157d-c1bc-49e4-a8b1-f8800fc4f012>

²⁹ 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/>

³⁰ Tan, Xiao, Yao Song, and Tianyang Liu. 2021. ‘Resilience, Vulnerability and Adaptability: A Qualitative Study of COVID-19 Lockdown Experiences in Two Henan Villages, China’. *PLOS ONE* 16 (2): e0247383. <https://doi.org/10.1371/journal.pone.0247383>.

³¹ Tomson, Göran et al. 2021. ‘Solidarity and Universal Preparedness for Health after Covid-19’. *BMJ* 372 (January): n59. <https://doi.org/10.1136/bmj.n59>.

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/>

Tomson, Göran et al. 2021. 'Solidarity and Universal Preparedness for Health after Covid-19'. *BMJ* 372 (January): n59. <https://doi.org/10.1136/bmj.n59>

Checklist for a Human Rights-Based Approach to Socio-Economic Country Responses to COVID-19 | United Nations Development Programme. 2020. UNDP. <https://www.undp.org/publications/checklist-human-rights-based-approach-socio-economic-country-responses-covid-19>.

Lesson 4: Importance of local government and community organisations

A. The power of local and regional government in the fight against Covid-19

Containment of the Covid-19 pandemic has involved regional and local governments, and local health authorities, as well as central governments. The countries which were most successful in containing the initial spread made use of strong and active local government machinery.

There are also examples where local or regional governments have taken action which have been quite different from the approach of their national governments, and as a result protected citizens' lives much more successfully.

Country examples:

- In **Vietnam**, public information was key to the successful response, and city and local councils were involved from the outset. Besides a special daily television broadcast on Covid-19 national's, the government created an official Ministry of Health website which not only updates the location and status of infection cases, but also acts as a communication portal for children and adults. Daily advice and warnings are sent every day to every mobile phone user, through messages from their local leader as well as from the Ministry of Health.³²
- **Germany's** federal system enabled it to deal with the pandemic fast and efficiently. Its federal system is based on cooperation between the federal state and local governments. In a nutshell it means that the most effective political unit is then entrusted with problem-solving. Germany's federal system is based on cooperation and solidarity (with cross state subsidies) rather than on competition between states as in the USA, for example. The federal system in Germany also enables precise and up to date data analysis on the pandemic: local health authorities collect the data, which is then passed to the state authorities and then passed on to central federal agencies such as the Robert Koch Institute. This local knowledge is very useful for dealing with the pandemic effectively as Covid-19 spreads very differently in different localised contexts.³³
- In **South Korea**, there was a strong constructive collaboration among key institutions such as the President's office, the Ministry of Health, the Korean Centres for Disease Control and Prevention (Ariadne Labs, 2020). Local governments at the city and the provincial levels had

³² 'Emerging COVID-19 Success Story: Vietnam's Commitment to Containment'. 2021. Our World in Data. 5 March 2021. <https://ourworldindata.org/covid-exemplar-vietnam> ; 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/>

³³ Feld, Lars P., and Thomas König. 2020. 'Corona-Krise in Deutschland: Der Föderalismus wirkt'. *Die Zeit*, 11 May 2020, sec. Politik. <https://www.zeit.de/politik/deutschland/2020-05/corona-krise-deutschland-foederalismus-lokale-schutzmassnahmen-lockerungen>.

autonomy to develop and implement emergency response within the national government's emergency response framework.³⁴

- **Argentina's** response was coordinated with state governors and city mayors, so that public sector resources were mutually reinforcing. This was remarkable given that the governors of important provinces, including the capital Buenos Aires, belong to the right-wing *opposition that lost the national election in 2019, but have accepted the need to work in coordination with the national government and prioritize public health.*^{35 36}
- In **China** too, the response to Covid involved regional and local authorities as well as central government, for example in systematic collaboration with volunteers and civil society organisations working with regional and local governments, "extending citizen involvement to areas previously reserved primarily for the government, due to necessity as well as policies encouraging volunteerism".³⁷
- In **Rwanda** local government has significant powers and has shown that with limited resources local governments can do a lot locally. When the pandemic hit Rwanda was able to respond quickly, handwashing facilities were made available in all public spaces and public transport hubs. Test and trace was carried out locally. Rwanda's success in handling the pandemic is also based on its universal health care system. During the pandemic all testing and treatment for Covid-19 was provided for free. The national government also set up a massive communication campaign (via SMS, radio, TV and social media).³⁸
- The state of **Kerala in India** prevented the spread of the pandemic very early on in 2020, introducing a lockdown before the national government, and rolling out an effective contact-tracing system, which had recently proved successful in combatting another viral epidemic. Kerala's success was not only based on the efficient, immediate response but also the public trust in an established system of governance: "the state's long term investment in democratic local government and arrangements for incorporating women within grassroots state functions (through its Kudumbashree program) has built a high degree of public trust and cooperation with state actors, while local authorities embrace an ethic of care in the implementation of state responses."³⁹ State responses, through educational public outreach campaigns, went hand in hand with community responses: thousands of Whatsapp and neighbourhood groups were set up and community kitchen initiatives were organised

³⁴ Nguyen, T., Wegmann, 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/>

³⁵ Nguyen, T., Wegmann, 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/>

³⁶ Weggmann, 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/>

³⁷ Miao, Qing, Susan Schwarz, and Gary Schwarz. 2021. 'Responding to COVID-19: Community Volunteerism and Coproduction in China'. *World Development* 137 (January): 105128. <https://doi.org/10.1016/j.worlddev.2020.105128>.

