

Maintains



Research supporting social
services to adapt to shocks

Rapid Literature Review: Governance and State Capability

COVID-19 Series

Stephen Akroyd, Peter Harrington, and Alexandra Nastase

April 2020



About Maintains

Maintains aims to save lives and reduce suffering for people in developing countries affected by shocks such as pandemics, floods, droughts and population displacement. This 5-year programme, spanning 2018-2023, will build a strong evidence base on how health, education, nutrition and social protection can respond more quickly, reliably and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains will gather evidence from six focal countries — Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda — to inform policy and practice globally. It will also provide technical assistance to support practical implementation.

Maintains is funded by UK Aid from the UK government and implemented through a consortium led by Oxford Policy Management (www.opml.co.uk). For more information about the programme, visit [Maintains Webpage](#) and for any questions or comments, please get in touch with maintains@opml.co.uk.

Table of contents

List of boxes.....	iii
1 Introduction	1
2 Impact on the state and society	2
2.1 Economic impact.....	2
2.2 Social and political impact.....	4
2.3 Institutional response and coordination	5
3 Responding to the crisis and managing impacts.....	7
3.1 Lessons for response, recovery and reform	7
3.2 Response lessons.....	8
3.3 Recovery lessons.....	12
4 Reform for future resilience	14
4.1 Crisis as an opportunity for reform	14
4.2 Specific reform actions.....	14
4.3 The role of the state after the crisis	16
5 Recommendations for further exploration.....	17
References	18

List of boxes

Box 1: The warning signs – extract from WHO annual report on global preparedness	2
Box 2: Assessing economic impact	3
Box 3: Lessons from the coordination activities of the UN Mission for Ebola, 2014-15	6
Box 4: Three policy dimensions / phases	7
Box 5: Questions to consider for adaptive management of the crisis Error! Bookmark not defined.	
Box 6: Lack of trust - the 2018-19 Ebola outbreak in the DRC	12
Box 7: 'Whole of society' approaches – lessons from Taiwan	16

1 Introduction

This note reviews evidence and experience on how countries respond to pandemic health shocks, and the implications for public sector governance and state capability. It explores the economic and social impacts of pandemics, and how these frame governance and institutional responses. The note provides lessons for Maintains and broader DFID support to COVID-19 responses in low- and middle-income countries.

Much of the literature addresses the immediate response to pandemics. Action is needed now to prepare for post-pandemic recovery, including managing the negative impacts emerging from the initial response phase, and longer-term reforms necessary to strengthen future state resilience and preparedness.

COVID-19 will be a national crisis in many countries and will require a whole of society response. The crisis will look different in developing countries compared to developed countries – where at the time of writing most of the burden has fallen. The resources and policy options available will also be different. There is no ‘one-size-fits-all’ solution to the crisis, but there are common impacts and issues, and common principles and lessons upon which to draw.

It is becoming clear that traditional mechanisms are proving inadequate to the task of managing and responding to global pandemics such as COVID-19. The literature highlights the need for collaborative governance, through ‘whole of government’ and ‘whole of society’ approaches that emphasise cooperation, trust building, resource sharing, and decision-making across multiple levels of government, the private sector, NGOs, and civil society.

2 Impact on the state and society

Evidence points to an increased risk of global pandemics, such as COVID-19, and the need for leadership and effective state capability to respond to this risk (Box 1).¹ Pandemics can have a disproportionately high impact in low-income countries, due to weak healthcare systems, but also limited capabilities within government to respond quickly and effectively. This includes the ability to rapidly secure and disburse funds for immediate healthcare needs, funding for social protection and economic support measures, and delivery of a coordinated response across multiple sectors, and different levels of government. Tracking relevant data and translating this into appropriate policy responses, for example, on disease spread and mortality numbers, can also be a challenge.

Box 1: The warning signs – extract from WHO annual report on global preparedness

“While disease has always been part of the human experience, a combination of global trends, including insecurity and extreme weather, has heightened the risk. Disease thrives in disorder and has taken advantage - outbreaks have been on the rise for the past several decades and the spectre of a global health emergency looms large. If it is true that “what is past is prologue”, then there is a very real threat of a rapidly moving, highly lethal pandemic of a respiratory pathogen killing 50 to 80 million people and wiping out nearly 5% of the world’s economy. **A global pandemic on that scale would be catastrophic, creating widespread havoc, instability, and insecurity. The world is not prepared.**

Outbreaks hit lower-resourced communities much harder given their lack of access to basic health services, clean water, and sanitation; this will aggravate the spread of any infectious pathogen. Disease amplifiers, including population growth and resulting strains on the environment, climate change, dense urbanisation, exponential increases in international travel and migration, both forced and voluntary, increase the risk for everyone, everywhere.

Leaders at all levels hold the key. It is their responsibility to prioritise preparedness with a whole-of-society approach that ensures all are involved and all are protected. We need leadership and the willingness to act forcefully and effectively.”

Source: Global Preparedness Monitoring Board. A world at risk: annual report on global preparedness for health emergencies. Geneva: World Health Organisation; September 2019

Apart from the impact on the health sector (addressed in a separate paper), pandemics bring significant economic, social, and political consequences, weakening state capacity to deliver basic services, resulting in population displacement, creating tension between state and citizens, and heightening risks of social unrest and discrimination.²

To understand the demands a pandemic may place on governance systems and state capabilities, it is useful to briefly review the economic, socio-political, and institutional impacts of a pandemic, as this sets the context for state response.

2.1 Economic impact

Economic impacts have a direct consequence on state capability. An external shock, such as the pandemic, brings additional pressure on government machinery to deliver healthcare services to respond to the outbreak, while minimising the disruption of providing other essential services. Even more so, the state has fewer resources available, having to redistribute them towards the current crisis.

