Symposium: Insights into behavioral and policy challenges of the Covid-19 pandemic

Community engagement and decision-making during the Covid-19 pandemic

How the crisis exposed vulnerabilities in public health and governance

Michel Dückers
Background
About me

- Professor of Crises, Safety and Health at University of Groningen and ARQ National Psychotrauma Centre
- Programme leader Disasters and Environmental Hazards at the Netherlands Institute for Health Services Research (Nivel)
- Advisor for national and local governments in the event of calamities

- Master’s degree in Public Administration (Twente University)
- PhD in Social and Behavioural Sciences (Utrecht University)
- Habilitation (post-doctoral dissertation and training) (University of Innsbruck)
My affiliations
My role during Covid-19 pandemic

Apply lessons from earlier disasters and major crises:

- Supporting national and regional health authorities
- Rapid needs assessments general population and risk groups
- Online mental health and psychosocial support (MHPSS) one-stop-shop
- Preparation of longitudinal health monitor (five years, national and local)
Managing public health crises in theory

Connection between crisis management and community engagement
Crisis cycle

- Health
- Disasters and environmental hazards
- Crisis management
- Public health response

Three obstacles
- Lack of information
- Deterioration of support
- Increase in criticism

Source: Dückers, Yzermans, Jong & Boin (2017)
Community engagement

“CE for health is defined as the involvement of communities in decision-making and in the planning, design, governance and delivery of services aimed at improving population health and reducing health inequalities (Popay, 2006; Swainston and Summerbell, 2008; O’Mara-Eves et al., 2013).” (Barker et al. 2020, 417)

Source: Obregon, Elessawi, Chitnis, Bedsen, Abramowitz (2020)
The ideal picture

- Community engagement integrated in crisis management
- As an approach to reduce vulnerabilities

Managing the COVID-19 pandemic in practice
Patterns

- Cases and deaths: United Kingdom

- Cases and deaths: the Netherlands

Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University
Patterns

- On-going dilemma:
  - Short vs. long term impact
  - Medical/infectious diseases sciences vs. social sciences

- Measures, varying between relaxed and strict:
  - Public communication campaigns
  - Social distancing, hygiene measures
  - Masks
  - Contact tracing
  - Testing
  - Lockdowns
  - Curfews
  - Vaccination
  - Financial support programmes
Patterns

- Dynamics
- Stages:
  - T0: Pre-crisis
  - T1: Honeymoon
  - T2: Disillusionment
  - T3: Re-integration
  - T4: “New normal”

Source: Dückers (2021) (inspired by Raphael, 1986)
Vulnerabilities exposed during the crisis

- **Within societies…**
  - Risk and protective factors / social determinants of health
  - Inequalities (see Horton, 2020)
  - System limits / critical thresholds

- **Within crisis response systems…**
  - Preparedness not based on pandemics
  - Emergent organizations and coordination issues
  - Complicated public communication
  - Now is dominant in the planning, long-term focus mostly absent
  - Struggling to engage stakeholders
  - Least information available on people at risk: the vulnerable are invisible
Sonar Global
Sonar-Global

- Objective: utilize social sciences to reduce infectious disease threats-related vulnerabilities
- Three years: 2019-2021
- Broad consortium, led by Institute Pasteur
- Initial focus on Ebola, measles and AMR, since 2020 on COVID-19
- Network, training and tool development
- Pilots:
  - 10 countries (7 European countries, Uganda, Bangladesh, Ukraine)
  - Community engagement (based on UNICEF Minimum Standards)
  - Vulnerability assessment (based on Napier’s Barefoot Manual)
  - Co-produced solutions (policy recommendations)

Source: Giles Vernick et al. (2020) & Osborne et al. (2021)
Mobilizing Social Sciences against Infectious Threats

The goal of our European project Sonar-Global is to build a sustainable international network to strengthen the active participation of the social sciences in the prevention and response to infectious threats, including those posed by antimicrobial resistance (AMR) and vaccine hesitancy. Our activities will foster complementarities and synergies among social scientists and other stakeholders.
Conclusions
Conclusions

- The COVID-19 pandemic challenges societies across the world and exposed vulnerabilities in public health and governance.
- Social scientists can contribute to sense making and decision making on vulnerabilities using community engagement methods.
- Challenges we need to address:
  - *Intervening in the dynamics of the crisis timeline (affects the legitimacy of the response)*
  - *Keeping track on the most vulnerable groups and providing adequate support*
  - *Prevent/mitigate the post-disaster disaster*
  - *Prepare for the next crisis!*
Thank you for your attention

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