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**POLICY**

# COVID-19 as a 'Critical Juncture': A Scoping Review

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**Abstract**

This review examines the COVID-19 pandemic as a 'critical juncture' in which institutions and societies have struggled to cope. The crisis has created opportunities for civil society collaboration with other actors, but some governments have used it as a pretext for closing civic space and it is unclear how to make community voices heard in the public arena. Government failings or authoritarian measures may lead to crises of legitimacy, creating openings for more extreme actors and ideologies. There is an urgent need to rebuild trust in formal authority, expert knowledge and integrity. Closure of physical space has accelerated digital transformation, creating new virtual spaces for social and economic relationships: this process looks certain to continue. Growing inequality, discrimination, marginalisation and violence resulting from the pandemic is of concern. Greater engagement and collaboration across sectoral interests could lead to more robust and effective measures to deal with COVID-19's impacts. Effective interventions to respond to the short- and long-term consequences of the pandemic may require renegotiation of social contracts between states and citizens, founded on legitimacy, trust and partnership.

**Policy Recommendations**

- COVID-19, a crisis of global proportions, has created a 'new normal', but the long-term implications of this for societies, governments and institutions remain unclear.
- The pandemic has put great pressure on relationships between state authorities, non-state actors and civil society, and effort will be needed to rebuild them.
- Digital transformation and creation of virtual space has accelerated as a result of the crisis, with potential implications for governance and social cohesion.
- Spontaneous emergent activity and mutual aid by ordinary citizens can play a major and effective role in pandemic response.

## Introduction

A 'critical juncture' is a situation of extreme challenge and uncertainty in which institutional and social choices, policies and practices may result in lasting, fundamental change. This scoping review aims to shed light on the significance of the COVID-19 pandemic as a critical juncture in the development of our economies, societies and political systems (1). It seeks to identify decisions or practices arising from current situations of uncertainty that may determine future development pathways. It examines the emergence, effectiveness and impact of individual and collective agency across social groups, civil society and institutions, as they respond to the health pandemic and its economic and social fallout. It considers how governments and other stakeholders are addressing needs and vulnerabilities, and whether their actions are likely to reduce, create or entrench inequalities.

This paper provides first impressions of a complex and rapidly moving situation, based on a scoping review of academic literature and online sources (2). This was an iterative process, beginning with exploration of basic issues associated with the pandemic that were already visible in public discourse (e.g. governance, physical and digital space, emergence and mutual aid) or had been identified as potentially significant from research by the author and others on COVID-19 responses (Twigg et al., in preparation). From this base, additional themes were identified progressively through snowballing. The review also draws on lessons from disaster risk reduction (DRR), resilience and post-disaster transitions (Twigg, 2015).

The pandemic has already generated considerable literature: some is evidence-based but much is more discursive, even speculative. It is difficult to capture the 'state of play' and draw firm conclusions at the present moment, and far too soon to predict longer-term consequences or trends. Our knowledge is contingent, drawing on the limited evidence from field research to date, and from reviews, discussion papers, blogs, news and other online media. Governments, international organisations, civil society and populations are still in crisis response mode, and the destabilising effects of COVID-19 are still spreading out across societies. All actors are navigating this 'new normal' that the pandemic has created.

Disasters can be 'critical junctures' and opportunities for change and renewal. They are commonly seen as a 'window of opportunity' for implementing or improving risk reduction strategies and programmes, or as 'focusing events' that compel re-thinking of approaches to recovery and resilience building. Disasters and crises reveal fault lines in development strategies and weaknesses in institutions. This generates new knowledge and awareness, strengthens political will and consensus for change, and releases funding (Olson and Gawronski, 2003; Birkland, 1998; Christoplos, 2006; Brunders and Eakin, 2018), but it does not necessarily translate into effective action by planners and policy makers. Recovery is 'an adaptive process that negotiates the tensions between re-establishment of pre-disaster systems and significant alteration of those systems' (Tierney and Oliver-Smith, 2012, p127). Post-disaster transitions are non-linear, iterative, open-ended and unpredictable. So-called phases of recovery overlap, and different groups and regions achieve different outcomes, depending on the particular event and responses to it (Tierney and Oliver-Smith, 2012, pp 123-146; Davis and Alexander, 2016).

The current pandemic can also be viewed as a 'cascading' disaster, where an initial

shock triggers multiple consequences: in this case, a health shock with destabilising impacts on the economy, politics, social behaviours and the environment. Cascading effects are complex and multi-dimensional, evolving constantly over time (MacMillan, 2020; Pescaroli and Alexander, 2015). COVID-19 destabilises and creates a sense of generalised crisis across societies.

