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Introduction to the Special Issue, Part 2: Government and Society Collaboration: Responding to Pandemics

Special Issue Part 2 Editor

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Introduction

The world is an unequal space, defined by disparities in socio-economic conditions, health and wellbeing, and the environment. Throughout 2020, the COVID-19 crisis served only to exacerbate any inequalities that already existed in the care and treatment of communicable and non-communicable diseases (NCDs)(WHO 2023).

Shuja et al. (2021) asserted that the disruption to daily human life caused by the COVID-19 pandemic is unparalleled in modern history, comparable only to the aftermath of the World Wars. This has led to affected countries officially designating it as a national disaster. Van Breda (2021) described COVID-19 as more than just a virus but a threat to the very survival of humanity, to people's sense of self, and to the integrity of their families. Undoubtedly, COVID-19 has posed one of the greatest humanitarian challenges alongside HIV/AIDS, floods, volcanoes, and SARS, and the world will continue to feel its impact for years to come. It also undeniably tested many nations' preparedness to tackle a disaster of such magnitude.

Disasters are a daily occurrence in different parts of the world, manifesting in different forms and degrees of severity. The world is continually confronted with issues such as climate change, the fourth industrial revolution, increased prevalence of illness and diseases, and an upsurge in existing communicable diseases. The World Organization (WHO 2023)also acknowledges the impact of climate change and humanitarian emergencies on NCDs and has identified ongoing challenges in safeguarding people living with NCDs, given their increased susceptibility to severe illness and death associated with COVID-19.

It is evident that global action is imperative to address both communicable diseases and NCDs to achieve the targets set out in Sustainable Development Goals (SDGs) 3.4 and 3.8. WHO (2023) cautioned that failure to do so will jeopardize the ability to meet these SGD targets. As WHO succinctly puts it: "WHO is looking forward to working with countries to expand access to medicines and health products for NCDs and mental health conditions, and

to ensure that the human, social, and financial burden of NCDs does not reverse the development successes of previous years" (WHO 2023).

And while natural hazards represent a looming threat, they are very difficult to predict but often lead to elevated frequency of diseases that usually go unnoticed until detected using sophisticated diagnostic instruments. Mental illness and other silent diseases also tend to surge during natural hazards, as has been evidenced during floods, droughts, hurricanes, and cyclones. This trend was further underscored throughout the COVID-19 pandemic—anxiety was running high, placing significant, unique demands upon people's mental health, and highlighting the urgent need to strengthen health systems.

In the midst of the pandemic, nations were duty-bound to work together in ways never imagined, forging connections between the realms of science and society. In doing so, they highlighted the importance and value of collaboration in flattening the curve and supporting people affected by the virus. These positive strides notwithstanding, nations have continued to grapple with reestablishing a healthy environment in the wake of the pandemic.

In times of disaster, countries are sometimes compelled to realign their disaster management plans. In the case of COVID-19, this meant implementing temporary shutdowns in certain countries. For example, in South Africa, the initial lockdown phase ran from March 18, 2020, to April 30, 2020 (Disaster Management Act 2020), only to be extended for several more months. People were stripped of their freedom—trapped in their homes and isolated from the outside world. The hard lockdown included the interruption of schooling and a shift to remote learning; limited access to social and healthcare facilities; as well as the suspension of visiting privileges at hospitals, closures of shelters and treatment centers; and tight restrictions for retailers and other businesses with some, such as restaurants, grinding to a standstill.

It was during this period that the inequalities between those with means and those without were especially prominent. Indeed, the affluent weathered the lockdown relatively unscathed, stockpiling groceries just before the announcement of a total shutdown, and then proceeding to work remotely. In contrast, those without significant financial reserves, and wholly dependent on pay day, faced a different and more challenging situation. These inequalities extended into the educational arena, where—rather than forfeiting the academic year—several institutions opted for students to continue learning from home. While this might have been a good strategy to salvage the year, it shone the spotlight on the glaring disparities between the poor and the rich.

The effects of the shutdown were far-reaching, extending from teaching and learning to employment, health care, and people's overall well-being. This brought to the surface the lack of resources to manage illnesses that existed before COVID-19, and the ineffectiveness of identifying and addressing mental health.

Van Breda (2021) noted that the demands posed by the pandemic also tested the effectiveness of leadership strategies to mitigate disasters. While countries have established disaster management strategies and policies, these were considered ineffective in tackling

COVID-19 challenges. In response, WHO crafted guidelines and strategies to address the crisis. However, these WHO directives were aimed primarily at controlling the spread of the coronavirus, and sometimes overlooked the fact that nations' responses were influenced by their differing socioeconomic statuses.

The pandemic laid bare countries' vulnerabilities in dealing with disasters and pandemics, exposing weaknesses in their healthcare systems. Some countries struggled with outdated health information systems, inadequate health infrastructure, and a limited health workforce to enhance access to preventive, promotive and disease management services. According to De Silva (1999), the WHO framework for health system performance assessment specifies that the responsiveness of a health system encompasses both the actual delivery of healthcare services and individuals' perceptions of the service they are receiving. The pandemic confirms the WHO framework's objective of assessing the responsiveness of health systems to the people they serve.

In 2019, WHO developed a roadmap that expressed its intent to collaborate with countries aiming to expand access to medicines and health products. The roadmap encompasses crucial elements for improving access, including research and development, selection processes, regulatory pathways, treatment guidelines, procurement and supply chain management, fair pricing, monitoring availability, and ensuring safe and appropriate use. These factors played a pivotal role during the heightened effects of the pandemic and should continue to be prioritized (WHO 2019). The roadmap developed by WHO demonstrates how we need to work together to ensure access to health care and medicines (WHO 2019).

The power of collaboration and collective efforts during the pandemic was reinforced by a shared understanding of the challenges posed by the virus and, with guidance from WHO, solutions were collectively formulated. In the words of van Breda (2021), consistent engagement during the pandemic would restore "power and ownership…thereby disabling or peripheralizing the threat of COVID-19."

Through working together and successfully curbing the spread of the coronavirus, we have discovered what governments and a nation's people can achieve. Advancements in technology made diagnostics and the production of a vaccine possible in an incredibly short space of time. That would not have been possible if we had worked in silos.

It is commendable how different sectors of society worked together in response to the pandemic. If there is a lesson to be learned from COVID-19, it is that no single welfare system can improve people's lives, curb disease, manage existing illnesses, and achieve overall well-being in isolation. It was a time when government and private and public sector organizations worked together, sharing vital information on the nature of the virus, its transmission and its impact on nations. While WHO set the universal expectations, implementation was guided by several factors, such as the availability of resources and the magnitude of the disease or illness, as well as the well-being of the population being served.

But we cannot be ignorant of the fact that not everyone was able to fight back—some people succumbed to the virus, while others struggled to cope with loss of employment and

earnings. We have also learned that mental health issues are a silent killer of young people and are a lasting consequence of the pandemic, which will require sustained attention for the foreseeable future.

As such, the primary objective of this special issue is to draw attention to the imperative for a concerted effort to address current and pressing issues affecting health, well-being, and society. We need to Build Back Better (WHO 2023) by fostering resilient, responsive health systems and governments that work with the people. The challenge to the healthcare system should serve as a lesson, not only on preparedness for disaster but also on the importance of servicing our people holistically. We need to continue to communicate with each other and share experiences to acquire insights into how to rise above from a crisis of this magnitude.

The articles presented in Part 2 of this Special Issue were compiled by a multidisciplinary team interested in the health and wellness of society, in particular their social interconnections and implications.

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