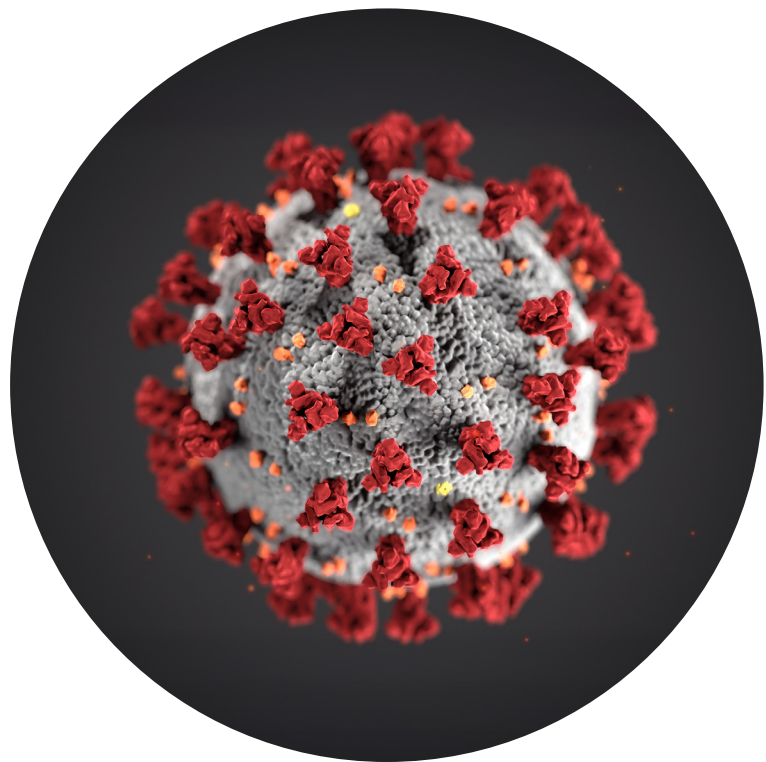




Firoz Lalji Institute
for Africa

PERISCOPE

Understanding the response to COVID-19 and enhancing preparedness for future generations



**LSE RESEARCH CONTRIBUTIONS
2020–23**

Image by CDC on Unsplash

Foreword

The Periscope project has brought together academics, researchers and policymakers from across the EU, as well as involving many colleagues across the LSE. It has proved to be an insightful and inspiring collaboration, which has yielded significant analysis as to the success and failures of pandemic control policies - from testing strategies, to health information dissemination, to vaccine coverage. The research has been crucial in understanding responses to COVID-19 in the UK, EU, and elsewhere. It will additionally serve as a vital resource in thinking through approaches to future epidemic outbreaks. In particular, our research at LSE has advocated for strategies which acknowledge histories of exclusion, and allow community organisations to flourish.

As the Team Lead at LSE, this project has also served as a vital opportunity to bring analysis of African health emergencies to bear on European responses. Researchers at FLIA have argued for public authority perspectives, originally developed in East and West African contexts, to be used to help inform UK and European policymaking. Our research has shown that pandemic responses must consider the historical politics which shapes understandings of disease, and responses to state-led disease control.

Professor Tim Allen

Director, Firoz Lalji Institute for Africa

14th November 2023



Acknowledgements

PERISCOPE was hosted at London School of Economics and Political Science, within the Firoz Lalji Institute for Africa, between 1st November 2020 to 31st October 2023. It was funded by Horizon 2020: the European Union Framework Programme for Research and Innovation (Grant agreement: 101016233).

This report was compiled by Dr Charlotte Hawkins, Dr Elizabeth Storer and Dr Costanza Torre.

Images of the LSE Commission were taken by Eleanor Anderson.

It reflects a summary of research published under the auspices of the Periscope project between 2021-23. Where in press, outputs are referenced as 'forthcoming'.

Periscope website link

LSE Periscope webpage link

Periscope twitter link

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Executive Summary

This report presents research produced by researchers at the London School of Economics and Political Science, in connection with the EU Horizon Project, Understanding the response to COVID-19 and enhancing preparedness for future pandemics (PERISCOPE). It highlights the multifaceted learning generated through research conducted throughout the life of the PERISCOPE project.