Disaster recovery necessitates hard choices (e.g. weighing, prioritising and sequencing of policies and programming). Development policies and principles may be forgotten in the recovery effort. Speed is often given priority over quality, rights and sustainability. Institutions may not have the capacity to cope (Christoplos, 2006; Birkland and Schwaeble, 2019). In the case of COVID-19, it is recognised that we are living in a 'new normal', but the nature and duration of this normality, and its implications for organizations, families and individuals remain unclear. Actors at all levels are being forced rapidly to make sense of the changes and develop ways of coping, adjusting and restoring order. This involves negotiating different interests, priorities, values, decisions and actions. Disasters often lead to re-thinking of development approaches and innovative ideas (e.g. feminist post-pandemic economic development plans for Canada, Austria and Hawaii) and to re-negotiation of policies and practices (Dickinson, 2018; Whelan, 2020), but old thinking is not necessarily displaced and such 'conditions of possibility' are not necessarily achieved (Liechty, 2020).

COVID-19 may be reinforcing the public sense of living in a 'risk society' that is increasingly preoccupied with the future, safety and risk, as the result of socio-technological disasters (e.g. Chernobyl, Bhopal) and socio-environmental threats (particularly climate change). The public increasingly demands a voice in decisions about risk, and scientists and experts are no longer seen as having a monopoly on knowledge and truth. However, public health is also a space to build solidarity and promote collective action: for example, calls for investment, universal payments and basic income have become widespread during the pandemic, and solidarity groups and neighbourhood organizations have engaged in mutual aid programmes (Dodds et al., 2020). Crises can create new risks or magnify existing risks. In the case of COVID-19, mental health is emerging as a challenge for many frontline workers, volunteers and people emerging from lockdown, while cyber risks have increased as cities and businesses rely more heavily on online communications and data systems (Manchester Briefing #1).

## Emergent groups, self-organisation and mutual aid

Disasters stimulate informal 'emergent' responses by spontaneous, self-organising, voluntary groups and individuals within and outside affected communities, sometimes on a very large scale (many thousands of people). They carry out a wide variety of activities including search and rescue, first aid, damage assessment, removing debris, handling the dead, distributing relief supplies, providing food, counselling and presenting survivors' grievances. Emergent activity in disasters around the world has been studied over several decades (Drabek and McEntire, 2003; Whittaker et al., 2015; Twigg and Mosel, 2017). The arrival of large numbers of spontaneous volunteers at a disaster site presents significant communication, co-ordination and logistical challenges to those who are formally responsible for managing crises (Drabek and McEntire, 2003). This 'convergence' problem is typically associated with hazard events in specific, fixed locations and relatively

short-term timespans, whereas COVID-19 affects nearly all communities worldwide, and is a prolonged crisis with no end in sight (Macmillan, 2020).

The pandemic has demonstrated the capacity and willingness of society to respond to crisis.  Emergent activity has been a prominent feature of pandemic response worldwide, in many contexts. One example is urban food systems, based on networks involving families, social ties and other informal associations, such as food distribution mechanisms in Milan where families and informal neighbourhood 'micro-networks', organised autonomously and worked with parishes and associations to contact food producers and processors and organize distribution and payments. This enabled many small and medium-sized stores to re-open (Calori and Federici, 2020).  In Melbourne, residents of a tower block in lockdown put together an information sheet on government COVID-19 measures for predominantly non-English speaking residents, which was translated into 15 different languages within 24 hours, distributed among residents via text and WhatsApp, and sent to to community networks.

Recognition of emergent groups' contribution in crisis response can stimulate positive changes in state-civil society relationships for disaster planning (e.g. in Japan following the 1995 Kobe earthquake: Shaw and Goda, 2004). However, there can be resistance from governments concerned about maintaining control; and government interventions may displace or crowd out voluntary activity (deliberately or inadvertently), especially where civil society is not well developed (e.g. Jalali, 2002; Teets, 2009).  These issues require further research in the context of the pandemic. In the past, the primary impetus for emergent and convergent behaviour has been altruism. However, politically engaged groups have

occasionally been involved, as in the so-called 'refugee crisis' in Europe in 2015-16,  where grassroots volunteers and social movements protesting against refugee reception policies also took on crisis response activities, so that volunteering became interwoven with protest (Boersma et al., 2018).

Involvement in crisis response can have a transformative effect on volunteers, stimulating feelings of interconnection, healing and empowerment, and supporting individual recovery from trauma.  It may lead to greater involvement in voluntary work, a stronger sense of community solidarity and expansion of civil society activity (as in Japan after the 1995 Kobe earthquake), or to opening up space for civil society by crossing ethnic, class or religious barriers (as in Myanmar after Cyclone Nargis in 2008).  Emergency volunteerism offers opportunities for longer-term, structured citizen response through training and formal voluntary organisations, although effort is necessary to maintain volunteer motivation (Twigg and Mosel, 2017). Emergent groups acquire shared social identities through their experiences of working together in a crisis. In some instances this sense of togetherness, unity and solidarity can be turned into lasting social capital; but this is not the norm.  Emergent groups are not permanent, but decentralised, informal, segmented structures in continuous change; and their associations are rarely long-lasting (Drabek and McEntire, 2003; Ntontis et al., 2020).  It is too soon to say if this pattern will be repeated in the current pandemic.

Refugee-led organisations have long played an important, but overlooked, role in providing basic services and protection to refugees and host communities in camps and cities around the world. In Uganda, they have raised awareness about COVID-19 and disseminated information on preventive hygiene and

sanitation measures in the camps, as well as making and distributing face masks. In many other countries, refugees are providing information and training, food distribution, legal and psychosocial support, and transportation for those needing medical care (Betts, et al., 2020; Met, et al., 2020).

