The RSA – Written Evidence (LBC0259)

The RSA welcomes the opportunity to respond to this timely and essentially inquiry. We seek to encourage wide public participation in confronting system-level challenges, Covid-19 being one such challenge. To help inform our response, we undertook a rapid practice and literature review of the response of a variety of governance models which have had success in managing infection and death rates in the first wave of Covid-19.

Our system-change programmes focus on the future of work and economic insecurity, sustainable and regenerative futures, and reform of civic democracy and public services, underpinned by an RSA whole system model of social change which we term 'think like a system, act like an entrepreneur'. This model seeks to understand whole system dynamics, such as governance characteristics, and then identifies opportunities for improvement. We seek to understand change across three horizons, informed by scenario analysis: the status quo, a longer-term horizon of change, and initial changes to move towards desirable longer-term change.

Ultimately, the UK response to Covid-19 has contained many impressive and inspirational elements such as community volunteering and public support for public services and workers, the support given to workers through changes in Government policy, and the work of the medical scientific community. Nonetheless, severe shortcomings in the British model of democracy and governance have been highlighted with deeply harmful consequences. Understanding and resolving these shortcomings is urgent not only in confronting this and future public health emergencies but in responding to other system-level challenges that we know we have to face within the next decade.

Are there any positives you would take from this pandemic?

- The ability to respond rapidly when there was central government will. For example: Nightingale hospitals, 'Stay safe' messaging, Coronavirus Business Interruption Loan Scheme (CIBLs), furlough scheme and self-employment income support. This suggests UK governance can respond to a collective 'mission' if the motivation and desire is sufficient.
- The high levels of public solidarity with some critical national institutions, most notably the NHS and the commitment of health, social care, local government, and essential workers despite the personal mental, physical health and family cost (see forthcoming RSA Economic Security Observatory data).
- The community response with a sense of shared solidarity and commitment to one another, a willingness to provide comfort, support, and empathy.
- The strength of the British scientific research base in rapid innovation of viable death-reducing treatments, vaccine research, and the ability of key voices in the British scientific establishment to enter into informed, constructive public dialogue.

- Many predominantly office-based workers have begun to scrutinise and question working routines that were previously taken for granted – most obviously, the need to commute each day into an office. This creates opportunities, with the right forms of inclusive and supportive management practises, for a greater focus on balancing productivity and well-being. In some sectors, workers have been given extra autonomy, leading to a general reassessment of rigid 'command and control' management paradigms that risk disempowering and demotivating workers. There are questions about how sustainable these practises will be in the longer term without innovating new management practises and methods. The impacts of these changes require further research in terms of impacts on individuals, inequality, and the economic geography of the UK but new possibilities have been opened up which are worth exploring for potential positive impacts assuming negative spillover effects can be mitigated and minimised.

What are the things that you are most worried about?

Notwithstanding these positive elements, there are deep causes for concern: **national and global governance**, **system resilience**, **trust** and **public investment**.

Governance

We are concerned about the ability of different public authorities to coordinate their action towards shared goals, both domestically and on an international level.

Unlike countries successful in their response, such as Taiwan, New Zealand, South Korea and Germany, where central-local integrated response mechanisms have helped to facilitate high levels of vertical and horizontal coordination between governance institutions, the UK struggled to establish and sustain a coherent response within and between tiers of governance.

A prime example was the system of test, trace and isolate. The national system overseen by Public Health England was inadequate once community transmission took hold. Once re-established, the system was contracted out to a services company but then, finally, was co-ordinated with local authority public health capacity. Data was often held in pockets and there was a failure to share adequately, suggesting the focus from the start should have been on adequately resourcing existing local expertise and supplementing this with national co-ordination.

Furthermore, although messaging between the UK nations was well co-ordinated for a period of time, it subsequently become less coherent. This has further undermined the ability of the UK to operate as an integrated system of governance and cast light on weak co-ordination capacity within Government and between Government and other local and national sites of public authority. Co-ordination issues have clearly also been experienced in other countries, particularly in the early stages of pandemic (some, such as the US, have had far more severe issues than the UK).