Reflecting the multi-disciplinarity of the PERISCOPE project, this research draws from diverse methodological approaches, including systematic reviews, multi-sited ethnographic work, randomised controlled trials, online surveys, and smartphone data analysis. Reflecting the cross-border crisis of the COVID-19 pandemic, it brings together knowledge production in a range of European and African contexts.

The following summary details the headline findings which emerged from LSE research between 2021-3:

Building capacity and links between multiple scales and layers of governance must be a priority for future pandemic preparedness.

Our research found that social infrastructures, and community support, enabled groups to survive the pandemic. EU and national pandemic governance holds the potential to either enable or disable social relations upon which health protections rely.

Equitable pandemic responses rely on guaranteed and sustained funding for communications infrastructures and partnerships which bridge national, regional, local and community levels of public health responses. Multi-level governance

relies on communication and collaboration between different levels of the state.

Social infrastructures at community level, which included a dense network of voluntary sector organisations, civil society and Third Sector associations, community assets, and religious institutions, provided an essential means for minoritised groups to endure the pandemic. It is essential that sustained and innovative funding is made available to reward this work, and to ensure that local organisations can be involved in future preparedness.

The language of vaccine hesitancy provides a limited frame to understand diverse orientations towards vaccines. Homogenising groups in health policy may create further and future mistrust in the state and healthcare system.

Vaccine hesitancy is a heterogeneous phenomenon, and accordingly, national health authorities should avoid one-size-fits-all vaccination campaigns. It is essential to complement quantitative studies with community-engaged research for those groups who are not enumerated in health data. Tailored communications must be accompanied by 'social listening' approaches which adequately acknowledge historical roots of vaccine resistance, which often stem from racism and medical mistrust.

COVID-19 policies, and vaccination campaigns in particular, led to further disenfranchisement and produced fear among people on the move at European borders. The legacies of these campaigns have served to produce mistrust among communities labelled vaccine 'hesitant'. In the post-Covid world, more research is needed to map the afterlives of a vaccination

campaign which served to stigmatise many vulnerable groups.

Pandemic responses have shaped new inequalities in the post-Covid world, particularly among minoritized communities.

The socio-economic impact of the COVID-19 response continues to resonate through many groups who feel disfranchised and abandoned by the state. Across the UK and the EU, many continue to live with the consequences which stemmed from the period of restrictions, and continue to rebuild and recover from the economic shocks of lockdowns.

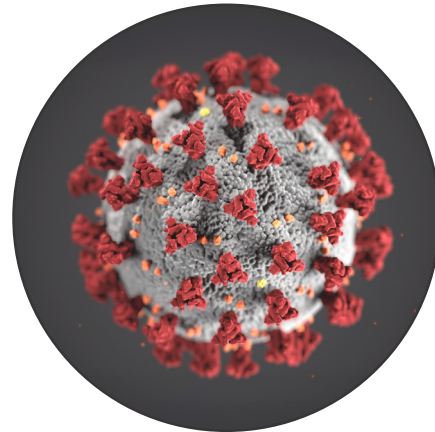
In the UK, the effects of the pandemic response on young people's mental health were deeply uneven, and continue to have deep effects within society. Young people have experienced extreme disruption to education and health services, which continues to shape their lives in the post-Covid context.

Future pandemic responses must be built upon a diverse evidence base, which informs different levels of government and EU scientific advice.

The pandemic response was largely informed by data derived from epidemiological models and behavioural science. Whilst this research revealed crucial insights at the population level, ethnographic and qualitative research is a necessary complement to understand diverse spatial and temporal responses to pandemic policies. Periscope research revealed the need for interdisciplinary data to explain differential rates of lockdown adherence and vaccination rates in particular.