Pandemics cause economic impact through multiple channels, including short-term fiscal shocks and longer-term shocks to economic growth. All sectors of the economy (agriculture, manufacturing, services) face disruption, potentially leading to shortages and rapid price increases for basic goods, placing economic stress on households, firms, and governments. A sustained and severe pandemic can cause significant and lasting economic damage.

Acute short-term fiscal shocks arise as funding is required to respond to immediate public health efforts to manage disease outbreak, for example, through contact tracing, quarantine measures, and isolating and treating infectious cases.³ As an outbreak develops, health expenditures can increase dramatically as additional facilities are required, and demand increases for personal protective equipment, drugs, and sophisticated equipment such as respirators.⁴

At the same time, reduced economic activity results in declining tax revenues. This exacerbates fiscal stress at a time of increased expenditure, especially in low-income countries where tax systems are weak and fiscal constraints already severe. During the 2014 West Africa Ebola epidemic in Liberia, public expenditure surged, economic activity slowed, and quarantine and lockdown reduced capacity to collect revenue.⁵

Donors and development partners can help alleviate fiscal shocks during moderate disease outbreaks by providing increased development assistance and direct budgetary support. However, during a severe pandemic, donor countries may themselves face the same fiscal stresses, and be unable to provide support. Without financial support, low-income countries are likely to experience more severe long-term social and economic impacts arising from a weakened public health response and budgetary cuts in other areas of critical government spending. In the case of extreme pandemics, the intrinsic value of lives lost can outweigh traditional measures of economic cost.⁶

While increased healthcare costs deliver an immediate fiscal shock, the indirect costs from reduced economic activity can be more significant. Reduced economic activity is driven directly by labour force reductions caused by sickness, mortality, and lockdown, and indirectly by behavioural change. Analysis of the economic impacts of the 2014 West Africa Ebola epidemic noted, "*Fear of association with others . . . reduces labour force participation, closes places of employment, disrupts transportation, motivates some governments to close land borders and restrict entry of citizens from affected countries, and motivates private decision makers to disrupt trade, travel, and commerce by cancelling scheduled commercial flights and reducing shipping and cargo services*" (ibid). In cases of extreme lockdown, as currently is the case in many countries in response to COVID-19, all these factors come into play as managing disease spread becomes the priority.

Where an economy is locked down, fiscal shock is exacerbated by a requirement for government to provide funds for social protection and to protect businesses, for example, through grants and tax breaks. In many countries, there is limited scope for this without external assistance.

Box 2: Assessing economic impact

In addition to loss of life, epidemics and pandemics devastate economies. Estimated costs of past events include: a loss of over US\$40 billion in productivity from the 2003 SARS epidemic; US\$53 billion loss from the economic and social impact of the 2014-2016 West Africa Ebola outbreak; and the US\$45-55 billion cost of the 2009 H1N1 influenza pandemic. The World Bank (WB) estimates

that a global influenza pandemic akin to the scale and virulence of the one in 1918 would cost the modern economy US\$3 trillion, or up to 5% of GDP.

In 2015, the West Africa Ebola outbreak resulted in a 20% drop in Sierra Leone's GDP, wiping out five years of development. The GDP per capita dropped by an average US\$125 per person in Sierra Leone, Liberia, and Guinea.

Source: Global Preparedness Monitoring Board. A world at risk: annual report on global preparedness for health emergencies. Geneva: World Health Organization; 2019

2.2 Social and political impact

A closer look at the social and political consequences is essential to understand the changing dynamics of the enabling environment in which the government works, and the implicit trade-offs in responding to the pandemics. Some of the impacts mentioned in this section refer to potential vulnerabilities in the socio-political environment that should be understood – to the extent possible – and monitored during the response phase, as they may pose significant challenges to government, thus further constrain its capacity to respond or recover from the crisis. For instance, the potential for social unrest or enhanced stigma on minorities would be more relevant for some. At the macro-level, the social and political consequences may shape the role of the state after the crisis –which will, of course, influence the other public services, resource allocations etc.

Pandemic mitigation measures can lead to social disruption and political tension. This is especially the case in countries with weak institutions and a legacy of political instability, where measures such as lockdown and quarantine can trigger violence and tension between states and citizens.

During the 2014 West Africa Ebola epidemic, steps taken to mitigate disease transmission, such as the imposition of quarantines and curfews by security forces, were viewed with suspicion by segments of the public, and by opposition political leaders. This led to riots and violent clashes with security forces.⁷ Political tensions amongst opposing factions in Liberia were linked with threats to healthcare workers and attacks on government staff and facilities.

The Ebola epidemic amplified political tensions in Guinea, Liberia, and Sierra Leone. The ruling party was accused of using the crisis to secure political control, while opposition leaders were accused of hampering disease response efforts.⁸ While these tensions did not lead to large-scale political violence or instability, they complicated health response efforts. For example, in Sierra Leone, quarantine in opposition dominated areas was delayed due to concerns it would be perceived as politically motivated. However, political leaders were not blamed for the uncoordinated and poorly managed public healthcare response to Ebola – instead '*much of the blame was placed on the WHO and the international response*'.⁹

Widespread public panic or lockdown during disease outbreaks can lead to rapid population migration. The 1994 outbreak of plague in Surat, India, caused only a small number of reported cases, but fear led to 500,000 people (roughly 20% of the city's population, including a large number of clinicians) to flee their homes.¹⁰ The current response to COVID-19 in India has resulted in significant population movements, as migrant workers attempt to return home, causing commentators to conclude that, for some groups, the impact of lockdown may have a greater negative effect than the disease itself. Sudden population movements can have destabilising effects, and migrants face elevated health risks arising from poor sanitation, poor

nutrition, and other social stresses.¹¹ Migration also poses a risk of further spreading an outbreak.