An effective pandemic response required a highly co-ordinated and resilient system of governance with a rapid capacity to adapt. Yet:

- Deep issues of synchronisation between the health and social care systems were apparent. There was an absence of clear 'dashboard', a model that could flag how decisions taken in one domain – for instance, to clear capacity within hospitals - might affect other aspects of the system such as in care homes (in contrast, clear guidelines in Germany for the transfer of patients between hospitals and the care system is cited as a key part of its effective containment strategy among older and more vulnerable people.)
- A lack of vertical coordination between different tiers of government has inhibited effective information-sharing, policy implementation and resource deployment. Emergency planning teams at the local level have all too often been sidelined and the mechanisms through which local knowledge can inform the national response have been insufficient. The national GoodSAM volunteer app was a good opportunity to channel volunteers to local public and volunteer bodies, yet the coordination mechanisms to achieve this end was not sufficiently developed raising the concern that app-led approaches can only be one element of an effective response. Central government decisions have at times come as a surprise to local and regional administrations, most notably when Leicester and Greater Manchester Combined Authorities were given little or no prior notice of the decision to impose a local lockdown.
- The UK systems of social supports were shown to be highly fragmented. The Government was able to get critical support to employees but struggled to support those in non-standard work with many self-employed ineligible. The response to Covid has shown systems that underpin earnings and provide a safety net, including Universal Credit and statutory sick pay, to be highly fragmented.
- National emergency planning was weak and there was little apparent follow through from attempts to 'game' a pandemic. Resilient and circular systems of production, eg of PPE, were not sufficiently dependable once global supply chains were severed. By contrast, East Asian countries that suffered from MERS and/or SARS outbreaks had national medical stockpiles, testing capacity, excess hospital capacity and local systems of production ready to be activated in an emergency.
- Whilst the Government intervened to support workers, firms, health and care, some local services, culture and arts, and community organisations, it often did so through national systems or patchwork local systems rather than enabling localities to flexibly deploy resource as needed. A lack of flexibility and coordination in the system has been exposed and these shortcomings could further stymie progress as we seek to recover public health and the economy
- Localities also have their own emergency planning teams and processes in place, many of which are regularly stress-tested. These control structures are therefore tried and tested and local places would have established these to coordinate a Covid response. Local knowledge is

crucial in any crisis response, but this knowledge was too often side-lined, ignored or distrusted.

- Responding to system-level challenges requires both the ability to 'learn from' and 'learn with' other nations. Such international networks as we see in the scientific community are not adequately matched within systems of governance where the field of vision tends to be narrow and national. Global institutions such as the World Health Organisation rarely have sufficient legitimacy at the national level and their legitimacy has been further undermined by the rhetoric and actions of the US Government. Capacity to learn from and take action with others is essential in the context of system-level challenges such a Covid.

Trust:

Many of the countries that responded most effectively to the pandemic had either high pre-existing levels of interpersonal and political trust, or they won people's trust through effective crisis management and transparent communications. More than 80% of the public in China and nearly 65% in South Korea said that they trust their government to take care of their health.1Singapo rean and Taiwanese governments have long commanded high levels of trust and Vietnamese people have reported the highest level of trust for the government and media during the crisis2.

By contrast, political trust in the UK was low at the start of the pandemic and has continued to deteriorate. This has been reinforced by increasingly unclear communications, including about the flexibility of lockdown rules, which has contributed to confusion in the public and reduced confidence.

Notwithstanding cultural and attitudinal differences relating to personal data usage, some of the more intrusive measures that have been integral to successful track and trace systems around the world will only be tolerated in democracies where there relatively high levels of trust in government.

The pandemic has revealed the extent to which political trust is not simply an issue for our democratic institutions, but an important component of social resilience and effective crisis response.

