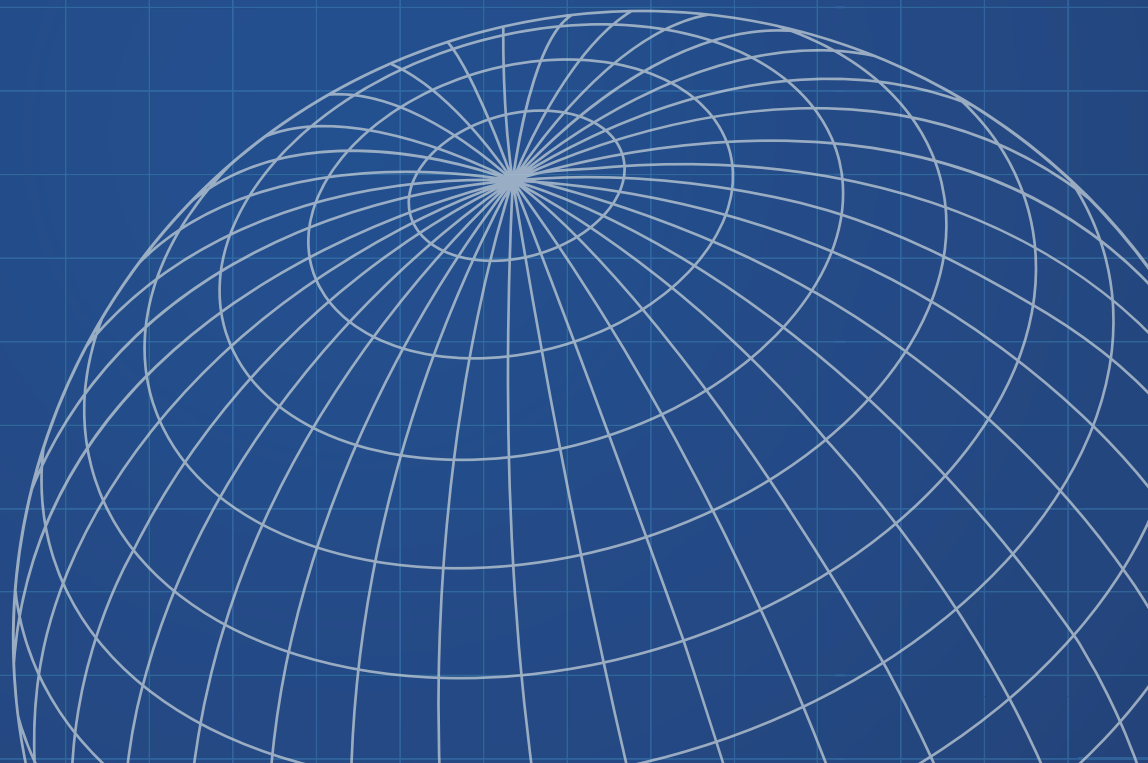


# BUILD BACK BETTER TOGETHER

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A blueprint for a better world



In the shadow of a pandemic that has killed nearly 4 million people globally, in the face of a climate crisis that threatens our planet and ahead of the G7 in Cornwall **Global Affairs at King's College London** brings you a series of essays from academics on how we can build back better together. The collection of essays sets out a blueprint for a better world: a manual of the possible, centred on world-leading research and expertise from King's College London and its global partners.

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# FOREWORD

**T**he COVID-19 pandemic has changed our world forever. To date, at least three 3.7 million people have lost their lives. It has impacted families, divided communities, and shaped societies. It has tested our expertise and research in ways perhaps never seen before. Over the last year, researchers around the world have worked tirelessly to understand the virus, its impacts, and its implications.

With the arrival of an effective vaccine, we have an opportunity to end the pandemic. But what next? And as the G7 meets here in the UK, what should governments be doing to rebuild in a way that tackles the deep inequalities and challenges laid bare during the pandemic?

Here at the School of Global Affairs at King's College London, we work across disciplines to understand and solve global challenges. The post-pandemic recovery and the climate crisis that looms large in the shadows are two of the biggest challenges we have ever faced. In this series, we've brought together some of our leading global experts working with partners globally to put forward ideas for a better world. All of the ideas outlined in this series aim to show what can be achieved when countries cooperate across borders to understand and solve the challenges we face.

We hope that as world leaders come together in the coming days, weeks and months, the ideas set out in this series and the research which will continue in Global Affairs can be mobilised to build a better world. A world in which we can say that by working together, we built back better.

Yours sincerely

**Professor Clare Herrick**  
*Head of the School of Global Affairs*

# A new public health order: engineering vaccine equity

*Dr Ann Kelly & Dr Nele Jensen, King's College London  
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**I**n late April of this year, the African Union (AU) and the Africa Centres for Disease Control and Prevention (Africa CDC) hosted a virtual conference on 'Africa's Vaccine Manufacturing for Health Security'. Two-days of high-level presentations from government officials, global health policy makers and pharmaceutical industry leaders culminated in the signing of a Memorandum of Understanding between the African Union, Africa CDC, and the Coalition for Epidemic Preparedness Innovations (CEPI): a partnership dedicated to developing infrastructure and expertise in vaccine manufacturing across the continent. With a horizon of achieving 60 per cent local production in 20 years (in contrast to less than 1 per cent today) the collaboration, Africa CDC Director John Nkengasong believes, will help to advance 'a new public health order,' in which equitable access to health technologies and care will be future-proof.

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The wisdom of distributing global vaccine manufacturing capacity across the world is difficult to contest: the tremendous success in the development of highly effective COVID-19 vaccines has been radically attenuated by highly uneven access. The epidemiological threat of novel mutants and vaccine-evading super-variants emerging from unchecked transmission compounds the ‘**catastrophic moral failure**’ of denying immunisation to the world’s poorer populations. A more distributed model of vaccine production would ensure a more resilient global outbreak response, providing a bulwark against both the daunting logistical challenges of wide-scale delivery and the crippling effects of protectionist geopolitics.