Social capital is fundamental to community response in disasters. It has been shown to increase community resilience, improve response and facilitate recovery (Dynes, 2005; Aldrich, 2012). Social capital is also good for health (Rocco and Suhrcke, 2012). Research indicates a correlation between levels of social capital and the spread and impact of COVID-19: higher levels of social capital appear to be associated with fewer cases and lower excess deaths (Bartscher et al., 2020; Borgonovi et al., 2020; Rocco and Suhrcke, 2012). High levels of social capital also correlate with the emergence of mutual aid groups in the pandemic (Tiratelli and Kaye, 2020).

Mutual aid is the most visible and widespread form of emergent group activity in the current pandemic. It has been defined as

"a horizontally structured relationship between voluntary participants from which help or aid are available mutually and free-of-charge between parties, at each's own discretion, in the face of adversity—most commonly a shared one— unsanctioned by an overriding authority." (Anthony, 2020, p.3)

Mutual aid is a voluntary exchange of resources or services for mutual benefit, where people take responsibility for caring for one another (this distinguishes it from traditional charitable relationships). Activities and organisation are informal and non-hierarchical. It has a long history in human societies (Kropotkin, 1902; Springer, 2020).

The pandemic has stimulated massive, spontaneous establishment and growth of local mutual aid groups. These have been a vital part of the emergency response, identifying specifically under the collective banner of 'mutual aid', where grassroots, person-to-person solidarity underpins voluntary action (Anthony, 2020). Their wide-ranging activities, which are greatly assisted by digital communications, include: sharing information, collecting shopping and prescriptions, distributing material and healthcare assistance (e.g. giving out food parcels, medicine, masks and other protective equipment), co-ordinating care efforts for people who are self-isolating, fundraising, running helplines, helping out with community activities, connecting isolated people and giving emotional support to those feeling isolated and anxious (Twigg, et al., in preparation).

Mutual aid itself appears to have evolved and adapted during the current crisis. At first, groups were mostly involved in meeting everyday material needs (e.g. suppling food and medicine) but then moved on to playing social welfare roles, such as combatting loneliness or helping vulnerable people to deal with financial stress. Role shifts are fluid: for example, veterans of the 2011 Occupy Wall Street protests set up Occupy Sandy in 2012 to prepare New York for Hurricane Sandy, establishing distribution centres and food kitchens, and making deliveries to vulnerable households. Activities of mutual aid groups in favelas in Sao Paulo, Brazil, during the pandemic have included: distributing free water, soap and hand sanitizer; organising supply centres for food distribution; renting hotels for elderly and vulnerable people; creating partnerships with passenger transport operators to take people to health centres; and providing financial support for families of children prevented from attending day-care centres. Support of this kind appears to lower mortality rates in communities (Ortega and Orsini, 2020).

Mutual aid groups have a different age profile than participants in traditional voluntary activities, with a higher proportion of younger, working-age people engaged (many of whom have lost jobs or been forced to reduce their working hours because of the pandemic). Demonstrating an effective alternative to traditional, more paternalistic public service relationships, and displaying their overt independence, has sometimes led to friction between the groups and formal authorities and services (Tiratelli and Kaye, 2020).

It has been suggested that the locally designed and collaboratively built acts of solidarity on which mutual aid is based (with vulnerable people as participants) 'inform a model of community resilience and collective empowerment with implications far beyond their immediate impact. They reject responses to the pandemic that value political hegemony and expediency over the well-being of the homeless, victims of domestic violence, people with disabilities and many other marginalized members of society' (Araabi, 2020). COVID-19 mutual aid groups 'explicitly work towards the achievement of a new type of society underpinned by collective solidarity' and have the potential to lead to an increase in intergroup solidarity, empowerment and politicisation, pushing back against neoliberal policies, injustice and inequality. However, this is far from certain at present, especially since group members often come from similar backgrounds (O'Dwyer, 2020). It is also unclear how such activity will be sustained, or will evolve, over time, or how groups will maintain momentum once the COVID-19 crisis diminishes.

**Governance and state authority**

The pandemic has called into question the role and capacity of the state, particularly in poorer countries. Erosion of state capacity has also been a factor in mortality differentials in other countries. In the light of scientific evidence, policy makers under different governance regimes have had to intervene rapidly and forcefully, and make trade-offs between different risks (e.g. health versus economic) under conditions of high uncertainty (Collins et al., 2020).