System resilience:

(a) As argued above, siloed and hierarchical public systems have impeded an effective response;
(b) Public systems were already weakened by austerity, so there was little capacity in the system to absorb even a small shock;
(c) The countries that have performed well have tended to have a high health system quality, backed up by relatively strong social security systems.

[1] https://foreignpolicy.com/2020/04/15/secret-success-coronavirus-trust-public-policy/

[2] https://yougov.co.uk/topics/international/articles-reports/2020/05/18/international-covid-19-tracker-update-18-may

Singapore and South Korea were in the top three countries on the Health System Quality Index (last calculated in 2014). In the EU, Germany has the most hospital beds per 1,000 people and a high-performing medical lab sector. By contrast, although a shortage of ventilators in the UK was exposed by a 2016 enquiry, there was little substantive follow-up as the system continued to be subject to cuts.

Public funding: We have to note that the places and communities most impacted by Covid are those with higher levels of need – largely those within the population with pre—existing health challenges and / or those with a range of challenges – as illustrated by the Index of Multiple Deprivation. These areas significantly intersect with minority communities' places of residence, forming one element of the disproportionate impact on minority communities through Covid (occupational structure is also likely to play a significant role[3]).

What do you most hope changes for the better?

We need collectively to realise that the systems we currently rely do not sufficiently safeguard our health and well-being. The pandemic has been but one systemic challenge. Others we will face in coming years include climate change, deep and persistent systemic racial inequalities, the increasing adoption and deployment of algorithmic decision-making in the public and private sectors, and unequal access to economic security and quality of work.

The hope has to be that, as a democratic society, we are able to design more responsive and resilient collective institutions that emphasise long-term decision making and shared commitments to safeguard future generations as well as current ones. This will mean not simply seeking to 'super-forecast' the future and then engineer technical and technological responses but to seek to understand possible scenarios in domains of human activity and consider how to 'design in' the most attractive elements of each.

Even with closer horizons, forecasting has in-built uncertainty and knowledge deficits that mean that technical policy responses alone, whilst critical, are wholly insufficient. Instead, there is a need to consider, most particularly in a democracy, how to generate shared goals over time, ensure that there is the capability of multi-polar responsivity and resilience, and nurture public understanding of risks and consequences of inaction. We do not see long-term thinking as ideologically loaded. Different governing philosophies encompassing differing value sets can respond in effective ways.

Additional components of a more responsive and resilient system include strong and coordinated governance and trust-generating public engagement. RSA analysis, included here as an annex, finds three effective responses to Covid in terms of infection and death rates and numbers: the Authoritarian model (China, Vietnam), the Confucian Democratic model (Taiwan, South Korea), and the Multi-level democratic coordination model (Germany, Canada, New Zealand and

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Australia). Within these models there are an array of value-sets. Naturally, democracies will not wish to pursue the authoritarian model.

This crisis has shown how it is essential to shift behaviours considerably in order to respond to systemic challenges. Covid is but one likely system-level challenge that the UK, and indeed the globe, faces even within the next decade. Long-term thinking will need to be underpinned by trust, coordinated governance, whole system resilience and appropriate funding. We suggest possible ways forward below.

Deliberative democracy and radical transparency

- A national dialogue to define the social contract for the future in terms of public services and income and asset-based supports. This should be backed up by local experiments in different models.
- A People's Health and Social Care Commission, using deliberative democratic approaches to unlock a long-term UK policy stasis on the future of social care and its relationship to the NHS.[4]
- Radical transparency, as showcased in Taiwan and South Korea. Audrey Tang, the digital minister in Taiwan, records and transcribes all her meetings. By communicating the government's challenges, distributed actors can contribute to solutions. In South Korea, the public has a "right to know" data law, requiring the minister of health to "promptly disclose information" to the public about the "movement paths, transportation means … [and] contacts of patients of the infectious disease[.]"5
- Stronger coordination across sectors and functions of government – especially health and social care which are intrinsically connected elements of the same system and should be recognised as such in policy-making and political regard.
- Government of scenarios. Projected scenarios could be published for critical system level areas and have the same governing significance as the annual Budget. Political choices that emerge from this scenario planning process should be underpinned by wide public engagement, deep democracy and solidarity with future generations. A permanent body such as the Future Generations Commissioner in Wales could be established in the UK to lead this critical public dialogue.