The risks to human rights during and after the outbreak are multiple. Lessons learned from previous outbreaks point towards the effect of containment measures (isolation, quarantine, school closures) on basic human rights such as, freedom of movement, right to education, cultural practices etc.¹² Outbreaks of infectious disease can cause already vulnerable social groups and ethnic minorities to be stigmatised and blamed for the disease and its consequences. For example, Africans in Hong Kong experienced social isolation, anxiety, and economic hardship resulting from fears of their association with Ebola.¹³ As some governments adopt contact tracing mechanisms to track and control the spread of disease, there are risks that these 'surveillance' mechanisms may not be lifted after the response phase, with long-lasting impacts for political freedom.

Countries where elections are planned during an outbreak face the decision of whether to postpone them or not. While governments need to respond to advice from public health institutions, citizens may feel that their political rights are oppressed if elections are postponed. If elections take place, the legitimacy of the results may be questioned if a significant part of the population (or specific groups) cannot vote. Organising an election during a pandemic also risks diverting resources from lifesaving work, which in turn may be politicised by opposition parties.¹⁴

The COVID-19 outbreak has led to debate as to whether autocratic regimes are better equipped to respond to disease outbreaks.¹⁵ The Chinese response to the crisis was characterised by rapid resource mobilisation, including the construction of two 1,000-bed hospitals at unprecedented speed, and stringent policy responses across Huabei province. However, there was weak coordination across levels of government, and the lack of open media to communicate the public health emergency to the public.

The economic shocks discussed above also feed through to social impacts, especially where lockdown removes the ability of casual or 'daily' workers to earn a living. In many countries this category of workers accounts for a significant share of the population who, without a daily wage, risk hunger and poverty. In response, social protection packages must replace foregone wages at a level required to maintain a minimum-level of income. For example, on 28 March 2020, the Government of Punjab announced an initial Social Protection Package valued at PKR 12.5bn (£60m) to provide support to casual labourers and daily wage earners. However, disbursing such funds can present additional challenges.

2.3 Institutional response and coordination

For countries with weak institutions, building capacity for pandemic response and mitigation is slow, even under the most optimistic assumptions.¹⁶ Other than the health sector response, preparing for and responding to a pandemic requires coordination across multiple sectors and implementing authorities, all of which are required to work in a complementary way. This creates significant governance, institutional, and coordination challenges (Box 3), often exacerbated by existing weak state capability or other indirect consequences of the pandemic, as mentioned in the previous two sections. Coordination is also required between public and private sector actors, for example, managing medical supplies, liaison with private hospitals, clinics, and engagement with NGOs and civil society groups. In fragile states, pandemics can also impact state capacity to maintain security.

Previous experience offers only a partial guide to the scale and complexity of the governance and institutional challenge. Although the 1918 influenza pandemic is sometimes considered a 'worst-case scenario', the current COVID-19 could be far more damaging, especially for low-income countries where intensive care beds and response to acute respiratory distress are in short supply, and could lead to many casualties.¹⁷

Box 3: Lessons from the coordination activities of the UN Mission for Ebola, 2014-15

The UN Mission for Ebola Emergency Response (UNMEER) was responsible for coordinating the response to the 2014-15 Ebola outbreak in West Africa that affected Guinea, Liberia, and Sierra Leone. After the event, a lesson-learning review was undertaken, part of which focussed on coordination and partnership. The main lessons were that:

- Coordinating structures should be tailored to the context and local needs of each country to ensure complementarity with existing capacities.
- New mechanisms may be needed, but risk inefficiencies in terms of time lost through the familiarisation process required.
- To the extent possible, use existing coordination mechanisms to ensure integration with partners already on the ground and build continuity.
- Effective donor coordination around shared objectives is critical.
- While UNMEER was quickly established and deployed, it took time to become operational and fully staffed.
- UNMEER should have used the best-placed partners to get critical enablers in place, such as vehicles, fuel, and phones, in the most cost-effective and swift manner.

Overall, it was found that UNMEER was more effective in a facilitating role than an implementing role, and less effective in providing the coordination required at field level.

Source: Lessons learned exercise on the coordination activities of the United Nations Mission for Ebola Emergency Response. Report of the Advisory Committee on Administrative and Budgetary Questions (A/71/810), February 2017

3 Responding to the crisis and managing impacts

Aside from health sector interventions, success in responding to and recovering from COVID-19 also depends on effective ‘meta’-governance’ of the response. As noted above, this includes managing an extremely complex system of internal and external actors (including development partners), coordinating between different sectors, and connecting different aspects and phases of the crisis so that short, medium, and long-term considerations are properly balanced.

This section discusses how governance and state capabilities must respond to the needs of three separate but overlapping policy and time dimensions. There is useful literature on what has been done well and badly, and lessons learned, for example from Ebola and SARS. This learning can be leveraged to make useful recommendations to leaders and policy makers.

Box 4: Three policy dimensions / phases

Dimension	Response	Recovery	Reform
Description	This lasts until cases abate or are low and under control. It requires coordinated actions to stop the spread of the virus, and to mitigate immediate negative economic and social impacts.	Development of a coordinated strategy to ensure that the country, and each different sector, is positioned to recover and address medium- to long-term negative impacts.	Longer-term reform measures to ensure that the country and affected sectors are better able to withstand similar future shocks.
Goal	Minimise direct and indirect loss of life, and cushioning the economic shock for households, businesses, and the wider economy	Minimise indirect loss of life, maximise return to normal and leverage opportunities for system strengthening.	Maximise preparedness for future crises, and opportunities for system and economy strengthening.

Aligned to the above, it is helpful to think in terms of four key levels to governance and government activity:

Level 1	National leadership (PM or President, and cabinet)
Level 2	National crisis coordination (crisis lead or health minister)
Level 3	Technical functions
Level 4	Local/district government or coordination

These two tables provide a useful way to structure the lessons for governance and state capability for COVID-19.