But what precisely should this project entail? Transferring industrial capabilities for highly-complex biologic products such as vaccines is a challenging proposition. Unlike small-molecule drugs, which can be adequately reverse-engineered and reproduced under variable manufacturing conditions, biologics demand a far more stringent adherence to production processes, as even the slightest deviations in how products are cultured and mixed can have **considerable impacts on immunogenicity and safety**. Tech-transfer is much more than providing access to a recipe: it is a labour and time-intensive process demanding extensive onsite-expert oversight, specialist equipment, a secure and steady supply of raw materials, and **hefty upfront investment in facilities**, not to speak of clinical and second-order infrastructures, such as electrical supply and safe waste-disposal. All these elements must be supported by prerequisite regulatory capacity to ensure quality and, finally, considerable adjustments in international trade law to enable tech-transfer for vaccines still under patent protection.

While the pragmatic challenge of distributing vaccines manufacturing capacity looms large, the attention that manufacturing processes are currently receiving presents a unique opportunity for global health. Shedding light on the linkages between vaccines, infrastructures, expertise and publics, it allows us to raise fundamental questions about our current models of global health innovation – what kinds of vaccines should be produced, by whom and under what conditions. As we attempt to translate the lessons of

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the COVID-19 pandemic into durable systems for preparedness, tech-transfer creates a platform to ‘upstream’ mechanisms for greater equity. ‘A New Public Health Order’ need not be a case of old wine in new bottles – it might be a spur to rethink entirely how global health goods are imagined.

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While the pragmatic challenge of distributing vaccines manufacturing capacity looms large, the attention that manufacturing processes are currently receiving presents a unique opportunity for global health.

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## Paradigm shifts

While improving vaccine access has become a key focus in global health policy, discussions over Africa’s health security have gathered momentum in the last five years. The 2014–16 West African Ebola Virus Disease epidemic marked a watershed in vaccine development, with the deployment of unlicensed, experimental vaccine candidates to bring the outbreaks to a halt. CEPI is one of Ebola’s key legacies. Launched in 2017 at Davos, the Coalition describes its goals as, first, to ‘establish investigational vaccine stockpiles before epidemics begin (*just in case*)’ and, second, **‘to accelerate the development and manufacture of vaccines against previously unknown pathogens (just in time)’**. To achieve these objectives, CEPI’s has focused its attention on correcting the lack of product innovation by creating demands where markets are uncertain or do not yet exist.

Building off key initiatives such as the Global Vaccine Alliance (GAVI) – led by the World Bank, the WHO, the Gates Foundation and UNICEF – and latterly the WHO’s R&D Blueprint, CEPI has emphasized early-stage vaccine development, de-risking the development of innovative technologies that promise to radically compress R&D timelines. This process of acceleration is driven by intersectional innovations in vaccinology and bio-engineering that have yielded novel nucleic acid and viral vector vaccine platforms that, through a ‘plug-and-play’ approach, promise to reduce the costs, complexities and inefficiencies of traditional vaccine development.

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COVID-19 presents a transformative moment in CEPI's efforts. The successes of accelerated vaccine development notwithstanding, multilateral initiatives to ensure wide-spread vaccine access such as Advance Market Commitments (AMC), pool procurement schemes and 'fair' vaccine allocation frameworks, have been bedevilled by the logistical and political constraints on production and distribution. CEPI's current investment case emphasises ignition capital for late-stage scaled-up and, critically, scaled-out manufacturing – an end-to-end acceleration, which they believe can slash vaccine development manufacturing timelines to 100 days and ensure fairer distribution. 'Equitable access,' CEPI's CEO Richard Hatchet argued at the 'Africa's Vaccine Manufacturing' conference, 'can be best addressed by building capacities in countries at risk.'

The UK is set to become a load-bearing pillar for this 100-day ambition. It has committed hundreds of millions of pounds to fund WHO's pooled vaccine procurement scheme, and has agreed to host a 2022 global submit on speeding vaccine development in partnership with CEPI. But as global health equity comes into sharper relief, we risk introducing familiar blind-spots, not least about what equity actually entails.

## **Accelerated access**

Global health equity is typically framed as a problem of distribution and access – whether to healthcare services or life-saving products. In relation to the latter, addressing the problem of 'market failure' has served as the focus of previous efforts, leading to programmes to incentivise companies to invest in innovation through scalable-models, pooled procurement, or donor-subsided advanced purchasing agreements. And yet, the paradigm-shift from distribution to production has brought 'vaccine know-how' front and centre in the geopolitical debate. In the form of the TRIPS waiver this has elicited a radical challenge to WTO's intellectual property regime, but enduring structural inequities bedevil any hope for a rapid decentralisation of vaccine production – and by extension threaten collective global health security in general.

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As global leaders demur on the merits of waiving or enforcing intellectual property rights, manufacturing innovations are underway to facilitate high-volume production in resource-constrained environments. Methods such as densification (which reduce the volume and cost of key equipment such as bioreactors), or chaining (enabling automatised semi-continuous processing) can reduce the footprint of facilities and the number of steps needed for production. Because some of these approaches allow pre-fabrication, they also reduce the potential for contamination and the burden of quality control.

As promising as these disruptive models may be for ensuring global vaccine supply, they may not generate local-level support everywhere. Whereas African leaders have hailed the potential of innovative technologies in bolstering R&D capacities on the continent, the resistance they elicit elsewhere echoes in many respects those raised against IP flexibilities. In making the case against US President Biden's recent decision to support the proposed WTO IP waiver, Stephen Uhl (Head of U.S. industry trade group PhRMA) commented: 'It flies in the face of President Biden's stated policy of building up American infrastructure and creating jobs by handing over American innovations to countries looking to undermine our leadership in **biomedical discovery**.'

For countries across Africa and the Global South looking to develop their own vaccine production capacities, this is part of a broader argument for industrial investment that integrates health into larger development efforts. The potential public health benefits of local capacity in vaccine manufacture are considerable in themselves, as it will enable governments to respond to future needs more rapidly, without having to wait until the populations of wealthy countries have been vaccinated. But investments in vaccine infrastructures also hold transformative potential for national economies – positive externalities that re-contextualise the question of 'access' within more far-reaching strategies of national development. In this light, the development of capacity in vaccine manufacture is part of a necessary shift from investments in mineral and fossil fuel extraction to investment in industries that address local needs.



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## Just-in-time meets Just-in-case

An effective end-to-end preparedness and response ecosystem requires geographical reach. Novel viruses will continue to emerge, and without distributed local manufacturing capacity to respond quickly we will find ourselves facing a perennial pandemic precarity. Understanding this project solely in terms of access to products or remedial action towards ‘market failures’ forecloses a more far-reaching discussion over what equitable R&D and manufacturing might entail.