National governments have had to adapt rapidly to the new challenges generated by COVID-19 and have done so with varying results. Governments at all levels, together with other public institutions and private organizations, have struggled to cope. It appears that there is no single route to success (Janssen and van der Voort, 2020). Norway is said to have performed well in handling the crisis, due to a combination of capable politicians and bureaucracies, a high-trust society, and a strong economy and welfare state. The government controlled the pandemic quickly through collaborative and pragmatic decision-making, good public communication, and a high level of democratic legitimacy and citizen trust (Christensen, 2020). Denmark's authorities aim to secure public health in co-operation with citizens, companies and civil society organizations through 'co-production' of health care (one third of the Danish population are already routinely involved in organized voluntary work), and their approach builds upon this. In North Africa, however, an already significant trust deficit has been worsened by governments' emphasis on instruments of power and coercion to make society follow orders. Friction between central and lower levels of authority in federalist countries has also been observed in the COVID-19 response, notably in the USA and Brazil (though less so in Germany), making it difficult to judge the effectiveness of federal systems as a whole (Janssen and van der Voort, 2020). However, it does

appear that cities and municipalities are taking the initiative and playing an important role in providing goods and services to vulnerable communities (Twigg et al., in preparation).

The pandemic has raised questions about the efficacy of supranational and international organizations. In Europe, national governments and policies have played the main role in public health response, with wide divergence in approaches between member states. It remains to be seen if the pandemic will reinvigorate the European Union (EU) and lead to better integration of emergency planning and public health provision (Dodds et al., 2020; Bouckaert et al., 2020).  The roles, capacities, engagement and impact of other regional institutions in the pandemic also need investigating.  The uncertainty generated by COVID-19 has significantly increased existing concerns about the potential of international agreements and institutions as effective instruments of global health governance. Responses to the pandemic to date indicate a likely increase in unilateral decision making by states, and lessening political and financial commitment to multilateral co-operation. This could threaten delivery of the Sustainable Development Goals (SDGs), for example (or at least create much lower expectations) and would put a greater burden on non-governmental actors to fill the gaps left by state institutions (Santos-Carillo et al., 2020).

COVID-19 can be exploited as a justification for anti-democratic strategies to solidify power and undermine democracy.  Human rights violations have been recorded: these include detaining journalists and government critics in Ethiopia under a state of emergency order (Finn and Kobayashi, 2020).  There have been warnings about the spread of 'bio-surveillance' regimes, smart technologies, data analytics and 'big data' (often owned by private sector actors) in

the name of public health interventions and national security, supposedly to monitor and explain individual and group behaviour in relation to lockdowns, quarantines and social distancing, but potentially to assert greater social control beyond the emergency period. At the same time, expert knowledge and interpretation appear to be increasingly under challenge (Dodds et al., 2020).

Ideological and political biases, populism and pseudoscience are posing a threat to science and health governance at national and global levels, although there is nothing new in governments downplaying or refusing to listen to scientific advice (e.g. South Africa President Thabo Mbeki's challenging of scientific consensus on HIV in the late 1990s and early 2000s).  Undermining science and health governance for political expediency is dangerous, as it sows confusion and engenders distrust in public health officials. Scientific solidarity and strong leadership are needed.

Emergencies and crises provide opportunities for rebel or insurgent governments to demonstrate their capacity and competence. A study of rebel administrations in parts of Syria and Afghanistan has shown how such regimes were quick to respond to their populations' health needs (e.g. by providing guidance, awareness campaigns, medical checks, quarantining, distribution of hygiene products).  The emergency became an opportunity for them to out-perform the state, demonstrating their governance credibility at home and abroad, increasing popular support and ultimately gaining legitimacy in the eyes of their populations (Furlan, 2020).

The potential impact of COVID-19 on the spread of violent extremism and radicalisation is unclear.  Social distancing and restrictions of day-to-day activities have been seized on by radical

ideologues to validate their views (e.g. governments' closure of mosques to prevent virus spread is framed as evidence of anti-Islam sentiments). In the short term, government weakness or governance vacuums may open up physical spaces that extremists can occupy, challenging governments' legitimacy (e.g. in parts of the Sahel). In the medium term, where the socio-economic impacts of the pandemic become severe and overwhelm governments' capacity to provide services, and/or inequalities worsen, this may alienate parts of society, creating openings for radical ideologies and extremist groups (Avis, 2020).

## Civic space: civil society, non-state actors and communities

'One lasting legacy of this work is perhaps to recalibrate debates about what sort of states 'fail' and what the future social contract with the citizen will look like.' (Dodds et al., 2020, p293)

COVID-19 has disrupted the functioning of state institutions and their interaction with society. There is concern about constraints on civic space resulting from lockdown, disease surveillance and other social control measures. On the other hand, the pandemic has created new opportunities for civil society through protest and activism, as well as social organisation for providing assistance to communities and households where official responses have failed to meet needs. This could potentially strengthen the legitimacy and accountability of civil society (Rohwerder 2020). The urgent need for crisis response can also open up collaborative spaces, as in the incorporation of recommendations from the Ghana Federation of Forest and Farm Producers (GhaFFaP) into the government's pandemic response strategy. In less open political systems,

such as China – where there has been a huge outpouring of aid from a variety of civil society organisations – it is unclear how (or indeed if) such actions will influence long-term relationships and collaboration with strong, centralised institutions and protect the privacy and autonomy of citizens and civic actors (Woo, 2020). In many countries, the public health threat posed by COVID-19 has encouraged closure of civic space, especially by governments already inclined to limit it. Emergency laws, lockdowns, physical distancing and other response measures affect people's ability to meet, organise, and advocate. Civil society organisations have lost funding and are struggling to survive (Rohwerder, 2020).