3.1 Lessons for response, recovery, and reform

Before looking at specific lessons in each dimension and at each level, there are some key over-arching points that emerge from the literature:

- **The role of government:** An overarching theme is that the institution of the state is most important at times of crisis. At these times, citizens look to their governments for help, and to deploy authority and resources, to respond to, and manage the situation. This is a challenge for governments that have low-capability or are in the process of trying to build capability. Crises involve threats that can easily overwhelm state capability, especially where such capability is already weak.¹⁸
- **National leadership:** Management of a national crisis needs to be led by that country's government. There is no substitute for that leadership and role, and it cannot be substituted by international support. International support, where it exists, should augment and support nationally led efforts.
- **Coordination is key:** COVID-19 will affect every aspect of life, every sector of the economy, and every part of government. It cannot be addressed in silos. It is therefore crucial that the different parts of the response at different stages, work in close alignment. This is the primary challenge of the 'meta-governance' of the crisis – effective coordination so that interconnected problems and feedback loops are addressed from multiple angles.
- **Different problems at different times:** As the crisis evolves, different problems will emerge and come to the fore. It is important to recognise that while the three policy dimensions depicted above are broadly sequential in time, governments and crisis managers need to be dedicating resources to address all of these from the beginning, in parallel. While the majority of resources will be dedicated to solving immediate problems which are part of the emergency response, others need to be planning for problems most acute in two, three and six months' time – whether that be exit from lockdown, ensuring agricultural harvests or planting season, re-opening of schools, or even mental health.
- **Opportunities:** Although the crisis will pose profound problems for the country and the state, it also creates opportunity for reform, re-structuring, re-distribution, and resilience. This is discussed further below.

3.2 Response lessons

There is considerable literature on governance and policy requirements in response to pandemics, including comparative experience from national responses to COVID-19.¹⁹

The immediate requirement is for a strong and effective healthcare response, to adapt rapidly to the emerging crisis while parallel measures are put in place to manage and limit the speed by which disease transmission occurs. Failure to do this will result in healthcare facilities, which may already be poorly resourced, quickly becoming overloaded and unnecessary deaths occurring – either directly as a result of the disease, or indirectly as resources are reprioritised away from other healthcare needs.

Beyond the immediate requirements of the health sector, the literature provides lessons for leadership in times of crisis (Box 1), and policy responses for transition to post-pandemic recovery.

General response lessons

- **Be adaptive.** Leaders need to make decisions with unclear scientific evidence of what works and need to revisit those decisions quickly to account for relevant new information. In many countries, the government response has focused primarily on minimising the direct or indirect loss of life. At the same time, different leaders have valued differently the economic and social indirect consequences. These value judgements have informed the type of strategies employed. There is no perfect crisis response. The biggest mistake is to wait for perfection. “*There is so much you need to do, and you need to move fast, so don’t be held up by the need to ‘be right’ or perfect.*” (lessons learned from Ebola, Michael Ryan, WHO).

Box 5 below includes some initial ideas of what questions to consider when aiming to manage this crisis adaptively. We refer to adaptive management as structured, iterative decision-making processes in the face of uncertainty, seeking to make learning and adaptation central to the way a response is executed. For this process to be successful, ensuring transparency of the changes made is critical to involve different stakeholders, and to support the learning process. Documenting the changes in the government response based on incoming evidence or current events may help develop a strong base for future reforms.

Box 5: Questions to consider for adaptive management of the crisis

1. **Why do we need to adapt?** There may be changes in: national cases (increase or decrease); serious case numbers; hospital capacity (beds/staff); behaviour of different groups in response to policies; organisational capacity; intervention effects/results; unintended effects/second-order changes; emergence of new understanding, research, evidence, and learning.
2. **What do we need to adapt?** Which may necessitate changes in: allocation of resources to response and resilience efforts; type and mix of medical, organisational, and social interventions; means of delivery or communication of interventions; delivery and implementation partners; stakeholder and community engagement; staff capacity and skills.
3. **How do we need to adapt?** Which would be enabled by: inputs from different expertise (epidemic, medical, behavioural, social) processes for collective sense-making and assessment of available evidence; open and transparent communication; available evidence and gap; collective judgements and decisions; areas of learning, including what is working well and less well.
4. **Evidence for adaptation.** Which would be based on relevant and useful data, such as: data of, and from, testing, usage of hospital beds, absence rates of healthcare staff, feedback from frontline staff, feedback from services and businesses, and data from community and stakeholders. This data needs to be provided at regular intervals and linked to appropriate decision-making cycles.

Source: Ramalingam B., Wild L., Ferrari M (April 2020). Adaptive leadership in the coronavirus response Bridging science, policy, and practice. Overseas Development Institute.

- **It is better to do too much rather than too little.** The cost of doing too little is potentially enormous, both in terms of immediate human suffering and a prolonged economic crisis.
- **Use existing mechanisms as much as possible.** To the extent possible, provide interventions and funding through existing channels rather than creating new ones.
- **...but create new structures if necessary:** There are strong arguments in the literature that, especially in the response phase, existing government structures and

institutions may be ill-equipped and not organised to manage the response effectively. This is especially the case when existing structures (e.g. health ministries) are already at low-capacity and struggling to manage the burden of disease in the country before the crisis. There are various models for quickly created dedicated coordination structures, best known of which is the US Centre for Disease Control's 'Incidence Management System'. Such systems usually recommend a distributed leadership, 'snowflake' organising principle, with a relatively flat and interconnected series of adaptive teams solving problems dynamically.