To truly ‘build back better’ we need to be asking questions about the nature of tech-transfer, linked to a nuanced understanding of how it fits into the broader knowledge-economies and public health needs of specific countries. The promotion of accelerated vaccine development is essential, but it needs to exist in conjunction with efforts to decentralise research, development and manufacturing. There could not be a more powerful and persuasive moment for globally responsible innovation, a new paradigm that could articulate the vision of global solidarity upon which such advances depend.

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# Lessons from Vietnam: inclusive innovation and access to intellectual property

*Dr Robyn Klingler-Vidra, King's College London &*

*Dr Berlin Tran, University of Economics Ho Chi Minh City*

**V**ietnam – an emerging economy with a large land border with China – has nimbly navigated its response to COVID-19. Though the 97-million person country had its first confirmed cases of COVID-19 on January 23, 2020, to date, there have only been 3,368 confirmed cases and 53 deaths. The country has undergone three waves of outbreaks, in which it has effectively ‘flattened the curve’ of each. One key to its success has been the innovations that emerged from the grassroots, by ordinary citizens and businesses, with an inclusive goal in mind: to lessen the socio-economic fallout of the pandemic and lockdown for society’s most vulnerable. It is with regards to inclusive innovation that Vietnam offers a valuable lesson for building back better: open access, especially in the face of a crisis.

In this essay, we distil ideas on open access to ‘inclusive innovation’, based on the Vietnamese experience but relevant

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to countries all over the world. We understand inclusive innovation as ‘innovation that has social and environmental aims at its heart’. This paper is the result of our interviews – online and in person – with Vietnamese inclusive innovators across the country, conducted throughout the pandemic.

## **Innovation as a social good**

Since Mark Dutz coined the term ‘inclusive innovation’ in contemporary lexicon in 2007, it has been largely understood in terms of including more of society as producers or consumers of innovation. As producers, the idea is to include more demographic groups (by gender, ethnicity, race, age, disability and sexuality), industries and regions as innovators. This has been largely understood in policy circles as a need for the greater inclusion of women and minority groups in work in technological innovation. Policymakers, in order to broaden the range of demographic groups involved in technological innovation, often devise strategies that boost their social capital, through networking, mentorship and role model campaigns. Inclusive innovation, when it is considered in terms of consumption, is akin to the notion of the bottom-of-the-pyramid, such that innovation budgets and human resources should be directed towards the needs of low-income consumers.

However, Vietnamese innovators have underscored a fundamental – but underemphasized – point about innovation if it is to be *truly* inclusive. Not only should there be more diversity among the producers and consumers of innovation, but innovative ideas themselves (which are often ‘intellectual property,’ or IP) should be accessible without the impedance of price and patents. In academic terms, we refer to the sharing of research results via ‘open access’, so that wider society is able to benefit from research breakthroughs and related

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publications. Two of the innovators we interviewed in Vietnam stressed how they made a concerted effort to ensure open access to their ideas. They made their IP widely accessible, so that the positive impact could be scaled up rapidly.

Mr Kao Sieu Luc, the founder of ABC Bakery, realized that produce – particularly dragon-fruit – was rotting in containers, since international trade seized up in Spring 2020. Seeing this with his own eyes, he spoke to dragon-fruit farmers, realizing that a new, domestic outlet was urgently needed. He summoned an emergency meeting at his bakery headquarters and got to work developing a recipe for bread and bread products that integrated dragon-fruit as a key ingredient. It took him days of trial and error to complete the recipe, and mass stocks of dragon-fruit. When the first batches of the dragon-fruit bread were sold to the public, Mr Kao was already procuring up to 2.5 tonnes of dragon fruit daily from the farmers; thankfully, his bread then quickly became a phenomenon, with widespread media coverage and troves of customers. But he found that his own efforts were not enough. If he was truly going to offer a domestic lifeline to farmers, bakeries and families around the country must be able to buy dragon-fruit and make the bread on their own. So, he posted his recipe – freely – around city streets and online. At the bottom of the recipe he even included his mobile number, saying to call him if anyone had issues with the recipe. Thus, the ‘pink bakery’ movement began, with dragon-fruit being bought to make bread as well as burger buns, pho, rice paper and dumplings.

A similar mantra was expressed by Mr Hoang Tuan Anh, the creator of the **rice ATM in Vietnam**. Mr Hoang is an engineer and runs a business selling and installing imported electronic locks to smart home owners and developers. When COVID-19 hit Vietnam, he noticed that many philanthropists were prevented from holding charitable events to give rice to the poor and unemployed due to community infection risks. He solved this ‘people-connection puzzle’ by building automatic rice dispensers, shaped like ATMs, that combined the electronic locks he was selling, his own lock-testing machinery, a large water container (to store rice) and a smartphone. The rice ATMs were installed outside his shop,

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dispensing rice donated by friends and families. Mr Hoang's work attracted philanthropists and the media, and he soon received tonnes of rice donations, as well as requests for use of his ATMs. As of November 2020, 100 rice ATMs had been made, 30 of which were donated to various local authorities, and 10,000 tonnes of rice had been dispensed. Equally important, Mr Hoang made the IP for the rice ATM freely available. The reason given was similar to Mr Kao's in that his own production scale was limited, but if he made the design readily available in the public domain, many others could join in, so rice ATMs could be used across Vietnam.

## **Aligning profit with purpose**

One could presume that open IP is something unique to Vietnam, either on account of the country's political-economy (a one-party, Communist-led state) or the nature of its market economy (liberalized rather recently, in 1986). Perhaps the combination of government and economy could mean that Vietnamese innovators are less interested or able to reap profits from their innovations, so they are more inclined towards giving their IP away freely. In a fully liberal market economy, so the chorus would go, one would have greater incentives to protect intellectual property.

However, this is not the case. Both Mr Kao and Mr Hoang made their IP available to the public, but also, benefitted from sales and future contracts. For ABC Bakery, sales from the pink bakery were significant, as was the positive media coverage it provided. Elsewhere, the Vietnamese Ministry of Foreign Affairs has bought a number of rice ATMs from Mr Hoang, to sell as part of Vietnam's foreign aid to Africa and beyond.