There is concern that some governments are using the pandemic as a pretext for adopting repressive measures, particularly around women's rights and sexual and reproductive health; and some government responses have caused stigmatisation and marginalisation of LGBTIQ people and of minorities, especially religious and ethnic minorities (Rohwerder, 2020). There is growing evidence in several countries of national elites (including companies and governments) taking advantage of the reduced space for oversight and accountability resulting from the pandemic to seize lands through spurious consultation exercises, which effectively exclude stakeholders who are struggling to respond to a public health and economic crisis (Cotula, 2020). This may be a systemic trend. In May the UN Special Rapporteur on the rights of indigenous peoples expressed serious concerns about the way states of emergency are further marginalising indigenous communities and militarising their territories, while governments and companies force through agribusiness, mining and infrastructure programmes.

Space for dissent may also be shrinking. Global Witness has reported increases in threats and attacks against land rights defenders in several countries during the COVID-19 crisis. Reduced public scrutiny while attention is distracted by the pandemic can enable fast-tracking of legislative reforms that may have long-term impacts (e.g. environmental deregulation in Brazil). More generally, communities, campaigners and journalists are likely to face restrictions on travel and gatherings.

Locally led and adapted responses are generally said to take into account the diversity and complexity of human settlements (whereas states of emergency and 'emergency thinking' often prevent bottom-up approaches). There is often a high level of local organisation within informal settlements, providing a range of basic services that fill gaps in state provision or welfare. Responses to COVID-19 can be organised through such mechanisms. Community organisations have played a major role in responding to past epidemics, notably Ebola in West Africa, demonstrating that community engagement can take many forms, involving a variety of actors and approaches (Gilmore et al., 2020). The Ebola outbreak of 2014-15 illustrated the ability of urban organisations to address an acute infectious threat, through measures such as forming neighbourhood task forces, introducing regulations to control movement, house-to-house checks and surveillance, and home care (Wilkinson, 2020).

Inequality and contested governance present potential constraints on collective action in the pandemic. Perceptions of injustice within informal settlements, and between the settlements and wealthier neighbourhoods, could hinder collective action. Governance structures within informal settlements are often plural and contested. Traditional leadership

structures may exist alongside or in competition with criminal gangs, militias or other groups. Crises can exacerbate tensions over resource flows (Wilkinson, 2020). There may be significant role and practice shifts as actors adapt to new, unforeseen, situations, oppose government mandates and operate effectively against them. For example, local gangs often took on neighbourhood searches and movement control during the Ebola outbreak; and gangs controlling districts in Rio de Janeiro's favelas have imposed their own quarantine restrictions, enforcing coronavirus lockdowns, social distancing and curfews, as a reaction to President Bolsonaro's unwillingness to act against COVID-19's spread (Barretto and Phillips, 2020). This suggests the crisis is creating 'para-state' contexts where formal state presence is limited, in not being able to fulfil its functions of control (Barretto and Phillips 2020). Such conditions also enable the emergence of new forms of solidarity and mutual aid.

The scale of the pandemic and the strain it imposes on health, economic, social and family structures have led some formal health systems to explore ways of collaborating with local and community actors and applying community- and home-based models of care. This approach recognises the disease as a social as well as medical phenomenon (e.g. MacGregor and Hrynick, 2020). Nevertheless, the WHO weekly COVID-19 situation update on 15 April 2020 noted that only 36% of member states reported having a COVID-19 community engagement plan (Rajan et al. 2020).

## The transformation of space

The interplay between spatial conditions and social dynamics resulting from the pandemic is a key area for experimentation and innovation. Civic life and governance decision-making rely on

a wide variety of social and institutional connections, with face-to-face engagement one of the most important. During the pandemic, such inter-personal and public engagement has to be balanced by the need for physical separation and isolation; solidarity must be maintained in a time of social distancing.

COVID-19 is widely believed to have led to a radical – and rapid - transformation of urban and regional space, organizations, public places and social relations. Quarantine, movement restrictions, self-isolation and social distancing have quickly become dominant ways of life across the world, be it voluntary, due to social pressures, or enforced by regulation. It has been argued that the crisis is creating new and counteracting configurations of space:  territorial boundaries and closures exist alongside the uncontained, global spread of coronavirus, with the massive expansion of digital networking processes and other communication channels fulfilling new functions during the crisis and potentially bringing different actors and elements into relationships with each other (Morrow 2020). Physical interaction is becoming more limited to small social units such as couples and nuclear families (Low and Knoblauch, 2020).

Forms and practices of human contact and social gathering appear to have shifted radically and quickly, at least in the short term; but the longer-term consequences for social engagement and civic activity are unclear. The norms of social distancing may be eased in the long run, but new rituals for social interaction and relationships may develop (Rosson Gilman, 2020; Low and Knoblauch, 2020).  Physical distancing requirements present a significant challenge during other hazard events, where both responders and those affected may be unable to maintain safe distances, for example in evacuation

centres or search and rescue activities (Ishiwatari et al., 2020).  Moreover, virus containment strategies, based on social distancing and restricting movement, are particularly difficult to achieve in the confined spaces of low-income settings, and hence contribute to inequalities of vulnerability and protection (Dahab, 2020).