- **Establish a physical command centre**, and ensure it has the resources it needs. Streamline the decision-making meetings.
- **Experiment and do not fear duplication.** Given the uncertainty, many approaches and policies will have to be tried. Some will work, others will not. Many will be wasteful, giving money to people or businesses that do not need it – or even giving it to the same ones twice. The risk of duplication is much smaller than the risk of over-targeting that leaves many out.
- **Enlist the private sector as much as possible.** The private sector will be operating under many of the same operational constraints as government. But it has an existing infrastructure, can be nimble, and can form a diversification of the response. Direct government lending is hard, but loan guarantees can enlist the private sector to make the loans. The private sector will make the additional food and hospital equipment but will need financial incentives.
- **Ensure the response is dynamic and persistent.** Policy needs to be ready to stay in place and even grow in the places and times it is needed. The more that policies can have triggers to automatically continue and expand in places and times they are needed, the better.
- **Macroeconomic policies are fundamental ('whatever it takes').** To prevent a potential economic meltdown after COVID-19, the Chinese government not only provided fiscal support, but also created monetary and financial policies to prevent a macroeconomic recession. Saving small businesses is a strategic step in recovery and in boosting domestic demand.
- **(Remote) external advisors can provide valuable support.** External advisors can provide (remote) support and bring useful perspective and challenge.²⁰ But this is probably limited to a big picture level of input. It is not a substitute for on-the-ground help to get things done quickly, which is needed above all.

At specific levels of government

Level 1 and 2

- **The head of state should delegate crisis management:** The head of state (President or PM) needs to delegate and authorise leadership of the crisis response to a national coordinator, not try to do things themselves.
- **It must be clear who is in charge:** It is essential to specify a clear structure for the crisis response, with clear single leadership at Level 2, and clear roles at Level 3. You

cannot have multiple leaders vying for control. It is essential that the crisis leader maintains the authorisation of the political leadership.

- **Make clear asks of the international community.** The international community was slow to mobilise in the 2014 West Africa Ebola outbreak. Once mobilised it played a crucial role, but it is essential that national leaders frame urgent asks (especially financial) early to be able to sustain a response, especially to fund economic stimulus.
- **Establish a mechanism for Levels 1 and 2 to stay aligned.** Daily briefings between the crisis leader and the head of state are a common theme. In 2014, Liberia set up a Presidential Advisory Council on Ebola (PACE), which included the head of the crisis response, key cabinet members, and representatives from key donors.
- **Put the best people at Level 2.** The National lead does not have to be a technical expert – just an effective crisis leader.²¹

Level 3

- **Level 3 includes people in all relevant sectors** – not just the hard infrastructure of crisis response, but representatives from education, youth, psycho-social, defence – any relevant sector.
- **Information management is critical.** Governments need to establish the data systems as early as possible. Levels 3 and 4 need to work closely to do this. Data is everything.
- **External support is useful.** Depending on the scale of the crisis, TA from external entities may need to evolve into playing a direct role or partnering with local actors to plug into Level 3. Key donors and external partners also need a forum to engage at Level 2 and even Level 1 where appropriate (for e.g. UN, WB, key donors).
- **Communication and information sharing are vital.** Government must regularly communicate accurate and contextual information to prevent speculation and build confidence. Information transparency is necessary. In China, the Wuhan government lost three weeks that could have been spent preventing the outbreak.²² In Singapore, government was able to manage the spread of disease and prepare for recovery by communicating a clear understanding of the situation – identifying risks and challenges – together with economic policies to address both demand and supply considerations.

Level 4

- **Local or municipal structures have important knowledge and relationships:** While central management of the crisis is paramount, local institutions and structures can play a vital role in the crisis response. They provide additional structures, networks and relationships with which to reach the population, and important resources which can be critical in implementing key policies – such as quarantine and ensuring that those in quarantine have access to food. It is essential that they are closely connected to and coordinated by Level 3. In addition to this, local structures play an important role translating national policies into locally palatable measures (see point below) and represent a crucial connective resource especially in countries with multiple ethnicities and local languages.
- **Community engagement and building trust.** Evidence points to the importance of community engagement in building trust in the state and health system response. This

can lead to a virtuous cycle of increased trust, improved communication, and stronger resilience. Experience from the Ebola outbreaks in West Africa, and the more recent outbreak in DRC, point to the importance of effective community engagement as part of disease response, recovery, and future surveillance.²³ In Liberia, multiple forms of community engagement were used during the outbreak, however only some forms were perceived as meaningful – for example, the formation of community-based surveillance teams. To achieve meaningful engagement, communities need to be treated as active participants (not passive recipients) of the health response. Where trust is lacking, it can delay the effectiveness of a healthcare response and result in unnecessary deaths (Box 6). Strategies to increase trust during the Ebola crisis included openness, transparency, and reflexive communication, which supported the adaptation of response efforts and setting priorities in real-time.²⁴

- **Replicate the strategy:** Experience from Ebola shows that an effective response at the district or local level can be to replicate the crisis management structure that is used at the national level.

Box 6: Lack of trust - the 2018-19 Ebola outbreak in the DRC

The Democratic Republic of Congo (DRC) was the location of the first Ebola outbreak, in 1976, and since then there have been a total of ten outbreaks in different parts of the country. The most recent outbreak began in July 2018. By December 2019, there had been 3,000 cases and over 2,000 deaths.

Unlike previous Ebola outbreaks a proven vaccine was available that reduced fatality rates from 66% to around 30%. Despite this, the outbreak continued for eighteen months, partly due to violent incidents by local militias, but also community mistrust and lack of involvement in the response which hampered the response.

As a result, many cases were not reported sufficiently early or transferred to treatment centres. Without the violence and community mistrust the outbreak may have been resolved within months, rather than continuing for over a year, with high case numbers and mortality.

