

Solidarity in response to the COVID-19 pandemic

Has the world worked together
to tackle the coronavirus?

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Summary of research findings

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Introduction

The COVID-19 pandemic has challenged the world in unprecedented ways. The World Health Organization (WHO) has repeatedly called for solidarity to defeat it. A Chatham House research paper examines how the world has responded to the call for solidarity. The findings are based on a combination of desk research, a review of the academic and grey literature, and one-on-one interviews conducted with 61 key stakeholders and experts between October 2020 and January 2021, with some information updated to July 2021.

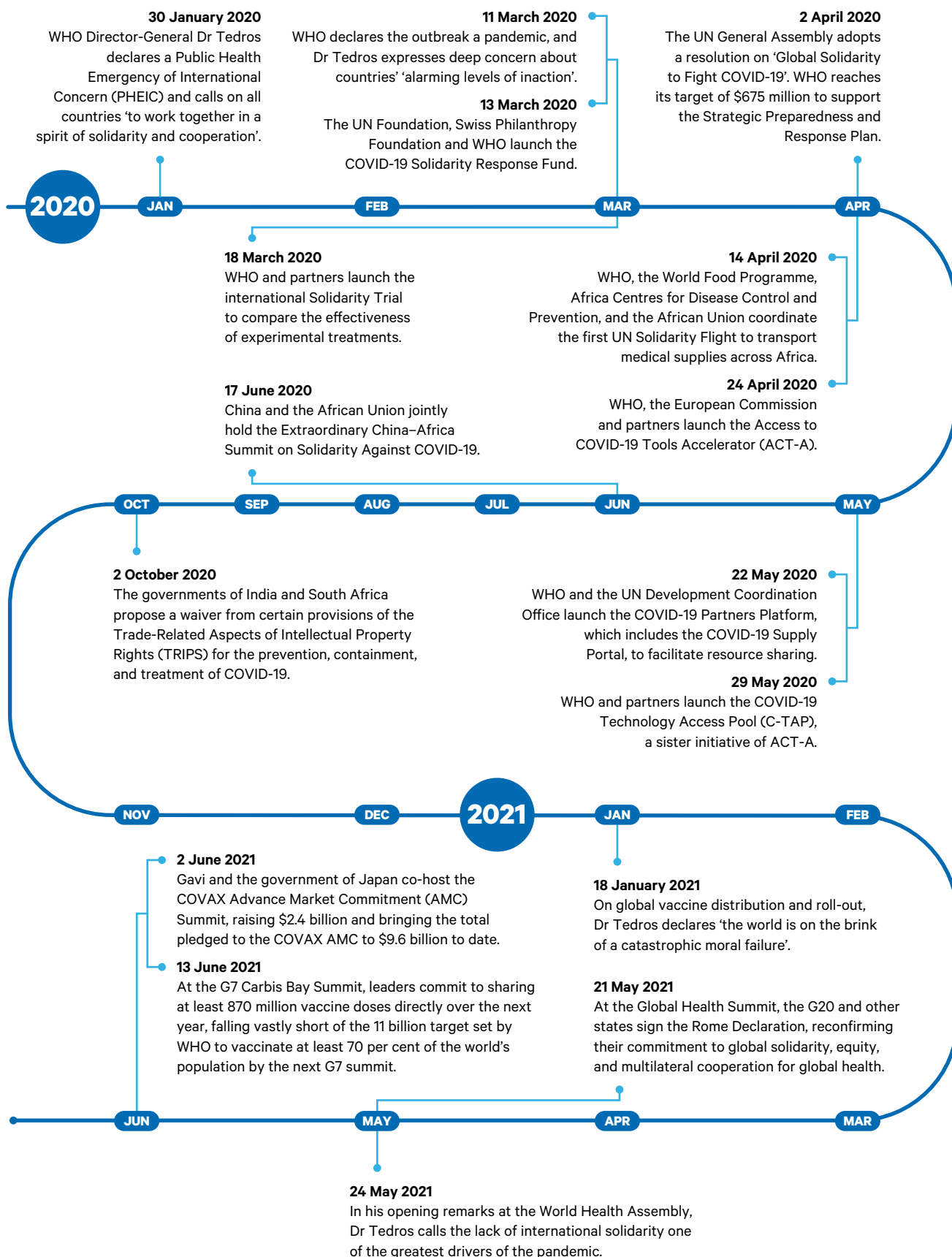
The paper examines the state of solidarity at different levels of governance – global, regional and national – and offers case studies on the COVAX mechanism and on the test to solidarity within the European Union in response to the pandemic. It concludes by setting out lessons learned and proposing ways of strengthening solidarity in preparation for the next pandemic or global health crisis. A summary of the key findings, followed by an outline of the lessons, is presented in this document.