This shift in social interactions towards social distance rules and physical isolation may have longer-term implications for social cohesion and solidarity.  One recent article argues that communities have responded to forced isolation by adopting practices of sociability that do not require physical contact (e.g. collecting groceries and prescriptions for those confined to the home), that a sense of togetherness and awareness of mutual dependence is not just local but can be created over long distances, and that a common cause can create neighbourship and overcome social distance (Morrow, 2020).

Physical restrictions to contain the virus are not always possible in the Global South, particularly in informal economies and settlements where social life is largely lived on the streets.  A study of the impacts of quarantine on El Codito, an informal settlement in Bogotá, Colombia, illustrates how self-quarantine is not a viable option: a house may provide essential shelter to a number of people, and the informal economy depends on daily exchanges on the streets such as buying food.  On the other hand, the local informal economy was very quick to respond to the business opportunities created by COVID-19, by making, advertising and selling a range of face masks, with endorsement from Bogotá's mayor (Salamance and Vargas, 2020).

Quarantine may be used, or is perceived as being used, to curtail political opposition, reinforce discrimination and infringe on personal freedoms.  COVID-

19 quarantine regulation has been a device for restricting social movements and popular protest (Tulloch, 2020). It affected the Chilean anti-neoliberal movement that first took to the streets of Santiago to demand a new constitution in October 2019: imposition of quarantine measures, traffic restrictions and curfews prevented movement and social interactions across the city, and a referendum on a new constitution was postponed (Rajevic, 2020). Area quarantine restrictions in the past have achieved mixed results, as in Monrovia during the 2014-16 Ebola outbreak. Local communities can develop effective voluntary practices to contain the spread of disease through isolation, restriction of movements, and regular temperature checks, as in Ebola outbreaks in Uganda and Liberia. Due to the illegal or informal status of many settlements, there is often no reliable data about the number of people who live there or their health status (Tulloch, 2020).

Some health recommendations (e.g. to wash hands, self-isolate and physically distance) assume basic living conditions and access to essential services (e.g. water, space). This is clearly challenging where there is high population density and inadequate access to water and sanitation (Wilkinson, 2020). The capability to practice social distancing depends on household dynamics, social capital, financial resources and the influence of community policing (Dodds et al., 2020). Working from home, which has become a widespread practice in many parts of the world, may not be a viable option in densely populated informal settlements, where homes may already be overcrowded and pose health risks. Differences in restrictions on social relationships and physical movements may stoke resentment (Dodds et al., 2020).

Digital convergence is a regular feature of emergent disaster response. Information

and communications technologies, particularly social media, have mobilised virtual or digital volunteering and convergence, for example through crowdsourcing data and co-ordinating delivery of material and human assistance (Twigg and Mosel, 2017; Whittaker et al., 2015). Societies and institutions are embracing digital technology during the pandemic, for many different purposes and in a variety of ways. Although digital tools may be used to distort facts and target opponents, they also facilitate communication across distance, and make engagement more accessible to people with different capabilities (Rosson Gilman, 2020). The internet and social media have previously been influential in exerting social pressure on contacts to voluntarily limit their movements or stay at home (e.g. during the H1N1 outbreak of 2009: Tulloch, 2020). New media create 'places of socialization' in crisis – i.e. alternative virtual spaces where social relationships are built and maintained when physical spaces are no longer available (Tagliacozzo and Arcidiacono, 2015). Social media advocate for greater support for people in need (e.g. #sanitizersforslums on Twitter: Wilkinson, 2020) and promote activism (e.g. feminist activists in China formed online support groups to raise awareness of increased domestic violence during the pandemic).

The pandemic has reinforced the 'densification' of digital networking, leading to a massive opening up of communication channels globally to meet the new demands created by the crisis (Low and Knoblauch, 2020). It has accelerated 'digital transformation' processes in organisations, forcing them to adapt almost overnight to communicate and engage with their stakeholders, support remote/home working by staff and deliver information, goods and services. A survey of 2,500 'enterprise decision makers' across a range of sectors in nine countries identified rapid

acceleration of digital communications strategies since the pandemic began, with over 90% of respondents seeking new ways to engage with clients and recognising digital transformation as critical to addressing current challenges. As early as April 2020 it was estimated that nearly half of employed people in the UK were working remotely. Digital emergence and convergence have played a central role in supporting mutual aid groups and other forms of spontaneous action and solidarity all over the world (Anthony, 2020): for example, Facebook and WhatsApp groups in India connecting those who require assistance with those who can provide it. Many communities have vibrant online groups (neighbourhood-, identity- or topic-specific). It seems unlikely that the expansion of digitalization will be reversed: people increasingly interact in the virtual space, in social, public and administrative environments (e.g. online conversations and chats; university lectures and seminars converted to online teaching).