Firoz Lalji Institute
for Africa



Riepilogo esecutivo

Questo rapporto presenta i risultati di un progetto di ricerca condotto dalla London School of Economics (LSE) e prodotto nell'ambito di un progetto Horizon dell'UE, Understanding the response to COVID-19 and enhancing preparedness for future pandemics (Comprendere la risposta alla COVID-19 e migliorare la preparazione per le pandemie future) (PERISCOPE). La presente relazione si propone di mettere in evidenza i risultati ottenuti da tale ricerca interdisciplinare condotta nell'ambito del progetto PERISCOPE, nei loro molteplici risvolti e sfaccettature.

Di seguito vengono riportati i principali risultati emersi da ricerca interdisciplinare condotta nel Regno Unito e nell'UE:

Lo sviluppo di competenze e collegamenti situati a molteplici livelli di governo deve considerarsi una priorità nell'ambito della preparazione a future pandemie.

La nostra ricerca ha rilevato che le infrastrutture sociali e il sostegno della comunità hanno permesso a vari gruppi sociali di sopravvivere alla pandemia. La governance europea e nazionale delle pandemie è in grado sia di attivare che di disattivare le relazioni sociali su cui si basa la protezione della salute.

Risposte eque ed adeguate alle pandemie dipendono dalla garanzia e dalla continuità di finanziamenti destinati alle infrastrutture di comunicazione e ai partenariati che collegano le misure di salute pubblica a livello nazionale, regionale, locale e comunitario. Tale governance

multilivello si fonda necessariamente su solide forme di comunicazione e collaborazione tra i diversi livelli dello Stato.

Le infrastrutture sociali a livello comunitario, comprendenti una fitta rete di organizzazioni di volontariato, associazioni della società civile e del terzo settore, risorse di comunità, e istituzioni religiose, hanno fornito ai gruppi minoritari un mezzo essenziale per resistere alla pandemia. È essenziale che vengano messi a disposizione finanziamenti duraturi e innovativi per riconoscere e premiare questo lavoro, e per garantire che le organizzazioni locali possano essere coinvolte nella in future operazioni di preparazione a pandemie.

Il registro dell'esitanza vaccinale fornisce una cornice limitata per comprendere diverse attitudini nei confronti dei vaccini. L'accorpamento e l'uniformizzazione di diversi gruppi sociali nell'ambito di politiche sanitarie rischia di contribuire a produrre in futuro, negli stessi gruppi, ulteriori forme di sfiducia nello Stato e nei sistemi sanitari.

L'esitanza nei confronti dei vaccini è un fenomeno eterogeneo e, di conseguenza, le autorità sanitarie nazionali dovrebbero ripensare e riconfigurare le campagne universali di vaccinazione. Si configura in questo senso essenziale l'integrazione di studi quantitativi con ricerche qualitative condotte a livello di comunità, per quei gruppi che non sono rappresentati nei dati sanitari. Comunicati mirati e adattati alle necessità e realtà di diversi gruppi sociali devono essere accompagnati da

approcci di “ascolto sociale” che riconoscano adeguatamente le radici storiche della resistenza ai vaccini, che spesso derivano da esperienze di discriminazioni razziali e diffidenza nei confronti di istituzioni sanitarie.

Le politiche attuate nel contesto della pandemia COVID-19, ed in particolare le campagne vaccinali, hanno spesso esacerbato condizioni di emarginazione e generato esperienze affettive di apprensione e timore tra le persone in transito sui confini Europei. L'effetto di queste campagne è stato quello di produrre sfiducia nei confronti di istituzioni pubbliche tra le comunità etichettate come “esitanti” al vaccino. Nel panorama sociale e politico post-Covid, sono necessari ulteriori studi per identificare i postumi di una campagna di vaccinazione che è servita a stigmatizzare molti gruppi caratterizzati da diversi aspetti di fragilità e vulnerabilità sociali.

Le risposte all'emergenza COVID-19 hanno spesso inavvertitamente creato nuove disuguaglianze in seguito alla pandemia, che interessano in particolare gruppi minoritari.

L'impatto socio-economico delle misure attuate in risposta alla pandemia COVID-19 continua ad essere percepito da molti gruppi che si identificano come emarginati e abbandonati dallo Stato. In contesti come quelli del Regno Unito e dell'Unione Europea, molti individui e gruppi sono costretti a convivere con le conseguenze del periodo di restrizione e continuano a ricostruire e a riprendersi dagli shock economici causati dalle chiusure.