³⁸ Mazzucato, M. et al (2021) Covid-19 and the need for dynamic state capabilities: an international comparison. *United Nation Development Programme and UCL Institute for Innovation and Public Purpose (IIPP)*.

³⁹ Dutta, Anwasha, and Harry W. Fischer. 2021. 'The Local Governance of COVID-19: Disease Prevention and Social Security in Rural India'. *World Development* 138 (February): 105234. <https://doi.org/10.1016/j.worlddev.2020.105234>.

through the *panchayats* (village councils), providing millions of free meals to workers, those in quarantine, and other people in need.⁴⁰

- In **Colombia**, the government introduced lockdown strategy based on strict enforcement by police and soldiers, but without systematic economic support to enable families to survive lockdown. The result was a high cumulative death rate of 4.1 per 100k, exacerbated by inequalities and lack of public healthcare. But the second-largest city, **Medellin**, with a population of 3.7 million, performed much better, with a death rate of only 0.3 per 100k in mid-June. The city council adopted a different approach, supporting people, and making good use of the city's strong municipal utilities. People were asked to register online for an income support programme, Medellín Me Cuida (Medellín Takes Care of Me), including their family size and their electricity contract with the municipal utility EPM – which helped identify the family and enabled the city to ensure that each household got one grant. The scheme has made it easier to observe the constraints, providing “two payments of 100,000 pesos (\$28), enough for a family to survive for some weeks when many have suspended paying rent and utility bills. People in Medellín have respected the lockdown more than other Colombians; the information is also used as part of the tracking system through which people can report symptoms, and then get tested; and enables the metro system to identify people who have tested positive.⁴¹
- In **Guayaquil**, the largest city in **Ecuador**, which was badly affected by Covid-19 and government failure to provide proper public health support, a 32 year old urban planner at the University of Guayaquil, Hector Hugo, created a multi-disciplinary team including doctors, epidemiologists and international experts to systematically map Covid-19 cases. The data was collated and delivered to a task-force of doctors working on a voluntary basis, to identify priority areas by: ‘micro-zoning, working in neighbourhoods with a higher concentration of cases’. This was presented as an integrated public health strategy to all levels of government and finally accepted by the municipality of Guayaquil. The initiative grew out of the ‘Delta project’, a comprehensive attempt to integrate the university into the city based on inclusiveness, sustainability, and community participation.⁴²

B. The power of community organisations and volunteers

Local community actions around the world have demonstrated the power of community solidarity and micro-politics in times of crisis. Through community responses many people were saved from starvation, education for children was delivered, masked and sanitisers were locally produced and distributed, and the sick were cared for.

⁴⁰ ‘Responding to COVID-19 - Learnings from Kerala’. 2020. 20 July 2020.

<https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala>.

⁴¹ 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/>

⁴² 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/>

In some cases volunteers are integrated into the overall public system. Community organisation has also been important where the state failed to deliver, even providing a powerful political platform e.g. in the UK over the provision of free school meals to children.

Country examples:

- Some African countries, such as **South Africa, Cameroon, Mauritania** and parts of **Nigeria** launched massive community door-to-door campaigns to screen people and identify potential cases for testing.⁴³ In **South Africa** there was a strong response from community solidarity networks, including through food distribution and links with local farmers. These networks formed the C19 People's Coalition, an alliance of social movements, trade unions and community organisations, which organises a coordinated response to the pandemic and makes critical demands for government action.⁴⁴
- In **Chile**, the government's rescue packages were not enough to prevent a hunger crisis as many people lost their incomes during the Covid-19 pandemic. In response there was a resurgence in the use of community kitchens and food cooperatives supporting locally produced organic food, that had been a focus of community organisation against the Pinochet dictatorship, and also became an important part of the Chilean 2019 uprising for public services and equality⁴⁵.
- State services including healthcare are largely absent in the favelas of Rio de Janeiro and other cities in **Brazil**, where the only consistent state presence is armed police. In the absence of state action to protect people from Covid-19, community organisations, which had created communications systems to advise people of their rights and warn against police raids, set up "crisis cabinets" to manage a collective response to Covid-19.⁴⁶
- In **Thailand**, over 1 million village health volunteers have been part of the primary healthcare system for over 30 years - about 1 volunteer for every 67 people. The volunteers all receive one weeks training, are paid about 1000 baht per month. They educate and inform people about health, help control dengue, rabies and malaria, conduct health surveys and campaigns. In epidemics, such as Covid, they receive extra training and an extra allowance, and operated the track and trace system: in March and April 2020 they visited over 14 million households, including identifying all migrant workers returning home: "The timely mobilization of Thailand's trusted village health volunteers, educated and experienced

