keen eye for the patient and public engagement—contribute to trustworthy policies. Once the arguments resulting from these principles are arranged, the questions resulting from the principle of solidarity and reciprocity can be addressed: how much burden can be expected from different groups and who ought to be given some leeway? Finally, given the analysis based on the previous principles, the public needs to be informed to enable their autonomous decision-making about, e.g., supporting or protesting the isolation of people in LTCF.

Finally, we want to call upon the public health community not to shy away from openly discussing the moral distress. The Covid-19 pandemic causes. We need to collect the stories about the situations where members of the public health community were hindered in doing what was the ethically appropriate action due to circumstances beyond their control, for example, institutionalized impediments. Sharing these stories is necessary first of all to avoid discouragement on both an individual and organizational level. Secondly, it creates insight into what the public health community deems as ‘ethically appropriate actions’. Thirdly, these situations of moral distress are a treasure trove for an evaluation of where and when systems ‘test our humanity’.

Conflicts of interest: None declared.

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are fighting the pandemic by amassing emergency powers that restrict human rights and enhance state surveillance without regard to legal constraints, parliamentary oversight or timeframes for the restoration of constitutional order.13

In this viewpoint, we address these issues exploring, at the moment of writing the piece (end of June), the latest evidence in the COVID-19 Health Systems Response Monitor on the ‘governance theme’ country reports. (Belarus, Monaco, USA and Uzbekistan provided no data and were excluded from the analysis, making the total number of countries analysed 48. Except for Israel these all belong to the Eurasian region.) We looked at country similarities and differences in (i) the degree to which pandemic/emergency preparedness plans and laws pre-existed in analysed countries as well as whether and how they were activated and/or modified; (ii) shifts in decision-making authorities, including which minister(s)/official(s) took the lead and, and centralization trends; (iii) introduction of new regulations/laws and their duration; (iv) introduction/declaration of the national state of emergency or crisis; and (v) using rule by decree as a governance approach.

Given the continuous updates, variety and sometimes under-reporting of themes and issues in country reports, we have to be very cautious interpreting these data. Nevertheless, the explorative comparison provides indications of the COVID-19 outbreak governance as the Eurasian region slowly moves from the control stage to the protection stage. Summarized, in the course of a mere 3 months, almost three-quarters of all 48 countries activated pandemic plans; shifted governmental decision-making authority to a concentrated group of political officials most often directly advised by biomedical experts, and more than half also centralized decision-making to a higher-level public authority; and introduced new regulations.

Concentration of power

Along with the activation of national pandemic plans, a State of Emergency was declared in about half of the assessed countries. Most countries turned to either executive decrees. Others less explicitly concentrated power in a few officials in a tremendous effort to enable a quick response, but without Parliamentary approval. Central lead governmental officials across countries range from the obvious Prime Minister’s Office and the Minister of Health and Social Affairs to the Ministers of Defence, Civil Protection and Justice. Internal Affairs, Foreign Affairs and Economic and Financial Affairs. This huge variety cannot be explained by the severity of the outbreak and the state of the disease control system alone. The choice of leading officials may also depend on a country’s evolved political system and economy. In times of crisis, political reflex is informed by historical pathways, some paved with unitary centralism or devolved regional administration, some with adversarial or corporatist politics, with military or technocratic dominance, to name a few. An economy that highly depends on import, export or migrant workforce will likely be included in the centralized authority. Pandemic response organized by hierarchical, partisan or technical dominance is more likely to limit or exclude options for public and democratic deliberation. While this could be effective in the narrow achievement of disease control, it raises many questions on the broader functioning of a society.

Public manifestations of concern

Apart from manifestations of shear opposition by more opportunistic groups wishing to destabilize the government, several countries also face a moral call for more public, social scientific and democratic liberation. Public concern centres around a number of issues. At the time of writing this piece, only half of the expanded government mandates in the assessed countries are reported to be temporary with an end date, introducing public uncertainty about the duration of concentrated power. Also, governments propagate physical distancing as ‘the new normal’ for at least the coming year, raising concern among specific groups whose quality of life or economy depends heavily on social and physical encounters. Moreover, given the secondary outbreaks in elderly homes, prisons, and migrant workers in the meat processing industry, the initial policy focus on curative services is, unintentionally, disproportionately affecting vulnerable and minority groups in a negative way. In response to these concerns, governments either lift restrictions or re-affirm them with reference to secondary outbreaks. Currently, some governments are also considering (re-)decentralizing mandates for more tailored response to infection rates and trends at regional levels in order to maintain policy support in less affected areas.

How to strengthen future pandemic governance?

There is no uniform governance solution that fits across all these contexts. On the one hand, there are corrective solutions to (perceived) policy failures. In case of gross negligence, the backbone option to protect vulnerable and minority groups, such as those without income and those staying in collective residential facilities (e.g. elderly, people with severe handicaps, youth, criminal offenders, and migrants), is to activate the rule of law. Yet this might lead to public litigation that is costly, polarizing and reactive and contributes to a further deterioration of public trust and policy legitimacy. Another option is the general elections. Policies have a major influence on mass publics, generating patterns of behaviour (lock-in effects) and interpretive efforts (attempts to identify policy effects and trace those effects to government decisions) that have significant political repercussions.4 The upcoming elections (Several countries North and Southeastern Europe 2020; Netherlands, UK regions, Germany, Russia among others in 2021. https://en.wikipedia.org/wiki/List_of_elections_in_2021) could lead to large scale power shifts, of which the French Green party dominance in municipalities elected last June provides the first indication.

On the other hand, policy mitigating and politically moderating options are available and we name a few here. While scientific evidence contributes to the potential effectiveness of policy measures, generating policy feedback and feedforward from stakeholders and the public in between the 4-year electoral cycle will increase the ‘input and output legitimacy’5 and contribute substantially to the use, feasibility and acceptability of policies in society. Consequently, this may facilitate the actual implementation, organizational compliance and public adherence to regulations. To avoid or mitigate disproportionate impacts for vulnerable and minority groups in future outbreaks, rapid policy response can benefit from organizing quick consultations, rapid appraisals and fast feedback assessments.6 Finally, besides country-international government response structures, all countries are in dire need of legitimated and capacitated intergovernmental infrastructures to adequately, collectively prevent, control and mitigate future pandemics.

Until now, the COVID-19 pandemic has revealed the next level in the scale of globalized interconnectedness in economic and infectious disease trends and the consequences for vulnerable and minority groups as well as society at large. Our explorative assessment shows that there are considerable improvements possible to the organization of inclusive decision-making and joint action to mitigate the short- and long-term socio-economic consequences of the pandemic response. Avoiding legalistic actions and political repercussions that threaten the stable conditions needed for pandemic response.

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