Nel Regno Unito, gli effetti delle misure adottate durante la pandemia sulla salute mentale dei giovani sono stati fortemente disomogenei e continuano a produrre profondi effetti sulla società. I giovani hanno subito gravi interruzioni nella continuità dell'istruzione e dell'accesso ai

servizi sanitari, che continuano a condizionare le loro vite in circostanze post-Covid.

In futuro, le misure adottate in risposta a pandemie dovranno avvalersi di banche dati diversificate in base a diverse realtà sociali, comunitarie, ed individuali, in modo tale da poter adeguatamente informare i vari livelli di governo e le direttive scientifiche dell'UE.

La risposta alla pandemia COVID-19 si è in gran parte avvalsa di dati ricavati da modelli epidemiologici e dalla scienza comportamentale. Sebbene tali studi abbiano condotto a intuizioni cruciali a livello della popolazione generale, la ricerca etnografica e qualitativa è da considerarsi un supplemento fondamentale per comprendere diversità spaziali e temporali nelle risposte e attitudini nei confronti delle politiche adottate nei confronti della pandemia. In questo senso, il progetto Periscope ha permesso di evidenziare il ruolo della ricerca interdisciplinare per analizzare diversità osservabili nei tassi di adesione a misure anti-Covid come i lockdown e, in particolare, le campagne di vaccinazione.

Résumé

Ce rapport présente les résultats d'un projet de recherche mené par la London School of Economics (LSE) et réalisé dans le cadre d'un programme Horizon de l'UE, intitulé "Understanding the response to COVID-19 and enhancing preparedness for future pandemics (PERISCOPE)" (Comprendre la réponse au COVID-19 et améliorer la préparation aux pandémies futures). L'objectif de ce rapport est de faire connaître les résultats obtenus par cette recherche interdisciplinaire.

Voici les principales conclusions de ce projet de recherche interdisciplinaire, réalisé au Royaume-Uni ainsi que certain pays de l'Union européenne:

Le développement d'une expertise et de liens situés à différents niveaux de gouvernement, devrait être considéré comme une priorité dans le cadre des préparations aux pandémies futures.

Nos recherches ont montré que l'infrastructure sociale et le soutien communautaire ont permis à divers groupes sociaux de survivre à la pandémie. La gouvernance européenne et nationale en matière de pandémie peut à la fois activer et désactiver les relations sociales sur lesquelles repose la protection de la santé.

Des réponses équitables et appropriées aux pandémies dépendent de la garantie et de la poursuite du financement des infrastructures de communication et des partenariats qui relient les mesures de santé publique aux niveaux national, régional, local et européen. Une telle gouvernance à plusieurs niveaux repose

nécessairement sur une communication et une collaboration solide entre les différents niveaux de l'État.

Les infrastructures sociales communautaires (y compris un réseau dense d'organisations bénévoles, d'associations de la société civile et du troisième secteur, de ressources communautaires et d'institutions religieuses) ont fourni aux groupes minoritaires un moyen essentiel de résister à la pandémie. Il est essentiel qu'un financement durable et innovant soit mis à disposition pour reconnaître et récompenser ce travail, et pour garantir que les organisations locales puissent être impliquées dans les futures opérations de préparation à la pandémie.

La prise en compte du registre des réticences à l'égard des vaccins fournit un cadre trop limité pour comprendre les différentes attitudes vis à vis l'égard des campagnes d'immunisation. Le traitement indifférencié de tous les groupes sociaux manifestant des résistances vis-à-vis des politiques de santé risque de contribuer à renforcer, auprès de ces mêmes groupes, la méfiance à l'égard de l'État et des systèmes sanitaires dans les années à venir.