Subsidiarity

- A meaningful and comprehensive review could be conducted into which government functions are best performed at which geography: community, local, regional, national and global.
- Stronger civic governance mechanisms at a local level with national Government providing legal, regulatory, resource and policy supports. These mechanisms could include more combined community budgets, coordinated services and supports, and aligned local economic development strategies. The mechanisms could support the development

[4] https://www.thersa.org/discover/publications-and-articles/reports/future-health-social-care
[5] https://www.lawfareblog.com/lessons-america-how-south-korean-authorities-used-law-fight-coronavirus

of flexible manufacturing and circular sectors, including food, and enable the re-capitalisation of communities through grants and community banks, blended with impact and commercial investment.[6] All of these measures require a 'local by default' underpinning.

Governance for 'long-term thinking, short-term responsivity'

- An urgent review of the global response to Covid and the strengths and weaknesses of UK governance in contrast with other approaches should be undertaken. The purpose of this review is not simply to assign blame or even to conclude on how the UK response could have been more effective, important though that analysis is. Beyond reflective review of the response, there is an urgent need to understand how the UK's governance is adapted to responding to other systemic challenges, such as climate change, which we know require a major shift of governance, innovation, behaviours and democratic practice for a response to be sufficient to the scale of the challenge. This review should consider the global governance dimension as critical to system-level interventions.

Many of the lessons emerging from Covid-19 success cases imply that governments' capacity to deal with crisis is significantly determined by the strength of relationships that exist within, between and beyond political institutions. A relational ethos of government based on principles of transparency, integration, cooperation, trust and participation will be integral to achieving a future in which resilience is matched with forward-looking reform.

As successful global responses to Covid indicate (see annex), (i) the level of coordination between tiers of governance matters as much as the degree of decentralisation in a country;(ii) the infrastructure and culture of data sharing matters as much as the sheer volume of data captured in a place; (iii) the structure of the healthcare system matters as well as its resources; (iv) the processes of public surveillance can be collaborative and participatory rather than draconian and exploitative. This suggests that a number of current debates (centralisation versus decentralisation; big data versus privacy; surveillance versus empowerment; 'hospital health' versus 'whole community health') can be partially bridged by solutions rooted in a more relational ethos of governance.

As we move beyond this crisis we should pursue reforms that are congruent with this relational and resilient ethos of governance.

Annex: RSA analysis of the global response to Covid.

[6] https://www.thersa.org/discover/publications-and-articles/reports/community-banking-resilience

What can we learn by observing the pandemic responses of those countries most successful in limiting Covid cases and/or death rates?

This research focused primarily on six countries:

- China, which has had success bringing the initial outbreak under control.
- Taiwan, South Korea, Singapore, New Zealand: countries with a low number of cases and deaths.
- Germany, which has a high number of cases, but a very low death rate.

Similarities in successful responses

Despite differences of context, there are many similarities in the responses of these different countries. These traits should be built into future pandemic strategies in the UK.

Similarities in response	**Examples**
Recent experience of pandemic viral respiratory illnesses (bar Germany and New Zealand).	• After a sub-par response to the 2015 MERS outbreak, the South Korean government reformed its health system to enhance its preparedness. • After the 2003 SARS epidemic, Taiwan expanded its hospital capacity, research labs and health officials and began to stockpile masks and other basic medical items. • Some argue the high adherence to everyday protective measures such as mask-wearing, hand-washing and voluntary distancing is due to this recent experience (others put it down to the societies' communal emphasis and high levels of social trust).
Early, decisive action to: (i) enforce travel restrictions, border controls, high-quality quarantine and other distancing measures (ii) increase testing capacity (iii) track and trace infections	• New Zealand entered into strict national lockdown before it had any deaths. It committed to a clear and thorough elimination strategy the day before the UK entered into lockdown. • On December 31, the same day officials notified the World Health Organization that China had several cases of pneumonia the Taiwan Centre for Disease Control began monitoring passengers who arrived in the country from Wuhan.
A reliable and extensive test, track and trace system.	• Research suggests detection, contact tracing, isolation and quarantine was the most effective part of China's containment strategy[7].