The lesson, from these Vietnamese innovators, is to build back better by ensuring that inclusive innovators – who direct their efforts towards societal challenges – are incentivized to share their IP so that their advance can be rapidly scaled up and widely disseminated. State support is crucial here, in ensuring that such IP is made widely available and that the innovators are rewarded. Rather than the state focusing innovation policy on top-down support for R&D, responsive mechanisms need to be in place to reward

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inclusive innovators who develop timely, affordable solutions on their own. So, instead of the state emphasizing their role in the invention stage of the innovation process, the insight here is for policymakers to strive to help inclusive innovators to disseminate – and, commercialize – their home-grown breakthroughs.

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# The pandemic as a portal: reimagining society and mental health in the context of COVID-19

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**A**rundhati Roy in *The Pandemic is a Portal*: 'We can choose to walk through it, dragging the carcasses of our prejudice and hatred, or avarice, our data banks and dead ideas... Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.'

The COVID-19 pandemic and measures to contain its spread have, more or less overnight, transformed our social worlds, creating widespread disruption, uncertainty, and fear. Predictably, it is the most disadvantaged and vulnerable who have been worst affected; that is, those in low-income households, insecure jobs, and over-crowded housing, those with pre-existing health needs, and those at risk of violence and abuse. This is reflected in impacts on mental health, with several reports now providing evidence that mental distress increased among those most directly affected and among the poorest and most vulnerable in society. Post-pandemic,

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building a fairer society that enables all to flourish and that protects all from future crises means addressing the structural inequalities that have exposed so many to the worst effects of COVID-19 and that are the fundamental causes of the marked increases – and thereby widening inequalities – in mental distress.

## **Society and mental health**

There is abundant evidence of a social gradient in mental health, ie that levels of distress increase in line with levels of inequality, disadvantage, and adversity. Risk is highest, for example, in countries with high levels of inequality, in regions and neighbourhoods with high levels of poverty, among those who grow up in low-income households, among those exposed to discrimination, abuse, and violence. Our feelings, thoughts, moods, perceptions – that is, our emotional worlds – are intimately interwoven with our daily lives, with our experiences, relationships, and aspirations, and with the places we live, work, and socialise. Conditions and experiences of adversity – the daily grind of poverty and uncertainty, the unremitting dread of chronic exposure to violence and threat, the sudden shock and lasting effects of trauma – all cause distress and leave traces that, over time, can crystallise into persistent feelings of sadness, anxiety, suspiciousness, ie into what we currently recognise as mental health problems. Of course, individuals vary in how they respond to these challenges and in access to social resources (ie, in families, social networks, and wider communities) that can mitigate the effects of the most challenging circumstances and experiences. However, the persistent social patterning of mental distress attests to the pervasive negative impacts of adverse social conditions and experiences.

## **Social change, COVID-19, and mental health**

The COVID-19 pandemic has starkly exposed and further exacerbated social and economic inequalities. Those most affected are individuals and communities with the fewest resources to tolerate and mitigate the consequences of social restrictions to contain the spread of COVID-19,



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including those in insecure jobs, on low incomes, and in insecure accommodation; those in marginalised communities, including minority ethnic communities, migrants, and refugees; those in violent and abusive households; and those with existing mental health problems. And it is among those most directly affected, particularly where impacts co-occur and compound historic and structural disadvantages, that there is so far the clearest evidence of an increase in mental distress. For example, a recent analysis of data from the UK COVID-19 Mental Health and Wellbeing study, that has followed around 3,000 adults at 3 time points during the pandemic, found that mental health outcomes were worst for the most socially disadvantaged, those with pre-existing mental health problems, women, and young people (aged 18–29 years). At present, there is limited data on impacts on mental health among minority ethnic populations. This is urgently needed, given these populations are more exposed to the impacts of COVID-19 due to longstanding inequalities and structural racism. It is at these intersections – of racism and poverty – that the impacts of the pandemic on mental distress are likely to be most acute. Finally, there is particular concern about impacts on the mental health of children and adolescents, given the disruptions to education, exams, and peer relationships; the evidence to date suggests mental distress has increased most among children and adolescents from disadvantaged backgrounds.

## **Mental health, distress, and social suffering**

To feel anxious and sad, to have trouble sleeping, to be afraid for the future – all are perfectly understandable responses to such a profound rupture in our social worlds. However, framing this distress in terms of mental health – as we have done so far, following the currently dominant narrative – is potentially problematic. This approach, at the very least implicitly, locates distress and mental health problems in individuals and, in effect, severs experiences like sadness and anxiety from the social conditions in which they arise, making them problems of psychology or even of biology.

It is this narrative that underpins the predominant responses to date, which centre around calls for an expansion of

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individual interventions, of mental health services, and, in settings such as schools and workplaces, of myriad therapies such as mental health first aid, various forms of supportive counselling, and mindfulness. This is taken to its extreme in Amazon's recently reported mindfulness pod, a portable cubicle with space for a single worker to step out

of the workplace, isolate themselves, and practice being in the moment as a means to reduce stress. Better, it seems, that workers clear their minds than reflect too much on the excessively long working hours, lack of autonomy, pitiable wages, and the Dickensian working conditions they are forced to endure to further enrich the billionaire, Jeff Bezos. By stripping suffering and distress from their social origins in this way we add insult to injury.

We might, then, more usefully think about the distress that arises primarily as a consequence of poverty, precarity, violence, and trauma – including much of the distress stemming from the pandemic, social restrictions, and economic impacts – as a form of social suffering. That is, suffering and distress that is inseparable from the conditions and sets of experiences in which it arises and through which it is sustained. Viewed from this perspective, levels of mental distress in populations become a barometer of the health of society. This draws our attention away from the individual and individual interventions to the impacts of socially structured disadvantage – amplified by the pandemic – and the need to address historic and structural inequalities and to strengthen and harness the social and economic resources that individuals draw from to cope with and navigate challenging and changing social worlds. If, as Nancy Schepper-Hughes argues, mental distress is the transformation of social ills into private troubles, our response should be to address the social ills.