L'hésitation vaccinale est un phénomène hétérogène et, par conséquent, les autorités sanitaires nationales devraient repenser et reconfigurer les campagnes de vaccination universelle. À cet égard, il est essentiel d'enrichir les études quantitatives avec des recherches qualitatives, menées au niveau communautaire, dans le cas des groupes pour lesquels les

données sanitaires sont déficitaires. Des communications ciblées, adaptées aux besoins et aux réalités des différents groupes sociaux, doivent être accompagnées d'approches d'"écoute sociale" qui reconnaissent de manière adéquate les racines historiques de la résistance aux vaccins. Celles-ci découlent souvent d'expériences de discrimination raciale et de méfiance à l'égard des institutions sanitaires.

Les politiques mises en œuvre dans le contexte de la pandémie de COVID-19, et en particulier les campagnes de vaccination, ont souvent exacerbé les conditions de marginalisation et généré des expériences affectives d'appréhension et de peur parmi les personnes en transit aux frontières de l'Europe. Ces campagnes ont eu pour effet de susciter la méfiance à l'égard des institutions publiques parmi les communautés qualifiées d'"hésitantes" à l'égard des vaccins. Dans le paysage social et politique post-Covid, d'autres études sont nécessaires pour identifier les conséquences d'une campagne de vaccination qui a abouti à stigmatiser de nombreux groupes caractérisés, sous plusieurs respects, par la fragilité et la vulnérabilité sociales.

Les réponses à l'urgence COVID-19 ont souvent créé par inadvertance de nouvelles inégalités après la pandémie, affectant en particulier les groupes minoritaires.

L'impact socio-économique des mesures mises en œuvre en réponse à la pandémie de COVID-19 continue d'être ressenti par de nombreux groupes qui se considèrent comme marginalisés et abandonnés par l'État. Dans des contextes tels que le Royaume-Uni et l'UE, de nombreux individus et groupes sont contraints de vivre avec les conséquences de la période de confinement et de continuer à essayer de surmonter les chocs économiques causés par la pandémie.

Au Royaume-Uni, les effets des mesures prises pendant la pandémie sur la santé mentale des

jeunes ont été très inégaux, et continuent d'avoir des répercussions profondes sur la société. Les jeunes ont subi de graves perturbations dans la continuité de l'instructions et l'accès aux services de santé, ce qui continue d'affecter leur vie après la pandémie.

À l'avenir, les mesures prises en réponse aux pandémies devront faire appel à des bases de données fondées sur différentes réalités sociales, communautaires et individuelles, afin que les différents niveaux de gouvernement et les avis scientifiques de l'UE puissent être correctement informés.

La réponse à la pandémie de COVID-19 s'est largement appuyée sur des données issues de modèles épidémiologiques et de la science du comportement. Bien que ces études aient permis d'obtenir des informations cruciales au niveau générale de la population, la recherche ethnographique et qualitative devrait être considérée comme un complément essentiel pour comprendre les différences spatiales et temporelles dans les réponses et les attitudes à l'égard des politiques de lutte contre les pandémies. En ce sens, le projet Periscope a mis en évidence le rôle de la recherche interdisciplinaire dans l'analyse des diversités observables dans les taux d'adhésion aux mesures anti-Covid telles que le confinement et, en particulier, les campagnes de vaccination.

