Containing COVID, part 3 | Learning (or not) from past crises

Historians of previous pandemics and crises offered lessons on how to deal with COVID-19, write ***Linda Hantrais (LSE)*** *and* ***Susanne MacGregor (LSHTM),*** *though they were not always heeded.*

Read the first and second posts in this series

Crises test social institutions, including health systems. Even before countries were in a position to draw lessons from their own experience of the COVID pandemic or from countries elsewhere in the world that seemed to be faring better, historians proffered lessons from other global events about how to deal with crises and their aftermaths.

In 2020, much of the public discussion about the epidemiology of COVID focused initially on the post-World War I Spanish flu pandemic. Experience with other diseases, such as smallpox, polio, HIV/AIDS, BSE, foot and mouth, swine flu, Ebola and SARS, also informed the debate. Common defining characteristics of pandemics were known to be their sudden emergence; the initial absence of cure; a high burden of illness and death; and gradual awareness of long-term effects such as disability. Historical studies have demonstrated that pandemics change how societies function, with consequences for both health and economies. Faced with crises, whether institutions survived or collapsed has depended on their resilience and their ability to adapt to new conditions. Whether lessons would be learnt from experience depended on pre-existing institutional arrangements and dominant sets of ideas, as well as the balance of political forces.

The history of pandemics, and public health knowledge and experience, has shown

- the importance of global preparedness and adequate public spending
- the need for infrastructures of surveillance and rapid outbreak response
- the value of the standard public health strategy of tracing contacts and ensuring isolation
- the requirement for surge capacity in hospitals and healthcare services
- and the need for both national and community involvement as well as responses that are global.

Evidence from the most recent epidemics of SARS and MERS showed that the wearing of face coverings, physical distancing, hand hygiene and good ventilation can be effective public health measures in limiting transmission and that quick, short, and strict lockdowns can be most effective in containing the spread of the disease. While these measures were generally accepted in China and other Asian countries, they were not uniformly accepted and applied elsewhere.

Another feature identified in historical studies of pandemics has been the moralising of debate. Pandemics are found to be deeply political. Scientists cannot avoid being drawn into debates in the policy arena and in controversies about effective public health responses: the public as a whole, however defined, has to be involved. Experience has shown that the implementation of policies to deal with pandemics is complex, making coordination and partnership critical; a strong central state response is required, combined with active local involvement and good communication between different levels of governance and with the public at large.

> Western-centrism may partly explain Western unpreparedness in the face of the pandemic

Teams of political scientists drew similar lessons to those of public health scholars from analysis of the long-term impact of another crisis: the 2008−09 global financial shock as experienced in Europe. They identified a deep-seated problem in achieving political consensus and cooperation, also applicable to the COVID pandemic, which was due not to technical obstacles but to the political infeasibility of adopting policy or institutional solutions.

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Other political scientists identified four modes of learning in public policy in the context of the Brexit negotiations, which were ongoing when the public health crisis hit the UK. Learning through the first three modes proved highly dysfunctional when applied to Brexit, and the UK government was forced to rely on bargaining between competing factions, producing a highly political form of learning which stymied the development of a coherent Brexit strategy. By analysing Brexit 'as a policy process' rather than 'a political event', policy dynamics were shown to play an important role in shaping the political context within which they are located. In the case of the pandemic within the EU, it could be argued that all four modes of learning are relevant, particularly from a comparative perspective if the analysis of the policy process focuses on 'endogenising accounts of macro political developments'.

Western countries were often accused of not learning lessons from East Asian countries such as South Korea, Singapore, Taiwan or Vietnam. These countries' relative success in controlling the spread of COVID at its onset was widely attributed to their capacity to learn from previous experience of epidemics, their preparedness to deal with new threats to health, and public acceptance of the need to comply unquestioningly with stringent measures to contain the virus. The crisis brought urgent challenges that policymakers had to resolve under conditions of deep uncertainty: understanding the nature of the virus, improvising social distancing measures without evidence-based roadmaps, communicating with an anxious public, and preserving economic and social wellbeing. In 2020, few Western countries were economically, physically or politically as well equipped as some East Asian countries to meet the challenges of a public health pandemic. Another pertinent lesson from previous public health crises is that 'we have managed to deal with disease-causing pathogens significantly better than with our entrenched prejudices'.

A key lesson that could have been drawn from recent scholarship is the danger of Western-centrism, which may partly explain Western unpreparedness in the face of the pandemic. The West was in danger from highly communicable diseases such as COVID in spite of its wealth and scientific knowledge because insufficient attention was paid to to these risks. Research and policy had shifted to non-communicable diseases such as diabetes and obesity. As it turned out, many of these diseases appeared to interact with SARS-COV-2 to increase vulnerability.

This post represents the views of the authors and not those of the COVID-19 blog, nor LSE.

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