[7] https://www.nature.com/articles/s41586-020-2293-x

	• By the end of February South Korea had tested over 46,000 patents. The US, which had its first confirmed case on the same day, had tested 426. Surveillance technology and hundreds of epidemiological intelligence officers enabled thorough tracking/tracing. • Vietnam has conducted more tests per case than any other country in the world. Testing is highly targeted, enabled by a uniquely comprehensive contract tracing strategy (tracing 5 degrees of contact from the infected person)
High levels of social and political trust.	• More than 80% of the public in China and nearly 65% in South Korea said that they trust their government to take care of their health.[8] • Singaporean and Taiwanese governments have long commanded high levels of trust and Vietnamese people have reported the highest level of trust for the government and media during the crisis[9].
Consistent and transparent government communications.	• Jacinda Adern communicated key messages to the public effectively and empathetically. Combatting the pandemic, from a very early stage, was described as the work of a unified "team of 5 million". • In Vietnam, a short prevention statement has been added to every phone call. Messages have also been delivered via text and social media. • Audrey Tang, Taiwan's Digital Minister, livestreams and records all her meetings.
A central, integrated response mechanism and high levels of vertical and horizontal coordination between governance institutions.	• CCP's extensive party apparatus enables a strong chain of command from national to local administrations and the flow of information between levels of govt. • The Central Crisis Management Committee in South Korea includes representatives from all relevant government ministries as well as Korea's provinces and major cities. • Taiwan activated its Central Epidemic Command Centre in January, before any cases were reported.

[8] https://foreignpolicy.com/2020/04/15/secret-success-coronavirus-trust-public-policy/

[9] https://yougov.co.uk/topics/international/articles-reports/2020/05/18/international-covid-19-tracker-update-18-may

Special precautions and provisions put in place to protect the most vulnerable groups.	• In South Korea, patients are categorised by risk and hospitalised or sent to dormitories accordingly. • Guidelines in Germany are that those returning to care homes from hospitals must test negative or quarantine in an isolation area for 14 days.
High health system quality, often backed up by relatively strong social security systems.	• Singapore and South Korea were in the top three countries on the Health System Quality Index (last calculated in 2014). • In the EU, Germany has the most hospital beds per 1,000 people and a high-performing medical lab sector.

Differences in successful responses

Despite these similarities, there were also notable differences in approach. These differences reflect the varied impacts and trajectories of Covid, as well as legal, political, geographic cultural and institutional differences between the conuntries. The differences between the countries can be expressed in 3 composite variables:

1) Use of personal data in tracking, tracing and isolating cases.
2) Severity and speed of distancing measures and quarantining.
3) State structure and devolution.

Variable	Different approaches
Use of personal data and surveillance technology in tracking, tracing and isolating cases.	**"Confucian authoritarianism"[10]** Sensitive data is gathered, often without explicit consent, and is assumed to belong to the state and the party. • **China:** China has used smartphone location data to track individuals. Facial recognition cameras have also been used to identify those with symptoms and punish those not wearing masks.
	"Confucian-democratic" During the crisis, data protections have been weakened in service of the public good, though this has been done transparently and with the consent of the population. • **South Korea:** Camera footage, smartphone data and credit card records have been central to the contact tracing system, though by law the public has a 'right to know', meaning the information must be made public. This is seen as crucial to the legitimacy of the system and the public's cooperation.