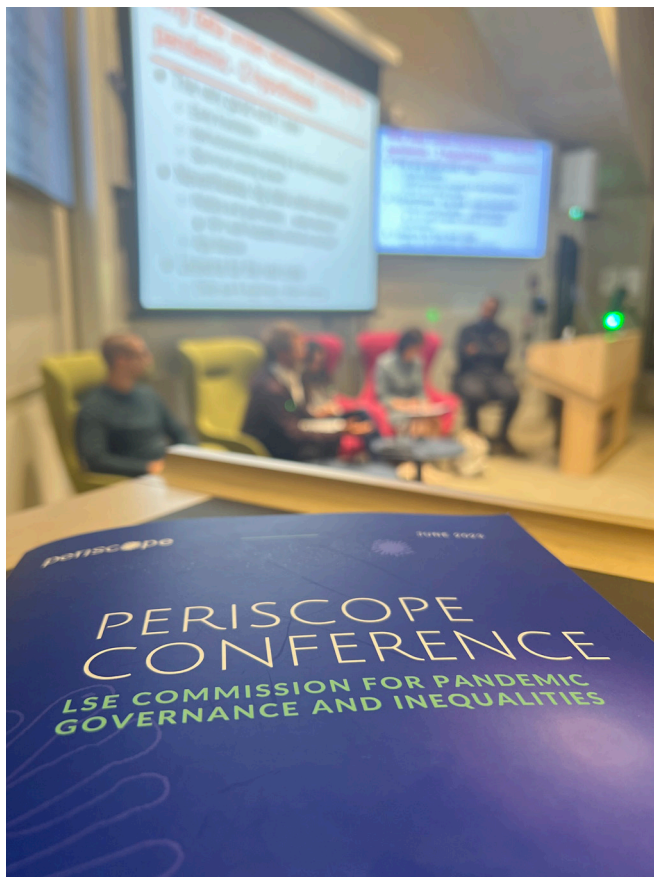
Introduction

This report presents research produced by researchers at the London School of Economics and Political Science, in connection with the EU Horizon Project, Understanding the response to COVID-19 and enhancing preparedness for future pandemics (PERISCOPE). It highlights the multifaceted learning generated through research conducted throughout the life of the PERISCOPE project.

It draws on interdisciplinary research from across the disciplines of Anthropology, Behavioural Economics, Economics, Health Policy and Geography. It highlights the multifaceted learning generated through interdisciplinary research conducted throughout the life of the PERISCOPE project.

PERISCOPE was led by the University of Pavia, Italy, and involved participation of a consortium of 32 European partner institutions. Much LSE research involved collaboration with researchers within the PERISCOPE consortium. Between 2020 and 2023, members of the consortium sought to collaboratively investigate the broad socio-economic and behavioural impacts of the COVID-19 pandemic. This analysis of the response during the pandemic was marshalled into policy advice aimed at making Europe more resilient and prepared for future large-scale health risks. The overall project was broadly structured around the following key objectives:

- to gather data on the broad impacts of COVID-19 to develop a comprehensive, user-friendly, openly accessible COVID Atlas, which should become a reference tool for researchers and policymakers, and a dynamic source of information to disseminate to the general public;
- to perform innovative statistical analysis on the collected data, with the help of various methods including machine learning tools;
- to identify successful practices and approaches adopted at the local level, which could be scaled up at the pan-European level for a better containment of the pandemic and its related socio-economic impacts;
- to develop guidance for policymakers to enhance Europe's preparedness for future similar events and proposed reforms in the multi-level governance of health.



LSE Contributions

LSE led and participated in Work Packages across the Periscope project. Reflecting the multi-disciplinarity of the Periscope project, this research used diverse methodological approaches, including systematic reviews, multi-sited ethnographic work, randomised controlled trials, online surveys, and smartphone data analysis. Specifically, researchers from the Department of Health Policy were involved in WP1 (Socio-Economic Impacts); researchers from the Department of Anthropology in WP2 (Mental Health); researchers from the Department of Social Policy in WP3 (Impact on Health Systems); researchers from the LSE Behavioural Lab (Department of Management, and Department of Psychological and Behavioural Science) in WP5 (Behavioural and Data Analysis); and researchers from Firoz Lalji Institute in WP11 (Training and Education).

Professor Laura Bear led WP9 (Multi-Level Governance), which involved collaboration between researchers at LSE, Centre for European Policy Studies (CEPS), Karolinska Institute (KI), Federation for European Academies of Medicine (FEAM). This workstream resulted in two policy publications which explored the role of multi-level governance in pandemic response. The first report (Bear 2021), urged for a shift away from the dominant focus within pandemic policy on resilience, to instead propose a novel approach to multi-level governance, based on the combination of three frameworks (social infrastructures, public authority and One Health). It focused on case studies drawn from the UK, Italy, Sweden and across European institutions. The second report (2023), which culminated in the LSE Periscope Commission, reflected on health inequalities generated through pandemic governance. Taken together, these reports represent

a pan-European analysis of pandemic responses, and highlight the need for continued support for social infrastructures, local authorities and communities in the post-pandemic world. The LSE Commission for Pandemic Governance in 2023 built from this research to co-produce recommendations for more equitable pandemic policy.