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‘We can choose to walk through it, dragging the carcasses of our prejudice and hatred, or avarice, our data banks and dead ideas... Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.’ Arundhati Roy, *The Pandemic is a Portal*

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## Reimagining society

As we emerge from the pandemic – as we step through Arundhati Roy’s metaphorical portal – and contemplate how to build a fairer, healthier society, that enables all to flourish, we need to consider and address the structural inequalities that underpin the injustices, racism, violence, and disadvantages that are the fundamental drivers of mental distress.

At a broad level, this implies the need for a set of principles (eg, equity, justice, community) and goals (eg, reducing inequalities, increasing security in employment, income, and housing, providing robust social and health services for those most in need) that can guide specific public and social policies in a post-pandemic world. To illustrate this, here we highlight four policies that encompass these principles and goals, that focus on key areas – income security, education, communities, and social and health services – and that would signify a fundamental shift toward building a society that prioritises and promotes health and well-being and that enables individuals, families, and communities to thrive. First, a universal basic income scheme to mitigate the uncertainty and insecurity of rapidly changing economic conditions. Second, a package of measures to support young people in disadvantaged households, including extended provision of free school meals, breakfast clubs, free internet access, and resources for digital education. Third, rapid investment to support local services (eg, libraries), mutual aid and community groups, and the voluntary sector with an emphasis on women's refuges, homeless charities, youth groups, and community-based supports for black and minority ethnic populations. Finally, re-investment in local public health and community mental health teams, in particular child and adolescent mental health teams, to support local strategies to promote mental health and to provide professional support for those most in need. These are not isolated proposals. They are indicative examples that should form part of a multi-sector, systems approach.

It is difficult to contemplate, but further crises (for eg, linked to climate change) are sure to follow the current pandemic. We were ill-equipped to deal with COVID-19 and it was those living in the most disadvantaged, marginalised,

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and vulnerable circumstances who were most exposed, who suffered the most, in large part because of long-term trends that have prioritised efficiency and profit and that have eroded – in many cases, dismantled – public and health services. As we emerge from the current crisis, there is a will for change, a will to reimagine a better, fairer, healthier society – as Roy’s quote at the head of this essay attests. To achieve this, to promote well-being and enable people to thrive, we need to broaden and deepen our gaze to address the historic and structural inequalities that underpin so much personal distress.

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# Leadership in a multipolar world: why COVID-19 has demonstrated the need to rethink global and national leadership infrastructure

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**T**he COVID-19 pandemic has exposed the deep flaws of the existing leadership infrastructure at both national and global levels. Sadly, and more tellingly, the 166.2 million cases and 3.4 million deaths so far, are egregious reminders that these flaws have deadly consequences that surpass many conventional wars. The failure of national and global governance arrangements to collectively achieve societal mobilisation across borders to halt the spread of the virus makes a strong case for a rethinking of the leadership infrastructure. In this essay, we point out that as much as the hardware, the software aspect of leadership needs serious consideration to ensure that leadership is available to prevent future pandemics.

The response to the pandemic has severely disrupted established claims that certain political systems and states – democracies and economically advanced countries –

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are better than others at managing crises. Although not referring to health crises specifically, the Human Development Report 2002, for example, emphasised that ‘democracies are better at avoiding catastrophes and at managing sudden downturns that threaten human survival’ (UNDP 2002, p.57). The COVID-

19 crisis casts doubts on this assumption owing to the mixed results achieved by both democratic and non-democratic countries. Many democracies including the US failed to prevent the spread of the disease while others like New Zealand, Ghana and Germany (in the early stages of the pandemic) were more successful. In the US, **Trump’s exercise of power was marked by misinformation and a failure to listen to the scientific community.** By contrast, in New Zealand, apart from measures like quarantining and lockdowns, **the Prime Minister Jacinda Ardern engaged the scientific community in crafting measures to curb the spread of the virus.** The same mixed result is noted with non-democratic countries. China successfully dealt with the pandemic while others like **Iran are still struggling to cope with it.** One of the key factors in explaining Chinese success is its swift response to tackle the spread of the virus **facilitated by a centralised leadership infrastructure dedicated to responding to epidemics.**

We have also seen how at the pinnacle of global governance, the United Nations Security Council (UNSC) and United Nations General Assembly (UNGA) were rendered ineffective in the face of the pandemic without decision-making and mobilising capacity. The UNSC was inactive amid US-China trade war, and UNGA was unable to muster something akin to a ‘uniting for peace’ resolution. With few exceptions (eg European Union) members of regional and inter-governmental entities retreated into state boundaries to fight the virus. Yet, it is increasingly clear that wealthy nations that hope to vaccinate their way out of the

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The failure of national and global governance arrangements to collectively achieve societal mobilisation across borders to halt the spread of the virus makes a strong case for a rethinking of the leadership infrastructure.

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pandemic cannot claim full immunity if the rest of the world remains vulnerable and unvaccinated.

The World Health Organisation (WHO) tried but failed to provide effective leadership in responding to the pandemic. On the hardware side of the question, the WHO is already equipped with an International Health Regulation (adopted in 2005) which supplies it with the legitimate power to decide when a situation constitutes a Public Health Emergency of International Concern (PHEIC)). However, that tool was not properly used during the COVID-19 crisis owing to the way that power was exercised. For instance, the WHO delayed the classification of COVID-19 situation as a PHEIC until the end of January 2020 **which even then barely had any mobilising effect**. In the face of inaction from states, it was only on 11th March 2020 that it reframed the health crisis using the more familiar and fear-inducing terms- **'global pandemic'**.

These mixed results at the national level and the gaps at the global level strengthen the argument that it is leadership (the way that power is exercised) that makes the difference rather than the political system (hardware) per se. An Independent Panel set up by the World Health Organisation (WHO) to study the lessons that should be taken from responses to the COVID-19 pandemic is instructive; it underlines that '[l]eadership and competence have counted more than cash in pandemic responses' (The Independent Panel 2021, p.11). More than a year before that panel report and amid the COVID-19 turmoil in 2020, the African Leadership Centre (ALC) made a similar claim: '[u]ltimately, leadership is the striking difference between societies that have responded effectively to outbreak of COVID-19 and those that have been less effective. It is not centrally about the wealth or poverty of the societies or their demographics'. As a recommendation, the WHO Panel calls for '[s]tronger leadership and better coordination at national, regional and international level, including a more focused and independent WHO...' (The Independent Panel). But what does strong or effective leadership really mean?