Source: The 2018/19 Ebola epidemic the Democratic Republic of the Congo (DRC): epidemiology, outbreak control, and conflict. <https://www.sciencedirect.com/science/article/pii/S2590088920300020?via%3Dihub>

3.3 Recovery lessons

There is less literature on this phase of the crisis, partly because it is often difficult to pinpoint the moment at which the emergency response gives way to the recovery phase. In many ways they run in parallel, as actions taken in the early stages will determine the scale and shape of the crisis, the secondary (mainly economic problems) which will arise as a result of the public health response, and therefore what is required of the recovery phase. The exit from response into recovery is probably the most complex and unpredictable aspect of the COVID-19 crisis, because only a handful of countries are tentatively making early steps out of lockdown measures, and the ability to exit safely into recovery will depend significantly on context. There are, however, some important lessons to highlight.

- **Crude measures must give way to precision measures.** Whereas blanket lockdown measures may have been used to flatten the curve and reduce overload, these must give way to precision approaches which allow economic activity to restart without risking a resurgence of the disease. Governance systems will need to be preparing for this phase, ensuring that testing systems, contact tracers and quarantine systems are adequate to shift from a blunt hammer to a scalpel in terms of containment.

- **What is done during the response will shape the timing and challenges of recovery.** The impact on economic activity – on aggregate supply and demand – will vary depending on the specifics of lockdown measures, which businesses have been allowed to operate, and on the stimulus and state-backed insurance measures to keep firms solvent and employees attached. This is as much a lesson for the response phase, to be considering at every step how actions taken early on will create or shape problems later.
- **Start planning the recovery from the beginning.** Linked to the previous lesson, and as noted above, although most resources in the early stages will focus on the emergency response, it is crucial that a team within government is looking at a recovery strategy. This will enable a strategic interaction and alignment to ensure that consideration of immediate, medium- and long-term considerations and impacts are balanced.
- **Look for binding constraints to the health response.** Some sectors may present problems to an effective health response or endanger the sustainability of stopping transmissions. A good example may be agriculture, where seasonal workers migrate for harvest or planting, or urban dwellers who return to their land.
- **Look for opportunities for transformation.** On the economic front, some sectors may have been badly hit but were already inefficient, or heavily indebted. This is where government recovery strategy should connect to the longer term reform and resilience considerations – and look for areas where the crisis has opened an opportunity to re-structure an under-performing sector, to alter or halt a subsidy, or shift attention to value-creating rather than rent-seeking sectors.
- **Use the external support to focus energy on recovery and reform.** While most resources in the public sector are channelled to respond to the immediate crisis, some groups in government will need to work through a plan for recovery and response. This is an area where external support may be useful. While following the national leadership and priorities, technical assistance may help government generate more evidence, build capacity to deliver the needed reforms and gather learning about the disaster management to be used for building resilience and preparing for future shocks.

The core lesson is that decisions taken early on, in the emergency phase, will have consequences for the recovery phase, and in turn decisions in the recovery phase will have consequences for the options available for reform.

4 Reform for future resilience

This paper starts with reference to a September 2019 WHO report that warned of *“a rapidly moving, highly lethal pandemic of a respiratory pathogen killing 50 to 80 million people and wiping out nearly 5% of the world’s economy”* (Box 1).

This section explores how the COVID-19 crisis provides an opportunity for fundamental change within government and between state and society, building on the notion that ‘a crisis is too good an opportunity to waste’.²⁵

4.1 Crisis as an opportunity for reform

A crisis creates an opportunity to unlock latent pressure for reform. It does this by strengthening existing demand for change and providing a platform for new ideas on the basis that what went before is no longer useful or relevant. The world has moved on, and a new paradigm is needed.

COVID-19 presents such an opportunity for change, on a global scale, surpassing the calls for change that followed the financial crisis of the late 1990’s. It provides opportunity to review the functioning of the state and to revisit public and private roles in a world that is already tackling fundamentally complex issues, such as climate change and equity.

While it may be tempting to wait until after the crisis is resolved, now is the right time for change. Responses to the current crisis demonstrate the ability of governments, when needed, to take drastic measures to mitigate an existential threat, as well as people’s willingness to adapt to new measures.

At this stage, it is difficult to predict the shape and scale of reforms that may follow COVID-19. What is needed are stronger national and global institutions that are more resilient for responding to and managing future pandemics and global shocks, including climate change. Change needs to be integrated across the whole of government. Dispersed and piecemeal reforms will not deliver the level of change required. A broad approach is needed that affects all departments and agencies, and all levels of government.

Change is also likely to affect the relationship between state and citizens. As discussed below, the scale of response required to tackle shocks such as COVID-19 require strong trust and accountability in government, and a ‘whole of society’ approach (Box 7).

4.2 Specific reform actions

This section summarises specific actions required at national level to strengthen preparedness for future pandemics. The focus is on the requirements for strengthening preparedness in low-income and fragile states, where weak governance, underfunded health systems, lack of trust in public institutions, cultural and religious practices, and ongoing conflict present significant challenges.

- **Deliver on global commitments.** All countries have signed up to the International Health Regulations (2005), which require countries to develop national capacities to detect, assess, report, and respond to health threats. However, as of 2018, only one-third of countries have built these capacities. The problem is particularly acute in low-

income countries where funding is limited. This impacts domestic ability to respond to outbreaks, but also places other countries at risk.²⁶

- **Political commitment and planning.** Countries need to avoid a cycle of ‘neglect and panic’ arising from failure to allocate funds to preparedness. This problem reflects a tendency to regard pandemics as unlikely events in the short- to medium-term, and to instead focus public resources on immediate service delivery needs and visible capital development projects. Strong political commitment to national preparedness is required, for example, through the development and funding of a National Action Plan for Health Security (NAPHS), for which the WHO provides guidelines. The WHO also recommends that countries should routinely conduct multisectoral simulation exercises to establish and maintain effective preparedness.²⁷

A NAPHS is a context specific national plan for health security and preparedness. The plan links to existing policies and frameworks at the national, regional, and global levels, and facilitates multisectoral planning. It strengthens state capabilities to prevent, prepare for, detect, notify, and respond to severe public health emergencies. Strengthening these capacities not only improves national health security, but also helps protect economic and social development. The plan should include regional cooperation, as disease outbreaks do not respect national boundaries. Cooperation and sharing specialist facilities can deliver better preparedness and be more cost-effective.