Global solidarity and multilateral support

The pandemic has severely tested global solidarity, which was already under significant strain at the time the COVID-19 outbreak was first detected. Yet there have been notable examples where solidarity has been demonstrated, and signs of progress in building solidarity as 2021 unfolds.

- Heightened pre-existing geopolitical tensions and competition have undermined global solidarity and multilateral efforts to build and sustain solidarity among countries.
- Multilateral institutions and mechanisms did not have the necessary capacities, capabilities, power and resources to enforce solidarity norms.
- There have been remarkable instances of solidarity spurred by the pandemic. Scientists, businesses, civil society and other actors have worked together, often in innovative and spontaneous ways, to address the pandemic, but solidarity at the global political level has been weak and fragile.
- Countries have generally not worked together in solidarity at the global level, and have resorted at times to trade restrictions and other actions that undermine solidarity in ways that have been detrimental to the global effort.
- The ACT-Accelerator (ACT-A) and COVAX have been major platforms for global solidarity, but the ongoing production and equitable distribution of vaccines globally is currently the key test of global solidarity.

Figure 1. Timeline of key high-level statements and commitments to solidarity, January 2020–June 2021



Regional solidarity

Regional responses to the pandemic have differed substantially, with some regions exemplifying solidarity and others struggling to find common ground.

- Regions that demonstrated solidarity successfully coordinated among themselves, cooperated to share and allocate resources, and leveraged regional governance arrangements. This was most evident across Africa and in the Caribbean region.
- The response efforts in the Latin America region were characterized by political and technical dissonance, and regional solidarity has been particularly weak.
- Europe has taken a particularly turbulent journey through solidarity. The European Union has struggled to act as a regional bloc, with individual countries focusing their response efforts inwards by closing borders and forming alliances for procurement.
- In the Asia-Pacific region, regional institutions did not play a major role in fostering regional or subregional solidarity, and countries did not appear to be dependent on supranational governance structures to galvanize cooperative and coordinated action.

Solidarity within countries

At a national level, the state of solidarity reflects the quality and integrity of the relationships between policymakers, the scientific and public health communities, and the population. Its most important manifestation is how countries demonstrate solidarity with the most vulnerable in society, who have been disproportionately impacted by the COVID-19 crisis.

- The pandemic has highlighted the profound consequences of inequalities in health determinants and the imperative to redress inequities within countries, with socially and economically vulnerable groups bearing the brunt of the crisis.
- Many countries have thus far failed to protect and support the disadvantaged and most vulnerable in their societies, including through adequate support for isolation, quarantine and lockdown.
- The quality of the relationships and interactions between key groups of leaders, such as politicians, public health leaders and scientists, has been critical in shaping the degree to which a population acts in solidarity with the nation's response efforts.
- Solidarity among the population has been easier to achieve in societies where the culture or social contract expects the sacrifice of individual needs or desires for the benefit of society at large.
- Effective communication is vital for building trust and rapport with the population to foster solidarity with the response, and the proliferation and spread of misinformation and disinformation has undermined national solidarity.

Lessons for solidarity

How can governments and institutions now work together to foster and sustain solidarity at all levels, to urgently address the widening of inequities emerging from this crisis and better prepare for the next? Solidarity is not just positive rhetoric; it is also a necessary condition for suppressing the pandemic effectively, and requires strong political commitment and high levels of social cohesion. The now-familiar assertion that ‘no one is safe until we are all safe’ is profoundly true. This is most commonly talked of between nations but, importantly, it also applies within countries. Where solidarity has been weak, inequities have widened, and effective responses to the pandemic have been frustrated.

Solidarity between countries

Any new governance structures established in response to this pandemic, or reform of existing ones, must have at their core the objective of fostering global solidarity and addressing inequity.

While our analysis suggests the ACT-A initiative and its component COVAX have been widely welcomed, throughout 2020 a lack of global solidarity was reflected in the absence of significant global initiatives coming from the UN Security Council or General Assembly, the G7 or the G20. These bodies have previously come to the fore in a global crisis, but their lethargic leadership in response to this pandemic has highlighted the need for more agile and inclusive governance mechanisms that embody the values of solidarity. The G7 summit in June 2021 went some way to address these deficiencies in multilateral cooperation, but the commitments made still fell far short of what is required to bring the pandemic under control globally by 2022. Countries have also failed to act together in areas where solidarity and cooperation would have produced better outcomes, and governments and stakeholders have been unable to agree, as yet, on proposals such as a waiver of intellectual property rights (IPRs) in the pandemic or on sharing IPRs and know-how in WHO’s C-TAP. Above all, the biggest failure of global solidarity has been inequitable access to COVID-19 vaccines.