⁴³ <https://www.bbc.co.uk/news/world-africa-52801190>

⁴⁴ Surmeier, Annika, Jody Delichte, Ralph Hamann, and Scott Drimie. May 2020 'Local Networks Can Help People in Distress: South Africa's COVID-19 Response Needs Them'. The Conversation. Accessed 14 June 2021. <http://theconversation.com/local-networks-can-help-people-in-distress-south-africas-covid-19-response-needs-them-138219>; <https://c19peoplescoalition.org.za/>

⁴⁵ Miranda, Natalia A. Ramos. 2020. 'Chileans Rediscover Community Kitchens as Coronavirus, and Hunger, Bite'. *Reuters*, 23 May 2020. <https://www.reuters.com/article/uk-health-coronavirus-chile-hunger-idUKKBN22Z001>.; Chile in Flammen (17 July 2020) The Covid-19 Crisis in Chile and Solidarity Strategies from Below. Live talk. Available at: <https://www.youtube.com/watch?v=cjbLsMgLIeY>

⁴⁶ 'How Brazil's Favelas Can Teach the World to Fight COVID-19'. 2020. Apolitical. 30 June 2020. https://apolitical.co/en/solution_article/how-brazils-favelas-can-teach-the-world-to-fight-covid-19..

in infectious disease surveillance, enabled the robust response of the country to the COVID-19 pandemic.”⁴⁷

- In **Maryland, USA**, strong community-based social care homes, even in the poorest areas, have managed to avoid infections far better than affluent private care homes, by simple commitment to infection control procedures and use of PPE. By early August 2020 over 5000 residents in care homes in Maryland had tested positive for Covid19 – 20% of the state’s total - and 1133 had died – nearly one-third of the total Covid19 deaths in the state by that point in time. More than 1,900 care home employees had contracted the virus. Staff from a number of homes told the Washington Post that from March onwards “the virus spread rapidly as their facilities struggled with shortages of staff, testing and personal protective equipment.....[while] managers played down the severity of outbreaks and did not provide masks and gowns until patients had tested positive.” The single worst home was 35 Covid19 deaths at the 165-bed Sagepoint facility – which has a 5-star rating, and “a board that consists of a who’s-who of wealthy and politically connected residents of Southern Maryland”. One home in Maryland, however, had no cases and no deaths amongst either residents or staff by August 2020: the black-owned Maryland Baptist Aged Home, with 29 residents, which serves predominantly low-income, older black and Latino adults who have proved to be the demographic most vulnerable to Covid-19, and employs 40 staff, mainly from the same local demographic. But the home has employed a full-time infection-control nurse for the last 10 years, despite constant suggestions that this was an unnecessary luxury for a relatively small home with funding problems. When the pandemic started and the US government rejected the threat as a hoax, the home imposed its own lockdown and ran an educational program for staff: “barred all visitors, stopped communal meals and ordered protective equipment two weeks before the first infections were reported in Baltimore.”⁴⁸

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/>

Mazzucato, Mariana, Rainer Kattel, Giulio Quagiotto, and Milica Begovic. 2021. ‘COVID-19 and the Need for Dynamic State Capabilities’: UNDP Development Futures Series Working Papers. UCL-IIPP and UNDP.

⁴⁷ ‘Thailand’s 1 Million Village Health Volunteers - “Unsung Heroes” - Are Helping Guard Communities Nationwide from COVID-19’. 2020. 28 August 2020. <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-covid-19> ; Kaweenuttayanon, Nayawadee, Ratra-wee Pattanarattanamolee, Nithikorn Sorncha, and Shinji Nakahara. 2021. ‘Community Surveillance of COVID-19 by Village Health Volunteers, Thailand’. *Bulletin of the World Health Organization* 99 (5): 393–97. <https://doi.org/10.2471/BLT.20.274308> ;

⁴⁸ Weghmann, V., Nguyen, T. and Hall, D. (2020) *Lessons from COVID-19. Mapping COVID: PSIRU working papers for PSI August 2020*. [Working Paper] p. 33. Available at: <https://gala.gre.ac.uk/id/eprint/32126/>

<https://www.ucl.ac.uk/bartlett/public-purpose/news/2021/may/iipp-and-undp-publish-new-report-covid-19-and-need-dynamic-public-sector-capabilities>

'How Brazil's Favelas Can Teach the World to Fight COVID-19'. 2020. Apolitical. 30 June 2020.

https://apolitical.co/en/solution_article/how-brazils-favelas-can-teach-the-world-to-fight-covid-19.

Dutta, Anwasha, and Harry W. Fischer. 2021. 'The Local Governance of COVID-19: Disease Prevention and Social Security in Rural India'. *World Development* 138 (February): 105234.

<https://doi.org/10.1016/j.worlddev.2020.105234>.

'Thailand's 1 Million Village Health Volunteers - "Unsung Heroes" - Are Helping Guard Communities Nationwide from COVID-19'. 2020. 28 August 2020.

<https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-covid-19>