- **Investment and recurrent funding.** Having developed a national plan, the next step is to prepare a realistic financing proposal and ensure that funds are allocated through the national annual budget, including donor funding where appropriate. Investing in preparedness is one of the best investments a country can make. It is estimated that annually it would cost less than US\$1 per person globally to establish robust mechanisms to prepare for the next pandemic.²⁸

Where donor funding is provided, it should be integrated as part of a comprehensive planning and budgeting process. To ensure political (and donor) support the funding proposal should clearly set out the investment case for spending on preparedness. The WB has developed a Health Security Financing Assessment Tool (HSFAT), to support national government prepare financing proposals.²⁹

- **Coordination to build effective systems.** The systemic capabilities required in health, education, and other sectors, are addressed in other papers in this series. The point made here is that establishing these systems requires a ‘whole of society’ approach involving coordination across sectors and departments, with global institutions and development partners, with the private sector, and with NGOs, civil society, and communities. This is illustrated by improved detection and response to Ebola outbreaks in DRC and Uganda, the response to the 2016 outbreak of Zika, and the example of Taiwan (Box 7).
- **Improving government performance and efficiency.** The response to COVID-19 will require extraordinary levels of public expenditure, funded by borrowing, while at the same time tax revenues are reduced. Fiscal pressure is unavoidable in the coming years, but governments can minimise the effects by raising efficiency and effectiveness, so that public spending delivers maximum benefit. Measures to improve performance across the whole of government should be a priority.

- **Change management.** Given the cross-cutting and ‘whole of society’ requirements of preparedness, a change management strategy is likely to be needed to ensure successful delivery of even a well-funded plan. Implementing a preparedness plan is a complex multi-stakeholder process that extends beyond the health sector, and requires far-reaching changes in established attitudes, practices, and institutions. Multiple parts of government, the private sector, and civil society must be engaged and coordinated to achieve the objectives.

4.3 The role of the state after the crisis

The response and recovery phases will realign power structures in society. How this is managed post COVID-19 will vary by country, including the extent to which new approaches are retained that impact on democratic freedom and levels of trust between state and citizen.

As discussed above, countries that have responded most effectively to COVID-19 (such as Taiwan), benefit from relatively high-trust between state and citizens. Individuals have been willing to accept intrusive approaches to personal data (such as contact tracing and mandatory testing) and restrictions on social behaviour as a price worth paying to a state they trust to act effectively. After the crisis is over, some governments may be reluctant to lift such ‘state of emergency’ measures.

Box 7: ‘Whole of society’ approaches – lessons from Taiwan

Taiwan has suffered pandemic outbreaks in recent years – SARS, H7N9, H1N1, and dengue. Although the country has resources and a high-quality public health system, it has found that a government-led response system by itself is inadequate in responding to major disease outbreaks.

Taiwan struggled to respond effectively to the 2003 SARS outbreak. This resulted in a loss of trust in government, and citizen reluctance to cooperate with authorities, and even actively conceal information from the state. As shown by the 2014 Ebola outbreak in West Africa, this phenomenon is not limited to Taiwan.

In response, Taiwan has built ‘whole-of-society’ collaborative approaches involving coordination across government, and between state and non-state actors, that build trust, reflect understanding of local conditions, and more effectively allocate resources for pandemic response.

Central to the Taiwanese approach is the local community ‘warden’, a locally elected and unsalaried position between the state and community. Wardens proved well positioned to provide the kind of cooperation and support called by whole-of-society governance models. A study of the role played by wardens during the SARS outbreak illustrates their potential to make a difference during pandemic outbreaks.

Whole-of-society governance models argue that no single organisation has the knowledge or capacity alone to manage complex problems in a complex environment. Only through collaboration with local actors can an accurate understanding of the situation be made, and the best results achieved.

Source: Schwartz and Yen, Toward a collaborative model of pandemic preparedness and response: Taiwan's changing approach to pandemics, *Journal of Microbiology, Immunology and Infection*, Volume 50, Issue 2, April 2017, Pages 125-132³⁰

5 Recommendations for further exploration

The points below are potential issues for further exploration and research, and areas where there may be demand for technical assistance.

Research

- More detailed analysis of lessons from health shock responses (e.g. Ebola, SARS) for governance and state capability reform. Much of the literature focusses on management of the immediate health response, but there is less analysis of how these experiences have influenced state capabilities over the longer-term, including the relationship between state and citizen.
- Following from the point above, more detailed study of the role of trust and ‘whole of society’ approaches to complex and adaptive problems. What are the lessons for wider governance reform? Looking to the future, what are the possible new paradigms for governance? (For example: [Amsterdam embraces 'doughnut' model to mend post-coronavirus economy](#)).
- The role of the state after COVID – review of the proportionality, necessity, and reversibility of intrusive measures (contact tracing etc.) imposed by governments during the crisis. Explore the potential ‘exit strategies’ from crisis response to the recovery phase.
- Exploring the link between highly-centralised bureaucracies and preparedness and response to the crisis. Early findings suggest that countries with a high-degree of delegated authority have found it harder to coordinate a coherent response.

Technical assistance

- Support to review appropriate policies and programmes during recovery and reform, including political economy analysis on how resource allocation for response will impact recovery and reform.
- Given the likelihood of reduced fiscal space, support to strengthen national planning, policy and budgeting functions, plus measures to enhance improved performance and efficiency in government service delivery, to ensure resources are allocated where most needed and with equity.
- Support for the change management process in the recovery and reform phases, including coaching senior officials on adaptive process management and support to develop capabilities to deliver.
- Developing a learning framework that can be used for: (i) adaptive management of different phases of the outbreak; (ii) capturing lessons learned to strengthen future resilience.

