

COVID COLLECTIVE KEY ISSUE GUIDE:

Pandemic Preparedness



Summary

“Pandemic preparedness is a continuous process of planning, exercising, revising and translating into action national and sub-national pandemic preparedness and response plans. A pandemic plan is thus a living document which is reviewed regularly and revised, if necessary, for example based on the lessons learnt from outbreaks or a pandemic, or from a simulation exercise.” (WHO 2011)

It is likely the next pandemic will come within a decade, so preparedness is of vital importance. Much has been learned from the Covid-19 pandemic and from this the world can limit pandemic risks and learn to respond much more effectively. This will require ‘whole of government’ and ‘whole of society’ approaches (Ortenzi *et al.* 2022) (not only those of health authorities and medical scientists) which consider the intersecting precarities that affect people’s lives (MacGregor *et al.* 2022).

It is in the mutual interest of all nations that preparedness is conducted internationally and is equitable, to prevent some parts of the world from being left ill-equipped to respond (such as with later access to vaccines) to future crises (Pandemic Financing 2021). To achieve this, we need to ensure resilient health systems and improve people’s abilities to withstand future shocks.

Key Issues

“The Covid-19 pandemic has shone a light on the many flaws in the global system to protect people from pandemics: the most vulnerable people going without vaccines; health workers without needed equipment to perform their life-saving work; and ‘me-first’ approaches that stymie the global solidarity needed to deal with a global threat.

But at the same time, we have seen inspiring demonstrations of scientific and political collaboration, from the rapid development of vaccines, to today’s commitment by countries to negotiate a global accord that will help to keep future generations safer from the impacts of pandemics.”

Dr Tedros Adhanom Ghebreyesus (WHO 2021b)

Pandemics are social, economic, and political too

Globally, all facets of society - health, security, political, economic, and social – were negatively impacted by the pandemic, and this was felt more strongly by those already experiencing the greatest vulnerabilities (WHO Africa 2021; Taylor and McCarthy 2021). The connections between socioeconomic inequalities and infections are well understood, and it has been increasingly recognised that epidemics are also social and political events (Bardosh *et al.* 2020), with implications from the global all the way down to the household and individual level. For example, working households in many contexts around the world found themselves having to make trade-offs between following guidance to reduce disease risks and accepting the economic consequences of this, or prioritising their livelihoods to ensure provision of basic needs for their families. This has implications for preparedness, as much as response.

Role of locally-led action

While preparedness agendas continue to emphasise technical improvements (e.g. in surveillance and vaccine platforms), some have called for greater attention to preparedness ‘from below’ (MacGregor *et al.* 2022). These calls come from recognition of the contributions of grassroots community responses to Covid-19 and other epi/pandemics, which were able to augment or fill in gaps – or voids – of formal state responses to contain pathogens, and to mitigate the social and economic effects of the response measures. Grounded in local realities, these actors and entities often have a better sense of local vulnerabilities and needs, and therefore, what makes for appropriate response – and thus are critical to support as a matter of preparedness. Rather than being recognised or integrated into formal response initiatives, however, many grassroots and particularly community sector actors during Covid-19 acted independently, mobilising their own resources and networks to respond in locally relevant, appropriate and acceptable ways.

Health systems and equity

Another key theme in preparedness literature emerging in the wake of Covid-19 is renewed attention to health systems strengthening – particularly of primary care, and also to achieving universal health coverage (UHC) (Galvani *et al.* 2022). Researchers argue there has been an over reliance on global health security interventions for preparedness (e.g. early warning systems) and that there is a need for investment in fundamental UHC interventions including primary health care, affordable medicines and supplies, accessible health facilities, and health workforce, (Lal *et al.* 2022a). A key issue underpinning health systems is equity, including how different contexts (e.g. rural v. urban) (O’Sullivan *et al.* 2020) and populations that are disproportionately vulnerable are (under) served by systems, and supported in ways to maximise preparedness.

Critical role of trust

Although trust of populations in authorities and response actors has been recognised as critical to successful emergency response by social scientists, particularly following the Ebola pandemic of 2013-2014, Covid-19 has drawn renewed and more widespread attention to this critical factor. Several papers found no or limited relationship between countries’ pandemic performances and their scores in pandemic preparedness indices. Bollyky and colleagues (2022) found infection rates, fatality ratios and Covid-19 vaccination uptake had instead, a statistically significant relationship with measures of government and interpersonal trust, and with government corruption.

Governance models matter

Following Covid-19, there has been recognition of the inadequacy of governance frameworks for preventing and managing epi/pandemic disease. Key problems identified include a de-prioritisation of global health threats, the siloing of pandemic preparedness and response within the health sector, a fragmented international health system, the lack of rapid and adequate financing, and lack of platforms for the rapid development and equitable distribution of technologies (Ortenzi *et al.* 2022). Coordination issues at the global level have also been accompanied by missed opportunities for greater regional collaboration, and the national level capacity boosting that this could play in preparedness and response (IFRC 2021).