[10] https://www.bloomberg.com/opinion/articles/2020-04-22/taiwan-offers-the-best-model-for-coronavirus-data-tracking

	"Participatory self-surveillance" Participation of the public in tracking and submitting data and co-creating tools and databases for information to flow bottom-up and top-down. • **Taiwan:** Like in South Korea, Taiwan's quarantine system is enforced through location data, but this is only part of its data strategy. The Taiwanese civic tech sector has partnered with government to create a whole host of successful tools that enable data sharing between people and government.
	Highly regulated data use The use of data is highly regulated and subject to public suspicion. • **Germany:** In late March, under pressure from the public, government amended its Infection Protection Act that would have enabled the use of mobile phone data for contract tracing. Apps have all been voluntary, decentralized, anonymous and poorly subscribed. • **New Zealand:** The NZ COVID Tracer App is voluntary and all inputted data is deleted within a month.
Severity of distancing measures and quarantining.	**Severe, enforced lockdown alongside state-run quarantine facilities** • **China:** China placed 65 million people in Huebi province under lockdown, tracked compliance using GPS data and guards. Many buildings were locked and those who had come into contact with an infected person were sent to designated quarantine facilities.
	More moderate lockdown as last resort • **Germany:** Germany's national lockdown was more relaxed banning meetings of more than 2 people outside the same household) and lasted six weeks. Quarantining has predominantly been at home.
	No large-scale lockdown • **South Korea and Taiwan** avoided national lockdown, relying instead on early and comprehensive tracking, tracing and isolating. Quarantining has mainly been at home, monitored by public authorities. • **Vietnam** also took a no-lockdown strategy, though by May 1st 200,000 people had spent time in a quarantine facility. Local lockdowns have been enforced severely.
State structure and devolution	**Central command system** There is a central chain of command from national government to local areas. This does not • **China:** The central command system in China,

	operated through the party bureaucracy, promptly enforced lockdown in Hubei and mobilized medical resources from around the country. Less affected areas have been able to pursue more tailored responses. • **Vietnam:** Allocation of resources, government messaging and public health strategy have largely been executed through an established chain of command from the national to the village level.
	'Whole-government approach' • **South Korea:** combined central coordination with active regional and local involvement. The central task force included local and regional representatives and Centres for Pandemic Countermeasures were established in local governments to help coordinate local measures and national authorities. • **Taiwan:** Local authorities in Taiwan have taken on new responsibilities and communicate regularly with one another and with national government through the Central Epidemic Command Centre.
	Federalism • **Germany:** The 16 German Lander adapt the national guidelines to fit local needs. Germany's high testing capacity and targeted deployment have been put down by some to its decentralized political system[11]. • **Australia:** States have taken a differentiated approach to lockdown, but the federal and state governments have joined together in a display of "executive federalism" to create a unique, non-partisan National Cabinet comprised of the heads of each jurisdiction to coordinate their response.

Successful responses: three ideal types

Differing national experiences of the C19 pandemic have been largely determined by factors outside of any countries' immediate control (geographic isolation and population density, for example). Additionally, many ostensibly rigid legal, political and cultural norms have fallen by the wayside as uncompromising pragmatism has taken hold in the face of the emergency. Lockdown in the UK was announced only a matter of weeks after Boris Johnson vowed that 'freedom loving' Brits wouldn't (and shouldn't) be subjected to restrictive lockdown measures.

[11] E.g. https://www.theguardian.com/world/2020/apr/05/germanys-devolved-logic-is-helping-it-win-the-coronavirus-race

This makes it hard to disaggregate the successful responses according to any strong ideological, political or cultural factors. Nonetheless, considering the three variables above, three loosely-defined ideal types can be identified:

1) **Authoritarian responses (China, Vietnam)**
    a. Strict surveillance and data gathering conducted by or on behalf of the state/party. In China, this was largely through digital surveillance, whereas in Vietnam this was led by a large enforcement team from the security state and armed forces.
    b. Extensive use of state-run quarantine facilities and strictly-enforced lockdowns (at province-level in China and local-level in Vietnam).
    c. Response coordinated through party machinery with rigid chain of command.