Leadership infrastructure has two key components, namely, the hardware and the software. The hardware is the tangible aspect of the infrastructure which can include buildings, laws that confer power to institutions and staff. It symbolises

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the existence of those institutions. While these symbols can exercise powerful influence because they project an image of power and possibly sophistication, it is the way that they exercise power conferred to them that determines their continued relevance. This is the software element of leadership which is perhaps more important than the hardware. It includes the way that power is organised and exercised as well as the kind of relationships that it builds with the broader society over time. Outside the formal realm, that software is also the shared expectations and interests that form across society at all levels. Uncovering the nature of the software of the leadership infrastructure requires an understanding of the leadership process. A process-based approach to leadership focuses on how leaders and the communities they serve exchange influence within a given context. That interaction is the lifeblood of leadership. This brief conceptual goggle provides us with the necessary tool to understand the failure of the existing leadership infrastructure and by the same token, the way forward.

At the national level, states that successfully mobilised their societies whether democratic or autocratic have a strong leadership infrastructure in common. Typically, the leadership hardware demonstrates strong institutional capacity and the software is underpinned by a relationship of trust between leaders and society and across society, with evident trust in science and experts. Sometimes, relationships underpinned by certain shared expectations and interests are formed outside of the formally organised systems, which bind large segments of society and order their worldviews. The international collaboration by experts, which made the development of vaccines possible in record time is one example. We have also seen transnational organising by non-state individuals and groups in the digital space, by corporations and digital communities alike. It is important to understand the factors of their success and take them into account in rebuilding a more viable leadership infrastructure. How leaders and institutions engage with these spaces, and the corresponding leadership processes outside of the formal structures for a collective response to crises matters a great deal.



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Indeed, the importance of engaging communities has been recognised as key for successful response to the pandemic but there are unfortunately few opportunities for them to participate in decision making (The Independent Panel). Failure to bring these voices to bear more systematically in the national and global institutional dynamics might cement alternative power centres and infrastructures in which aspirations of transnational citizen movements are more aligned with corporations making extensive use of the digital space with consequences that are both positive and negative.

Rebuilding back requires not just new institutions and giving more powers to existing ones, we should rethink how that power is exercised. Concurrently, this inevitably involves an expansion of the idea of leadership beyond the dominant and unnecessarily restrictive position-based understanding. A rethink must accommodate multiple actors and leaders who can mobilise society to face and respond to problems like pandemics and climate change. Significantly, it also means including spheres of influence that were previously locked outside of formal global institutional frameworks.

This raises important questions for how the global leadership infrastructure is organised going forward. Can the UNSC, WHO and UNGA reorganise and unite for effective response to future crises? Is it possible to create tangible connections between institutional hardware and software that embeds relationships seamlessly across societies? In this regard, can the UNSC envisage non-state membership that includes those that serve as the voice of conscience as well as those who facilitate transnational connections? Whatever the answers are to these questions, a rethink of global governance institutions is inevitable, or they will be rendered irrelevant to 21st Century challenges if new transnational actors successfully create an alternative leadership infrastructure.

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# A democratic health check: why India shows the need for democracies to prioritise healthcare

*Dr Louise Tillin, King's College London & Sandhya Venkateswaran, Lancet Citizens Commission on Reimagining India's Health System*

**T**he second wave of COVID-19 has hit India hard and laid bare the parlous consequences of decades of under-investment in its health system. India's public health expenditure is stubbornly low in comparative terms – just 1 per cent of GDP per annum compared to 3 per cent in China, 4 per cent in Brazil or 4.5 per cent in South Africa. Private out-of-pocket expenditure at 64 per cent of total health expenditure, including by low income households, far exceeds the public financial commitment to health expenditure. Yet it is not just in financial terms that India under-invests. India's voters and its politicians also politically under-invest in health.

Concerns have increasingly been raised about the **erosion of democracy and political freedoms in India** since the re-election of the Hindu nationalist Narendra Modi-led BJP in 2019. In this article, we also argue that for a longer time, India's health

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system has been eroded because of the lack of prioritisation of health within its democracy.

That does not mean that a more authoritarian government would have an advantage when it comes to health provision. Numerous **cross-national studies** have shown that on average democracies are better for health because they encourage politicians to respond to the needs of the **electorate**. Yet in the world's largest democracy, building back better from the pandemic will require breaking the cycle in which democracy perpetuates a lack of public accountability for health care improvements.

India's voters appear to place curiously little emphasis on health as they decide how to vote. For instance, in the state elections in Bihar in October-November 2020, only 0.3 per cent of voters surveyed in a **post-election survey** highlighted health as a priority – even against the backdrop of the COVID-19 pandemic. Unemployment and development loomed larger as voter priorities.

## Why don't voters prioritise health

The reasons for the low prioritisation of health are complex. Citizens may have low expectations of government as a healthcare provider, because the health system has remained unresponsive and unaccountable for long. But it may also be because political parties and politicians do not place promises of improving health care at the centre of their election campaigns.

Political leaders stay away from promising improved healthcare, either because they don't have the answers, or because timelines for improving the system are well beyond the life of their political regimes. However, where political leaders have delivered well on health, such as in Kerala, it has created an expectation from citizens which compels leaders to prioritise health.

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The inter-linked problem of low political prioritisation of health by voters and politicians is a key political economy explanation for India's weak health system capacity and the challenges it faces in meeting the goal of universal health care. It is **puzzling** because catastrophic individual out of pocket health expenditure is one of the biggest risk factors for falling back into poverty. We should expect voters to demand more and for politicians to see the electoral incentives for prioritising health.

### **Is it just health that suffers?**

It might reasonably be asked whether it is just health that suffers from low political prioritisation, or is this also seen in other areas of public service delivery?

We know from wider **research** that in places where state capacity is weak political leaders face incentives to perpetuate clientelistic relationships with voters rather than focus on improving public service delivery. The logic of clientelism privileges discretionary quid pro quo exchanges of private goods in return for political support. This can serve as a barrier to strengthening state capacity to deliver a range of public goods in lower income democracies.

Yet in recent decades, **India – like a number of other lower and middle income democracies** – had moved to embrace a number of more programmatic social policies that were better financed, more rule bound and were also electorally popular.

