A social science perspective for Covid-19 response

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With Covid-19 now raging across the world there is medical and epidemiological data emerging now on how to respond to the pandemic and this has been critical in mitigating at least some of the health effects of the first wave. Now that we know the crisis will continue unabated at least for the next 18 to 24 months there are however two other significant categories of data—socio-political and political economy—that countries will also have to refer to in handling any future response, and this is especially critical for resource-constrained developing economies. What is needed is a policy-relevant social science framework to tackle Covid-19 which moves beyond the immediate health crisis and considers new governance and community response opportunities to complement medical efforts. Non-pharmaceutical interventions (NPI) usually mean lockdowns and social distancing but both are difficult to implement in developing contexts due to economic and demographic pressures. By deploying a social science understanding of contextual factors, non-conventional NPI could be used to greatly aid the response to the pandemic.

What is crystal clear is that purely medical or epidemiological responses are not going to be enough to tackle the pandemic, especially in developing countries. For one the mimetic strategy of flattening the curve by locking down is not suited to developing countries where most people do not have access to public healthcare that would make flattening meaningful. Even where lockdowns to flatten the curve have been imposed, an easing has led to a huge rise in cases with healthcare systems across Africa, Latin America and South Asia unable to cope. And the economic cost of lockdowns has been brutal. India for instance witnessed a migration crisis not seen since the partition of the sub-continent in 1947 as an ill-designed lockdown forced millions of poor, migrant workers to flee from cities where their lives had turned precarious overnight, to their homes in villages.

In Western Europe the expectation was that lockdowns would give the public healthcare system time to prepare by delaying and decreasing transmission via the lockdown. In developing countries the lack of resources means transmission is only delayed as governments lack the ability to invest in improving health capacity to deal with cases during the respite afforded by lockdowns. Ordering more ventilators, designing, implementing robust track and trace systems and setting up quarantine centres are capital intensive tasks for the average developing country. No doubt these are necessary and some developing countries are investing in these but nowhere are the investments enough to address the full scale of the crisis. Even in normal times the healthcare sector in developing countries is beset with wastage inefficiency and corruption. In times of desperate crisis like the Covid-19 pandemic these systemic irregularities only get worse. Of course developed countries have also not been stellar performers with the UK’s PPE procurement contracts coming under scrutiny. However developing countries with a weak rule of law have seen corruption and rent-seeking intensify as governments seek to centralize responses to better manage the pandemic.

From a governance perspective however, having a more decentralised, community-based approach that factors in local non-conventional NPI could be used to greatly aid the response to the pandemic.
political economy contexts could end up delivering better outcomes. Given the incentives for rent capture procurement is likely to remain centralised but NCIs like managing supply lines for localised lockdowns, developing local testing infrastructure, organizing public messaging campaigns for prevention or organizing home-based care can be better delivered by non-governmental and community-based organizations (NGOs, CBOs) in concert with the private sector.

In most cases there will be support for such community-based mobilization as local leaders look for a way to quell the effects of the pandemic and retain political currency even as they find it difficult to rein in their rent-seeking clientelist networks. This makes possible delivery of critical mitigation policies complementary to the medical response, despite the parallel resource capture that is likely to be organized by powerful vested interest groups taking advantage of the crisis. At the same time, it offers a channel to deliver policy solutions that reduces some pressure on beleaguered public healthcare systems. For instance, persistent messages to wear masks and wash hands can help maintain awareness while well designed home-care regimens to deal with the vast majority of mild Covid-19 cases could help quell panic rushes to public hospitals. Testing has now become intensely political with some governments trying to hide numbers by keeping testing down. But where governments want to increase testing using private laboratories this can help track transmission better.

There is another reason why understanding governance limitations in developing countries and developing alternative governance arrangements to deliver a portfolio of NPIs is hyper-critical. When the time comes to finally deliver the vaccine for Covid-19, developing countries will be faced with the unprecedented task of administering millions and in a few cases, billions of doses near-simultaneously. If a network of NGOs, CBOs and private sector organizations are mobilized effectively over the next few months to deliver NPIs, developing countries could be much better prepared to deal with the challenges of providing the vaccine more effectively.