2) **Proactive, 'Confucian democratic' responses (South Korea, Taiwan)**
    a. Collectivist approach to personal data: with the public consent, data laws have been subverted and weakened. Taiwan has paired this with a more 'participatory' approach to surveillance.
    b. These countries have avoided national lockdown by focusing on pre-emptive, proactive use of tracking, tracing and isolating/monitoring in home quarantine.
    c. These countries have tended to pre-emptively set up new coordination bodies to enable a 'whole-government' approach to tackling the virus, aligning government departments and integrating different tiers of government.

3) **Multi-level democratic coordination (Germany, New Zealand, Australia, Canada)**
    a. Highly regulated data use. Contact tracing apps and other GPS tracking methods are voluntary and subject to stringent controls. High testing capacity and local government capacity has enabled relatively effective non-digital contract tracing.
    b. Local and national lockdowns have been implemented, but they have not been enforced by GPS tracking or the army. Outside exercise has been permitted.
    c. Local and regional authorities have tended to have some autonomy (including, some places, over public health policy) though this has taken place according to established norms and processes that enable high levels of vertical coordination.

Lessons for the UK

Many of the measures, policies and innovations set out above can inform future crisis response strategies in the UK, even if they don't represent sustainable models for future policy and practice. However, some of the responses that have been pursued elsewhere do suggest the need for longer-term reform in pursuit

of a more resilient, responsive, coordinated system of governance, decision-making and service delivery.

Lesson	**Example(s)**
Public health is an ongoing project of social reform, not a simple transaction of treatment/medicine. It is inseparable from issues of housing, poverty, work diet, social trust, access to clean air. Without intervention, inequality in these domains will grow, resulting in a vicious cycle that exacerbates health inequalities.	• Covid has exposed and exacerbated inequalities between groups in the UK. Insecure work, barriers to healthcare, insecure housing and poor air quality disproportionately impact ethnic minorities and poor people. • Singapore's initial response was undermined by high levels of transmission in its underserved, unrecognized migrant population. This put the rest of society at risk, exposing the fallacies of the so-called 'privatisation of risk' logic. • In South Korea, the government is planning to include medical service accessibility in its 2020 National Minimum Standards for Living Infrastructure.
Health and social care are intrinsically connected elements of the same system and should be recognised as such in policy-making and political regard.	• Rapid hospital discharge in the UK to care homes without systematic testing, intended to free-up hospital capacity, is suggested to be largely responsible for high death rates in UK care homes. By contrast, Germany had an effective containment strategy among older and more vulnerable people. Those returning to care homes from hospital must have tested negative or have undergone 14 days of quarantine. Higher capacity across the system has allowed German hospitals to provide isolation areas for those in the care system. It has also avoided the shortages of basic equipment in the care sector experienced in the UK.
During this crisis and as we emerge, the UK must learn from the past and prepare for the future. Health systems should be stress tested in the same way financial institutions have been since 2008.	• After their difficulties responding to previous respiratory viral outbreaks, Taiwan and South Korea took several steps to enable a better response in the future. Taiwan reinforced its capacity, built a new medical logistics system and established a new central coordination mechanism for activation in the event of an outbreak. After the 2015 MERS outbreak, South Korea reformed its health system and changed its law to allow more extensive use of personal data in future outbreaks. • In 2008, a deliberative exercise into Pandemic planning was run in Adelaide, Australia, and the recommendations were prescient. This is one model for embedding