Digital adaptation to the crisis is widespread and varied, for example regarding agricultural and food systems: informal vendors in Uganda have trialled e-commerce platforms; farmers in Kenya have used social media to sell produce to local customers, buy inputs and communicate with extension services; and Rwandan coffee mills have made payments to farmers using mobile phones. Such adaptive behaviours look likely to continue and spread across different communities and activities.

An 'infodemic' of fake news, misinformation and conspiracy theories and rumours relating to the pandemic has led to concerns that it will undermine trust in health institutions and programmes, with potentially significant consequences for managing the pandemic (e.g. public unwillingness to accept future COVID-19 vaccines as a result of anti-vaccination

campaigns) and for public health in general (Lancet Infectious Diseases, 2020; Galvao, 2020).

## Inequality

The crisis raises fundamental questions about what makes a community, a population and a nation sustainable, and the role of social equity and intergenerational justice in supporting well-being and sustainability over time (Dodds et al., 2020).

The pandemic appears to be reinforcing (and often exacerbating) inequality almost everywhere. There is considerable evidence showing that existing inequalities have been exposed and worsened by COVID-19 and the responses to it. However, to date, there is very little evidence about adaptation or positive change: the dominant narrative focuses on the health, social, economic damage that is being done, not on the resilience and adaptability of communities and institutions or on innovative approaches.

COVID-19 has the potential to reverse progress in women's and girls' development and rights, and decades of progress towards gender equality and women's economic empowerment. Reports worldwide indicate big increases in gender-based violence since the outbreak of COVID-19 and the implementation of measures to contain it (Rohwerder, 2020). The impact of COVID-19 on the lower paid (e.g. domestic workers and those in the gig economy without stable hours or benefits) is expected to be devastating (Rosson Gilman, 2020). Women constitute over two-thirds of workers in the health and social sector globally, placing them on the frontlines of pandemic response, but with a persistent gender pay gap and fewer leadership positions than their male

counterparts. Women are more likely to carry out unpaid work or serve as care givers. The pandemic is thought likely to negatively impact women's livelihoods and dramatically increase their unpaid care work.  This can restrict access to resources, decision making and the ability to take preventive measures (Manchester Briefing #4), especially where government social safety nets are insufficient.  COVID-19's disproportionate impacts may also reflect other interacting social inequalities: for example, race in the USA is linked to areas of systemic oppression and disenfranchisement including health care inequality, segregation, overall health and food insecurity, underrepresentation in government and the medical profession, and inequalities in participatory democracy and public engagement (Wright and Merritt, 2020).

The lack of age and gender-disaggregated data has impeded delivery of a gendered COVID-19 response. CARE's recent rapid gender analysis, based on interviews with over 6,000 women in nearly 40 countries, found that COVID-19 is widening systemic inequalities that have long affected women.  Women lost a greater proportion of their income than men, had less access to unemployment benefits, were more likely suffer from food insecurity, and had higher rates of mental health problems.  Women performed the vast majority of care work (at work and in the home) but were left out of COVID-19 response decision-making and at significant risk of the secondary effects of the virus.  Redirecting healthcare resources to COVID-19 prevention and response efforts had implications for maternal and child health. The CARE study also identified the specific vulnerabilities of older people and people with disabilities, and the threat of increased racism or discrimination against people of specific ethnic groups who might be erroneously associated with

the virus. It noted that school closures can lead to a spike in adolescent pregnancy and hence to school drop-outs. It also identified a high risk that gender-based violence (GBV) will increase during the pandemic: for example, women's rights activists in China have reported that domestic violence cases rose dramatically during quarantine. These changes are said to threaten decades of progress in realizing women's rights and equalities.  The experience of previous crises also suggests that the pandemic will lead to a rise in child labour (Idris, 2020).

The crisis has stimulated support movements, such as the National Domestic Workers Alliance in the USA which campaigns to improve working conditions and give support to low-paid workers, and provides guidance (on staying safe, and financial and employment issues) in the pandemic.  In Mexico, new feminist solidarity networks have emerged.  Vietnam's national COVID-19 plan commits to engaging the national women's association to collaborate with local governments to manage the outbreak. It remains unclear if such moves will lead to rethinking of traditional structures of power, or to innovations that provide stronger social safety nets in the absence of effective government action (Rosson Gilman, 2020).  One global review has found strong evidence of low levels of women's participation in senior-level decision-making about COVID-19, mixed evidence of women's rights organisations participating in such decision-making at local and community levels, and decreased funding for women's rights organisations in the global North and South (Aghajanian and Page, 2020).

COVID-19 has resulted in stigmatisation of those affected (survivors, their families and healthcare workers) and those who become associated with it (often already vulnerable social groups such as persons

with disabilities, older people, children, migrant workers). This has led to discriminatory behaviour, social exclusion, economic marginalisation and violence, as well as restrictions on access to support and services (Rohwerder, 2020). Anti-Asian and anti-foreigner sentiments and attacks have been recorded in Ethiopia, Zambia, and Kenya (Flinn, 2020).