In India these included a raft of rights-based social legislation introduced by the Congress Party led United Progressive Alliance between 2004–14 such as the Mahatma Gandhi National Rural Employment Guarantee Act and the National Food Security Act. Or in Brazil, for example, the conditional cash transfer programme Bolsa Familia. When implemented well, some studies suggested that political leaders were rewarded by voters for these programmes. Some of our earlier work provided **evidence** to show that voters also became less susceptible to attempts to buy their vote with small gifts in kind, where programmes such as that for the delivery of heavily subsidised food reached beneficiaries reliably and almost universally.

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The Modi-led BJP has also seen the benefit of maintaining a raft of welfare schemes since 2014, adding several of their own, and heavily promoting these during elections. While we should not overstate the extent to which political parties have benefited electorally from welfare programmes, they have probably made a difference at the **margins**.

Yet it has been much harder to identify a similar shift in the electoral politics of health provision.

One of the reasons for this may be because reforms in the health sector are harder to enact and slower to yield tangible outcomes. Foregrounding health sector investments may be politically riskier than, for instance, improvements in the distribution of cheap foodgrains or gas cylinders (Ujjwala). Such welfare schemes are based on ‘delivery’ of a product whereas services on the other hand, like health and also education, are more complex. They depend on a system that includes infrastructure, human resources, medical protocols and resources, accountability and capacity. For this reason perhaps, the main electoral pledge in the health sector in recent years has been on health insurance, rather than reforming the system within which this product can be effectively utilised.

The pandemic offers the opportunity to reimagine the political foundations of health in India. It is in this state of emergency that citizens have so clearly understood how deeply broken the health systems are and have recognised the role that the government must play in ensuring healthcare for all. Rebuilding India’s health systems will require focus in multiple directions, including financing for health, role clarity for the national and state governments, strong and empowered institutions for health policy, governance and administration that are driven by evidence. The motivation for these will likely emerge from creating or making more visible the demands of voters for improved health. It will require building cross-class coalitions to hold the government to account for strengthening universal access to decent health care.

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# A just transition: the move to a low carbon energy future

*Dr Margaret Kadiri, King's College London*

**G**lobal economies have been badly hit by the coronavirus pandemic. The UK economy, for example, has experienced its deepest recession on record, with significant job losses expected when the coronavirus job retention scheme ends later in the year (2021). As governments from the G7 countries move to build back their economies, they need to adopt measures that deliver a better result for the environment, such as accelerated investment in the low carbon renewable energy transition. A global transition to a green economy is estimated to **create 18 million jobs**. Green infrastructure projects that boost a low carbon renewable energy future do not only create more jobs relative to traditional stimulus measures, but they also deliver higher short-term returns and lead to increased long-term cost savings. Such measures would create jobs to help global economies recover and advance our climate goals. A recent study led by a scientist in the King's

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Climate hub, King's College London published in **Nature** predicts that sea level rise from the melting of ice could be halved this century if countries meet the Paris Agreement target of limiting warming to 1.5°C.

## **Facing the renewable challenge**

There are downsides to adopting a low carbon renewable energy transition, particularly the significant impacts created by the construction, operation and decommissioning of large-scale renewable energy infrastructure. Some of these impacts are economic and environmental, and some are more social, spatial and psychological, having to do with place attachment and displacement. Place attachment zeroes in on the ties that bind people and places together and give meaning to people's lives and their identity. We have seen, through the coronavirus pandemic for example, the effects of relocalization, the connection people have to local places and the sense of identity that can come from those connections. On the other hand, displacement defines the ways in which place attachment can be threatened, changed and disrupted, and weakened by rapid extensive changes that people don't feel any sense of control over, and it usually leads to a sense of threat, uncertainty, anxiety and pushback. To transition in a way that is fair and not just quick and cheap, it is necessary to appreciate and take into account the connections people have with landscapes and marine seascapes, in addition to environmental impacts, when assessing the roll out of renewable energy technologies. A 'levelling up' agenda cannot afford to sacrifice places, either to job creation or climate goals, if it is to secure social acceptance for a rapid and extensive energy transition.

Careful siting of large-scale renewable energy infrastructures is critical to achieving a fair outcome, particularly for offshore wind installations and marine renewable energy infrastructures. The UK currently has a target of around 40 GW of offshore wind energy including 1 GW of floating offshore windfarms. This will help on its pathway to achieving its ambition for becoming net zero by 2050 and potentially create around 2000 construction jobs, while indirectly supporting around 60,000 additional jobs.

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To meet these targets, it is estimated that around one turbine would need to be erected every week over a five-year period. Siting has to be done so that no stakeholder and community that will be impacted bears a disproportionate burden of negative social and psychological impacts. In **Guernsey, Channel Island**, place-technology fit has recently been used as a way of understanding the interactions between a given renewable energy technology infrastructure and locations on the Island where the technology might go – How do they work together? Do they fit, or does the technology seem to be out of place or in the wrong place? This allows policymakers to inform their decision-making using guidance rather than waiting for a developer to make a decision about which location they think is easiest from a technical point of view and steaming on regardless of concerns from the host community.

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The UK currently has a target of around 40 GW of offshore wind....to meet these targets, it is estimated that around one turbine would need to be erected every week.

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## **A global goal, locally led**

In the UK, the advisory guidance from policymakers has set the bar way too low in terms of what developers need to do at the preplanning stage to engage with all stakeholders, particularly host communities that would be impacted when they are proposing large-scale renewable energy infrastructures. In most cases currently, the first-time host communities hear about a specific large-scale renewable energy infrastructure proposal is when a multinational company turns up in the community and says, ‘Here is our plan: we want to build the renewable energy infrastructure in a particular location’. The advisory guidance for developers is full of terms about early engagement and fairness. However, most developers mainly engage in and promote information provision (90 per cent), a bit of consultation and very little participation from host communities. All stakeholders, particularly less influential actors, are not empowered and are not given equal access



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to effective consultation and meaningful participation. To ensure a just low carbon renewable energy future, we need to offer opportunities for all stakeholders, including host communities, to have a say in the wholesale, large and significant changes that are happening to the landscapes and marine seascapes around them and to participate in decisions on low carbon renewable energy futures. The consultation processes have to be transparent and provide early information to all stakeholders. The public values an open and fair participation process. Lack of trust and transparency, and decreasing credibility, along with poor communication and an imbalance of power, are factors which contribute to the diminishment of stakeholder engagement.