	future-oriented planning in democracies, in a way that accounts for a diversity of perspectives. Its unclear whether the Departmnt for Health (co-funders) took on board the recommendations[12]. • A shortage of ventillators in the UK was exposed by a 2016 enquiry, but there was little substantive follow-up.
Central leadership and governance needs to be agile and adaptive.	• With existing stockpiles of basic medical equipment, South Korea, Taiwan and Germany were able to readily adapt to increased demand. By contrast, the UK was overly-reliant on global supply chains. • Taking a multi-stakeholder approach to data gathering, South Korea and Taiwan were able manage their supply chains, trace transmissions and embrace constant evaluation and feedback. Using community-provided data Taiwan was able to identify equipment shortages, locations and types of activities that caused a threat.
Effectively deploying and sharing new technology and data insights supports efficient responses.	• By early January in Taiwan, datasets from their National Insurance Administration, National Immigration Agency and Customs Administration were integrated to allow strategic testing and border restrictions. By contrast, as Axel Heitmueller argued for the RSA, administrative and infrastructural barriers prevent effective sharing across the NHS. Data is often designed for reporting metrics[13]. • The civic tech community in Taiwan have been able to partner with the Digital Department through the vTaiwan crowdsourcing tool, to create digital technologies that enable bottom-up and top-down data sharing to inform the decisions made at all levels[14].
Clear, transparent public messaging supports public health.	• Audrey Tang, the digital minister in Taiwan, records and transcribes all her meetings. By communicating the government's challenges, distributed actors can contribute to solutions. • In South Korea, the public has a "right to know" data, requiring the minister of health to "promptly disclose information"

[12] https://www.alliance4usefulevidence.org/assets/2019/01/Evidence-vs-Democracy-eight-case-studies.pdf
[13] https://medium.com/bridges-to-the-future/the-future-nhs-is-out-there-ab89f91ffdff
[14] https://medium.com/@jonjalex/the-nation-youre-not-allowed-to-learn-from-340d54498a16

	to the public about the "movement paths, transportation means … [and] contacts of patients of the infectious disease[.]"[15] • In Vietnam, government messages are sent by text, social media and all phone calls start with a pre-recorded govt message. • Early comms in Vietnam and New Zealand made clear the severity of the situation before there were any cases, contrasting the UK government which underplayed the dangers. • In the UK disaggregated data on the Covid impact was delayed and reports suggest the lack of transparency has undermined trust in the UK's scientific advisory mechanism[16].
Vertical coordination between tiers of government and horizontal coordination between functions of government both support responsive and agile policy and practice. The findings set out above suggest there are advantages of both a centralized a decentralized system. All successful countries, however, have utilized or put in place coordination mechanisms between tiers and functions of government. This enables an integrated and cohesive response without losing flexibility and local-responsiveness.	• Some successful countries (NZ) have temporarily centralized while others have temporarily decentralized (Taiwan, China). Some are highly centralized countries (Vietnam) and others are decentralized (Germany). They all share in common mechanisms and institutions through which vertical coordination can occur. • Australia's federal system has enabled a differentiated response to the crisis without losing coordination and national consistency (through a newly-established 'whole-govt' cabinet). By contrast, the US has been hamstrung by a divided approach to the pandemic with little coordination. Achieving a coordinated response requires proactive institution-building and will be undermined in a polarized political system like the US[17]. • Poor UK govt communication and coordination – e.g communication with GMCA about local lockdown.
Social and political trust can be determinants of health.	• More than 80% of the public in China and nearly 65% in South Korea said that they trust their government to take care of their

[15] https://www.lawfareblog.com/lessons-america-how-south-korean-authorities-used-law-fight-coronavirus
[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7227502/
[17] https://british-association-comparative-law.org/2020/05/25/divided-we-fall-division-and-coordination-in-federal-systems-during-a-time-of-crisis/
[18] https://foreignpolicy.com/2020/04/15/secret-success-coronavirus-trust-public-policy/

[19] https://yougov.co.uk/topics/international/articles-reports/2020/05/18/international-covid-19-tracker-update-18-may

The best performing countries had either high pre-existing levels of interpersonal and political trust, or they won people's trust through effective crisis management and transparent communications.	health.[18] • Singaporean and Taiwanese governments have long commanded high levels of trust and Vietnamese people have reported the highest level of trust for the government and media during the crisis[19].
The health and care system needs additional resource to be flexible	• Singapore and South Korea were in the top three countries on the Health System Quality Index (last calculated in 2014). Both invest heavily in health and social care, stockpile items and maintain high levels of extra capacity to accommodate increased demand. • In the EU, Germany has the most hospital beds per 1,000 people and a high-performing medical lab sector.

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