References

- ¹ World Health Organisation, (2019), Global Preparedness Monitoring Board. *A world at risk: annual report on global preparedness for health emergencies*.
https://apps.who.int/gpmb/annual_report.html
- ² Price-Smith A T. (2009) *Contagion and Chaos: Disease, Ecology, and National Security in the Era of Globalization*. Cambridge, MA: MIT Press.
- ³ Achonu C, Laporte A, Gardam M A. (2005) “The Financial Impact of Controlling a Respiratory Virus Outbreak in a Teaching Hospital: Lessons Learned from SARS.” *Canadian Journal of Public Health* 96 (1): 52–54.
- ⁴ Herstein J J, Biddinger P D, Kraft C S, Saiman L, Gibbs S G., and others. (2016) “Initial Costs of Ebola Treatment Centers in the United States.” *Emerging Infectious Diseases* 22 (2): 350.
- ⁵ World Bank. (2014) “The Economic Impact of the 2014 Ebola Epidemic: Short and Medium Term Estimates for Guinea, Liberia, and Sierra Leone.” Working Paper 90748, World Bank, Washington, DC.
- ⁶ Fan V Y, Jamison D. T, Summers L S. (2016) “The Inclusive Cost of Pandemic Influenza Risk.” NBER Working Paper 22137, National Bureau of Economic Research, Cambridge, MA.
- ⁷ McCoy T. (2014) “Why the Brutal Murder of Several Ebola Workers May Hint at More Violence to Come.” *Washington Post*.
- ⁸ ICG (International Crisis Group). (2015) *The Politics behind the Ebola Crisis*. Crisis Group Africa Report 232, International Crisis Group, Brussels, October 28.
- ⁹ Menzel, C. (2017). *The impact of outbreaks of infectious diseases on political stability: examining the examples of Ebola, tuberculosis and influenza*. Young Perspectives. Konrad Adenauer Stiftung & KACIRSS.
https://www.kas.de/documents/252038/253252/7_dokument_dok_pdf_52294_1.pdf/95dc732e2eda-2698-b01f-7ac77d060499?version=1.0&t=1539647543906
- ¹⁰ Barrett R, Brown P J. (2008) “Stigma in the Time of Influenza: Social and Institutional Responses to Pandemic Emergencies.” *Journal of Infectious Diseases* 197 (Suppl 1): S34–S37.
- ¹¹ Toole M J, Waldman R J. (1990) “Prevention of Excess Mortality in Refugee and Displaced Populations in Developing Countries.” *Journal of the American Medical Association* 263 (24): 3296–302.
- ¹² Rohwerder Brigitte, (2020) *Secondary impacts of major disease outbreaks in low- and middle-income countries*, Institute of Development Studies.
- ¹³ Siu J Y M. (2015) “Influence of Social Experiences in Shaping Perceptions of the Ebola Virus among African Residents of Hong Kong during the 2014 Outbreak: A Qualitative Study.” *International Journal for Equity in Health* 14 (1): 88.
- ¹⁴ Elections and COVID-19, International Idea Technical Paper 1/2020.
- ¹⁵ Burkle FM Jr. Declining public health protections within autocratic regimes: impact on global public health security, infectious disease outbreaks, epidemics, and pandemics. *Prehosp Disaster Med*. 2020;00(00):1–10.

- ¹⁶ Pritchett L, Woolcock M, Andrews M. (2013) “Looking Like a State: Techniques of Persistent Failure in State Capability for Implementation.” *Journal of Development Studies* 49 (1): 1–18.
- ¹⁷ Osterholm M T. (2005) “Preparing for the Next Pandemic.” *New England Journal of Medicine* 352 (18): 1839–42.
- ¹⁸ Matt Andrews, <https://bsc.cid.harvard.edu/public-leadership-through-crisis>
- ¹⁹ For example: Mitigating the COVID Economic Crisis: Act Fast and Do Whatever It Takes, Centre for Economic Policy Research (CEPR), 2020
- ²⁰ <https://buildingstatecapability.com/2020/03/25/public-leadership-through-crisis-10-lessons-from-experience/>
- ²¹ <https://bsc.cid.harvard.edu/public-leadership-through-crisis>
- ²² Huang Yi, Chen Lin, Pengfei Wang and Zhiwei Xu, (2020), *Saving China from the coronavirus and economic meltdown: Experiences and lessons*.
- ²³ Community engagement for health system resilience: evidence from Liberia’s Ebola epidemic <https://doi.org/10.1093/heapol/czz174>
- ²⁴ Ryan MJ, Giles-Vernick T, Graham JE. (2019) Technologies of trust in epidemic response: openness, reflexivity and accountability during the 2014–2016 Ebola outbreak in West Africa. *BMJ Global Health*;4:e001272.
- ²⁵ <https://www.washingtonexaminer.com/news/rahm-emanuel-reprises-never-let-a-crisis-go-to-waste-catchphrase-amid-coronavirus-pandemic>
- ²⁶ World Health Organisation, (2019) op.cit.
- ²⁷ World Health Organisation, (2018) NAPHS for all: a 3 step strategic framework for national action plan for health security.
- ²⁸ IWG (International Working Group on Financing Preparedness). (2017) “*From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level*.” <https://openknowledge.worldbank.org/handle/10986/26761>
- ²⁹ World Bank, (2017) *From Panic and Neglect to Investing in Health Security: Financing Pandemic Preparedness at a National Level*.
- ³⁰ Schwartz and Yen, (2017), Toward a collaborative model of pandemic preparedness and response: Taiwan's changing approach to pandemics, *Journal of Microbiology, Immunology and Infection*, Volume 50, Issue 2, April 2017, Pages 125-132