Emerging Lessons

‘Whole of society’ approaches are needed

It is now widely claimed there is a need for ‘whole of society’ approaches (Ortenzi *et al.* 2022). This means social, economic and political issues must be considered as fundamental to the pandemic preparedness agenda as biological issues (IDS, 2023). Stakeholders from all sectors of government and society must collaborate for preparedness and overcome unhelpful siloing of preparedness within the health sector.

Interdisciplinarity and plural knowledge is critical

An important enabler of a ‘whole of society’ approach is to draw on multiple knowledges. Social sciences can play important roles in understanding critical issues, including drivers of change and the social dimensions of technologies (e.g. vaccine); and enable greater stakeholder participation such as community-led participatory approaches (Grant *et al.* 2016; Leach *et al.* 2022).

Increased funding for community preparedness

Literature argues countries should ‘consider local organizations’ potential to partake in containing infectious disease and counter undesirable side-effects of non-pharmaceutical measures’ (Bourrier and Deml 2022: 1). This means recognising and supporting community-based organisations in ‘pandemic peacetime’, while not absolving states of their responsibilities to provide adequate disaster relief. Furthermore, literature indicates the importance of better equipped and supported state-funded grassroots workers and initiatives that can respond to crisis and advance health equity (and thus preparedness) in peacetime.

Focus on building trust

The implications of trust for pandemic preparedness have been recognised as significant. Ntoumi and Zumla (2022) suggest trust be integral to preparedness metrics/assessments, and that governments must minimise corruption and address fundamental social and economic inequalities. Tan *et al.* (2022) argue for inclusive citizen-science and co-creation approaches to generate useful data for preparedness and response and build trust between stakeholders.

Global governance and coordination is key

Calls abound for global legal reform to support enhanced prioritisation and coordination for preparedness, coalescing around an international ‘pandemic treaty’ (Khor and Heymann 2021). However, there are calls to go beyond health security concerns, to include strong commitments to equity and human rights. Lal *et al.* (2022) also suggest reforms in other areas of international law such as trade (to enable access to goods like vaccines), and the involvement of civil society and marginalised communities in international-level decision-making. Greater regional cooperation, such as among African states, is also seen as important to increasing preparedness capacity at national level (IFRC 2021).

Equity is central to effective preparedness

Alongside health systems strengthening are calls for improvements to other critical social protection systems, advancing Sustainable Development Goals (Lal *et al.* 2022), and responding to deepened and new inequalities and vulnerabilities created by Covid-19 (Mujica *et al.* 2022). Healthier, more resilient populations can themselves better withstand and respond to shocks when they come. Finally, equity at the global level has also been highlighted as key for preparedness. Lal *et al.* (2022) suggest a shift away from ‘patronising modes of operation and a power imbalance of funding initiatives between high-income and low-income countries, which often privilege global initiatives over the priorities of local communities or less powerful nations’ (e1677).

COVID COLLECTIVE PROJECTS FROM AROUND THE GLOBE

Responding to Covid: Identifying Transformative Urban Pathways

→ Zimbabwe

→ Dialogue on Shelter Trust (DoSt), Zimbabwe
International Institute for Environment and Development (IIED)

Dialogue on Shelter Trust have identified an opportunity to incorporate a 'people-centred slum upgrade protocol' in Zimbabwe's pending national development plan (2021–2025). If the protocol is incorporated into the national development plan, Zimbabweans are likely to be able to mobilise funding more readily to upgrade informal settlements, with the potential to address Covid-19-related risks and support equitable urban development pathways, all of which is important for preparedness of these communities.

Distilling key, actionable lessons from this pandemic for improving pandemic preparedness

→ Global

→ Institute of Development Studies

This project explores pathways towards better responses to multiple crises. It will identify recommendations for international aid responses to global health challenges, particularly future pandemics, that go beyond bio-medical preparedness; for example approaches that bilateral donors may take, individually and collectively.

How is the Peace and Conflict Nexus with Covid-19 Shaping the Responses of Local Actors and Systems of Local Governance in Yemen?

→ Yemen

→ Yemen Polling Center (YPC)

University of Edinburgh, The Peace and Conflict Resolution Evidence Platform (PeaceRep)

Understanding conflict-sensitive regional responses to Covid-19

→ Global

→ University of Edinburgh, The Peace and Conflict Resolution Evidence Platform (PeaceRep)
African Medical and Research Foundation (AMREF)

The project maps and analyses the responses of intergovernmental organisations (IGOs) in Latin America, Africa, South and Southeast Asia, and the Middle East to the COVID-19 pandemic. It provides a comparative lens to illuminate the similar but at times unique challenges regions have faced during the pandemic and the collective action taken to mitigate the crisis. In addition the project examined the impact of the African Union's regional response on national COVID-19 responses efforts in Kenya and South Sudan.

Findings from Covid Collective research project in war-affected Taiz, Yemen, found that residents had low trust and confidence in policing systems and the state, experiencing the latter as lacking a coherent plan. However, they had more trust in public health offices, emergency committees and health professionals such as doctors, nurses and medical response teams.



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This brief aims to provide rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. It was written by Catherine Grant and Tabitha Hrynicky, both Researchers at the Institute of Development Studies, and commissioned through the Covid Collective.

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