There is a need to put in place mechanisms that will help to institutionalize solidarity in readiness for the next global health crisis. For example, the Independent Panel for Pandemic Preparedness and Response recommends transforming the current ACT-A infrastructure into a permanent platform with representative governance and an equity-driven strategy. Such structures will require additional mechanisms to support operationalization and ensure accountability; otherwise they risk succumbing to the same political plays and power grabs that undermined ACT-A, and COVAX in particular. There is a fundamental imbalance of power and knowledge in many existing governance structures, and this needs to be addressed in the design of any new ones.

The principles of solidarity should be embedded in any new pandemic governance instrument, and parties should be convened regularly to review progress, encourage accountability and reinforce solidarity norms.

Solidarity cannot be built overnight. There should be a focus after this pandemic on institutions and rules that encourage collective action. One way greater solidarity can be created is through countries agreeing to a set of rules about how they would prepare for and respond to a future pandemic. On 30 March 2021, 25 heads of state endorsed a statement calling for a pandemic treaty, which WHO Director-General Dr Tedros Adhanom Ghebreyesus stated would provide a framework for international cooperation and solidarity. Yet, to date, the proposal has not been endorsed by major states such as the US, China, Russia, India and many other countries whose support would be necessary for such a treaty to succeed. At the World Health Assembly in May 2021, member states could only agree on a further meeting, to be held in November, to consider the benefits of a possible international instrument. There also needs to be greater clarity on the potentially very wide scope of such a treaty, in particular the type of enforcement mechanisms available to prevent governments from rejecting solidarity norms when the next crisis comes.

Solidarity within countries

Governments should improve the social and economic conditions of disadvantaged groups in line with their commitments to the SDGs, and through meaningful engagement with civil society and community representatives.

A major lesson from the current pandemic is that an important measure of preparedness is to tackle social and economic inequalities associated with poor health outcomes; such action will not only improve health but also increase resilience to future pandemics. In 2015 world leaders endorsed the Sustainable Development Goals (SDGs), the central undertaking of which is to 'leave no one behind'. The SDGs' objective, among other things, is to eradicate extreme poverty and provide social protection for all. In that context, the proposal for a Global Fund for Social Protection, which was first made in 2012 but has gained traction in the context of the pandemic, might be a means to support countries in improving social protection and resilience for disadvantaged groups.

Governments should develop national solidarity plans to maximize protection for vulnerable groups through financial, social and healthcare measures during crises.

There were numerous things that could have been done in solidarity with the disadvantaged and vulnerable to mitigate the impact of the pandemic on them, and consequently on the rest of the population. For example, in many countries the poor and vulnerable were often unable to self-isolate when infected, in contact with the infected, or during 'lockdown' periods because their livelihoods depended on their going out to work. In a great many countries, too, there was an absence of any planning for such groups, resulting in inadequate protection for residents of care homes, migrant workers, asylum seekers, prisoners, the homeless and many others particularly at risk because of their living and working conditions.

Health security must also be integrated into national health systems as part of universal health coverage (UHC). UHC was a policy endorsed by world leaders at the UN in a political declaration just four months before the onset of the pandemic, but planning and preparing for future epidemics are notably absent.

Governments, in collaboration with the leading scientific and public health communities, should provide clear and trustworthy communication to build public solidarity with crisis response efforts.

The quality of political leadership has proved to be a critical factor in tackling the pandemic. The 'success' stories have tended to occur where solidarity and mutual trust have prevailed between public health officials and the people in government, and where the public health recommendations have been well explained to the public and acted on expeditiously. In countries most badly affected by the pandemic, there have often been tensions between public health officials and politicians, and these tensions have been seen to undermine public trust and willingness to comply with measures.

Political institutions and systems around the world need to absorb the central lessons of the COVID-19 pandemic, based on the experience of countries that have responded most successfully.

The countries whose response has been most successful have recognized that even the best health systems in the world will be overwhelmed if an infectious disease is allowed to grow unchecked, and there is no alternative to the determined implementation of traditional public health measures – test, trace, isolate and physically distance. The key to doing that successfully is to support and demonstrate solidarity with the populations that are adversely affected by the public health measures necessary to address the pandemic. A central lesson is the importance of collaborative and coordinated leadership – between decision-makers across the political divide, between public health professionals and academics, and between national and subnational authorities.



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