Refugees, especially those living outside formal refugee camps, are particularly affected by restricted access to food, medicine and basic services. There is evidence of refugees being excluded from COVID-19 health and social protection programming, including relief packages. They are also hit by the collapse of the informal economy as a result of national lockdowns. However, refugees also fill gaps in basic services including health, education and protection; and they provide a wide range of other services including information and training, food distribution, legal and mental health support, transportation for those in need of medical care, and awareness-raising. For example, the Asia Pacific Network of Refugees' #Refugeesrise campaign showcases refugees and asylum seekers serving as health-care providers in the pandemic. Nevertheless, there is a feeling that refugee-led organisations are being marginalised in the response, less than two years after the Global Compact on Refugees was affirmed by the UN General Assembly (Betts et al., 2020; Alio et al., 2020).

There is evidence that countries with strong and effective social protection systems are better prepared to respond to the impacts of COVID-19. Almost every country has planned, introduced or adapted some form of social protection measures in response to the pandemic. Some new programmes are including previously excluded groups, such as informal workers. Changes in people's interactions as a result of fear or precautions have impacted on community trust and social cohesion in past major infectious disease outbreaks and are likely to have done so during this pandemic (Rohwerder, 2020).

## Resilience, systems and sustainability

Crises reveal interdependencies between social and environmental systems and their components. Traditional risk management focuses on preventing, mitigating or responding to specific threats, but in recent years theory and practice have been increasingly framed by collaborative, flexible and multi-system resilience thinking and approaches. Resilience is 'a concept concerned fundamentally with how a system, community or individual can deal with disturbance, surprise and change' (Mitchell and Harris, 2012: 1). It involves living with uncertainty, preparing against a wide range of shocks and stresses (large-scale and everyday), and adaptation and experimentation. Oxfam defines it as 'the ability of women and men to realize their rights and improve their well-being despite shocks, stresses and uncertainty' (Jeans et al., 2016: 5).

Resilience thinking and practice provide an integrating approach that is transdisciplinary in theory and engages multiple stakeholders and capabilities in practice (Zabaniotou, 2020). This approach aims at effective adaptation and transformative change (Twigg et al., 2020). Systems thinking helps to break down silos and to identify drivers, interactions and dynamics of the economic, social, and environmental nexus: this can be applied to shaping policy and selecting intervention points (Hynes, 2020; Nystrom et al., 2019). Crises are recognised as catalysts for change: to 'bounce forward' rather than 'bounce back' (Manyena et al., 2011).

Literature is emerging on the pandemic in the context of resilient and dynamic systems (mostly for academic audiences), but the emphasis to date has been on emergency response. The OECD has called for a systemic resilience approach to dealing with COVID-19 and future shocks, while the EU's Joint Research Centre speaks of a 'time for transformative resilience' (Giovannini et al., 2020); but it is unclear what such an approach would look like in practice.

Governments are focusing on restoring the status quo, including restarting existing economic growth models, although there are some signs of a window of opportunity for more progressive approaches and green growth (Lidskog et al. 2020). The UNDRR Stakeholder Engagement Mechanism, which takes a holistic risk-based view, derived from the Sendai Framework for Disaster Risk Reduction (2015-30), points out that COVID-19 has revealed the precariousness and interdependence of the systems that food, energy, trade, transportation and social safety nets depend upon. The shortcomings of these systems have exacerbated the conditions for the pandemic virus to emerge. Improving understanding of this interdependence provides opportunities to create stronger, more resilient local, national and global systems, by applying a preventive, risk-informed focus to decision making and developing accountability frameworks to support comprehensive risk disclosure and preventive action.

At both regional and international levels, there seems to have been little interaction or crossover between the health and DRR sectors in terms of thinking, policies, strategies, methodologies, institutions or approaches, indicating the enduring persistence of institutional silos and silo mentalities (Djalante et al., 2020). A study of membership of national-level COVID-19 task forces or equivalent decision-making bodies in 24 countries has revealed a predominance of politicians, high-level government cadres, virologists and epidemiologists. In these bodies, there is little transparency regarding sources of advice and information; civil society is rarely involved; and women's representation is particularly low Expertise in the broader health, social and societal consequences of response measures (e.g. psychosocial issues, domestic violence, child abuse, child development delays, chronic diseases) is, for the most part, not included and there is insufficient attention to the lived experiences and everyday challenges faced by social groups (Rajan et al 2020). This application of old tools to new problems is unlikely to lead to effective strategies for adaptation or transformation.

Community-based approaches, which have long been used for DRR in a wide range of hazard and social contexts, have been advocated to counter the impacts of COVID-19 (Dahab 2020; de Vries et al 2020) but the literature to date does not make clear what these are, where and how effectively they have been applied, what it is that makes them community-based (as opposed to simply community-level) and the influence of power imbalances on their direction and activities.

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## Footnotes

(1) The paper originated from a request for scoping research into the pandemic and its implications to inform discussions within Oxfam.

(2) A scoping review aims to map the existing literature in a field of interest, particularly regarding topics that have not yet been extensively reviewed. A scoping review can be a standalone activity or a preliminary step towards a systematic review (Pham et al. 2014

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