On a global scale, the time for a just renewable energy transition is now, as countries are currently submitting enhanced climate commitments under the Paris Agreement in the run-up to the COP26 climate summit later in the year and as economic stimulus packages are planned to help reboot economies globally. This moment presents a unique window of opportunity to rebuild economies in such a way that benefits everyone and takes into account the true value of the environment.

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# Eradicating poverty in a post-pandemic world: how the G7 can act to end both the pandemic and global poverty

*Professor Andy Sumner & Eduardo Ortiz-Juarez,  
King's College London*

**O**ur research shows that up to half a billion people live just above the poverty line and are at risk of falling back. In fact, for those living just above the poverty line, every 10 cents of income lost could push another 70m people back into extreme poverty. The G7 has an opportunity to act, bringing together economic and health policies; the G7 has a chance to reverse the poverty impact of the pandemic and meet the ambitious UN target to end global poverty by 2030.

## **Understanding the impacts of COVID-19 on global poverty**

One early question of the COVID-19 pandemic was whether the economic impact would be as significant for poverty as the health-related aspects of the pandemic. Although

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developing countries generally have a lower proportion of people at higher risk due to old age, health systems in developing countries tend to be much weaker than those in advanced countries. Furthermore, higher COVID-19 morbidity and mortality rates have been linked to hypertension and diabetes as well as to poverty, pollution, and malnutrition, which can make populations of developing countries more vulnerable. **In fact, it has been estimated that approximately 470m people globally are at higher risk of contracting COVID-19 as a result of pre-existing conditions of poverty** – notably malnutrition, and lack of access to safe drinking water.

In addition, lockdowns have been the primary policy to contain the virus but usually entail an income loss for those who cannot work from home. **The share of jobs that can be performed at home is less than 25 per cent for many developing countries and as low as five per cent in some of the world's poorest countries.** In developed nations, new social safety nets, such as the UK's furlough, have helped so far halt a tsunami of poverty, but many emerging economies and very poor countries may not have the fiscal space they need to expand schemes sufficiently or introduce new schemes to address the social consequences. There is a clear need for a range of social safety net policies, which already exist in many developing countries but whose coverage and funding need to be expanded more as part of 'pay-to-stay home' or 'pay-to-test' or 'pay-because-I-just-cant-work' schemes.

## **A global leap backwards on poverty eradication**

Our **new estimates** prepared for the United Nations show that, for those living just above the poverty line, every 10 cents of income lost could push another 70m people back into extreme poverty in developing countries.

Further, **our earlier estimates** published by the UN found that up to 400m people could be at risk of falling into extreme poverty, meaning living on less than \$1.90-per-day. And over 500m people could be at risk of falling below the moderate poverty line, meaning living on less than \$3.20-per-day. In addition, there is a risk that the worsening in people's livelihoods due to the crisis may exacerbate both poverty intensity and severity.

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The UN has set an ambitious goal of ending poverty by 2030. **But can it be met?** First and foremost, the coverage and efficacy of vaccination programmes in developing countries will be vital to reducing the impacts on poverty because they will determine the extent of future infections and lockdowns. Vaccination programmes could need to be annual or repeated and are vulnerable to the emergence of variants in terms of both severities of symptoms and infection rates. As Dr Ann Kelly points out in her essay in this series, the vaccine rollout must be global, as we know that no one is safe until everyone is safe. This approach is critical for eradicating disease and poverty.

If we allow for repeated waves of the virus, we will see stop/start economic growth. We know these forms of cyclical economic ups and downs will lead to cyclical poverty which may then become chronic poverty due to disrupted economic activity or sale of assets. People may also be pushed (deeper) into poverty due to additional health costs or lost income during ill-health.

In the absence of widespread vaccination programmes with high coverage and high efficacy, it seems likely that vaccine/immunity passports will be used to control infection levels alongside national and local lockdowns. This would likely curtail the mobility and thus employment opportunities of those who are un-vaccinated, which may disproportionately be the poorer parts of society.

In short, the poverty impacts of the pandemic and its aftermath are closely related to how widespread vaccination becomes, how effective the specific vaccines used are, who gets the vaccine and who does not (eventually perhaps culminating in the question of who pays for regular vaccination programmes), and the time needed to roll out the vaccines if they are available to all. These factors will play a role in determining levels and patterns of economic

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growth. Without widespread vaccine coverage, stop/start growth seems likely, which in turn is associated with rising/falling poverty and people moving out of poverty, falling back, moving out again, falling back in a repetitive pattern. It is thus clear that in absence of widespread vaccination, the pandemic could shape the next years for many developing countries to some degree through multiple and ongoing waves of infection.

## What can the G7 do?

The G7 must ask the IMF to end their hawkish approach to austerity. Almost all IMF agreements signed with developing countries during the pandemic have had austerity components in them. This is unbelievable in the current context. And in fact, it goes against the mega-expansionary fiscal policies implemented by G7 nations themselves.

The G7 have a vital role in the IMF's governance on the board and need to steer the IMF to support developing country governments responses with expansionary responses to the crisis.

Developing country governments' responses to the crisis look promising. However, the question remains whether they will be enough to reduce the ongoing waves of poverty, especially so given that most people work in the informal sector so are likely heavily hit by lockdowns and there are also the new health costs of the pandemic. **Social assistance and insurance measures have risen by over 100 per cent and active labour market interventions by over 300 per cent.** Social assistance in the form of cash transfers is the most dominant policy measure. There are now over 700 such programmes in 186 countries. Almost 70 per cent of the cash transfer schemes are new programmes. The estimated number of beneficiaries of cash transfers is 1.3bn or 17 per cent of the world's population. However, spending on social protection per capita varies enormously from almost \$850 per person in rich countries to just \$30–\$160 per person

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The G7 have a vital role in the IMF's governance on the board and need to steer the IMF to support developing country governments responses with expansionary responses to the crisis.

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in emerging economies and just \$4 per person in the world's poorest countries.

The G7 could be instrumental in determining the poverty impacts of the pandemic and its aftermath. The approach the G7 take to economic and vaccine policy will decide the chances of meeting the United Nations goal of ending poverty by 2030. If the G7 acts now, it is possible, but the G7 must focus on the global vaccine rollout alongside fiscal expansion to address poverty.

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