Hosted at the Firoz Lalji Institute for Africa, and emergent concern of Prof Tim Allen and researchers at the Institute, was to explore the relevant of perspectives gleaned from African health emergencies to bear on the unfolding crisis in Europe. To this end, conceptual work on public authority, developed through Allen's collaborative research during the 2014-14 West African Ebola epidemic, was deployed to understand the limits of COVID-19 response at European borders.¹ At the same time, parallel research conducted in European and African settings during the pandemic, sought to derive comparable insights into the role of state and military actors.

This report first summarises the findings of research published by LSE researchers in the consortium. Research shaped academic and policy with respect to multi-level governance, lockdown and vaccine policy; community trust-building and emergent inequalities during the pandemic. The later sections of this report then highlights key spotlight, which present thinking around social infrastructures, public authority and migrant health.

¹ Allen, Tim and Parker, Melissa (2023) In the line of duty: militarizing African epidemics. *Global Policy*. ISSN 1758-5880; Parker, Melissa, Baluku, Moses, Ozunga, Bono E., Okello, Bob, Kermundu, Peter, Akello, Grace, MacGregor, Hayley, Leach, Melissa and Allen, Tim (2022) Epidemics and the military: responding to COVID-19 in Uganda. *Social Science and Medicine*, 314. ISSN 0277-9536; Parker, Melissa, Hanson, Tommy Matthew, Vandi, Ahmed, Babawo, Lawrence Sao and Allen, Tim (2019) Ebola and public authority: saving loved ones in Sierra Leone. *Medical Anthropology: Cross Cultural Studies in Health and Illness*, 38 (5). pp. 440-454. ISSN 0145-9740



Firoz Lalji Institute
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International Periscope Partners:

PERISCOPE draws together a consortium of 32 European institutions to investigate the social, economic, behavioural and mental health-related aspects of the COVID-19 pandemic.

The consortium is led by Professor Paolo Giudici, Professor of Statistics, Department of Economics and Management of the University of Pavia. It involves the following Institutions:

AUSTRIA

Institut Fuer Hoehere Studien - Institute For Advanced Studies (Ihs) Wien, Austria

BELGIUM

Centre For European Policy Studies (CEPS), Bruxelles, Belgium

Federation Europeenne Des Academiesde Medecine (FEAM), Bruxelles, Belgium

European Regional And Local Health Authorities Asbl (EUREGHA), Bruxelles, Belgium

Federation Europeenne Des Hopitaux Et Des Soins De Sante (HOPE) Bruxelles, Belgium,

European Patients' Forum (EPF), Brussels, Belgium

Universiteit Gent (UGENT), Gent, Belgium

Mental Health Europe - Sante Mentale Europe (MHE-SME), Bruxelles, Belgium

CZECH REPUBLIC

Narodni Ustav Dusevniho Zdravi (NUDZ), Klecany Czech Republic

FRANCE

Assistance Publique Hopitaux De Paris (APHP), Paris, France

Ecole Des Hautes Etudes En Sante Publique (EHESP), Rennes, France

Institut National De La Sante Et De La Recherche Medicale (INSERM), Paris, France

GERMANY

Johann Wolfgang Goethe-Universitat frankfurt Am Main (GUF), Frankfurt Am Main, Germany

Technische Universitaet Muenchen (TUM), Muenchen, Germany

ITALY

Universita Degli Studi Di Pavia (UNIPV), Pavia, Italy.

Politecnico Di Milano (POLIMI), Milano, Italy

Universita Degli Studi Di Trento (UNITN), Trento, Italy,

Fondazione Irccs Policlinico San Matteo (IRCCS OSM), Pavia, Italy

Istituto Per L'interscambio Scientifico (I.S.I), Torino, Italy

Modefinance Srl (MODEFINANCE SRL), Trieste, Italy

Genegis Gi Srl (GENEGIS), Milano, Italy

NETHERLANDS

Technische Universiteit Delft (TU Delft), Delft Netherlands

POLAND

Agora Sa (AGORA), Warszawa, Poland

PORTUGAL

Sociedade Portuguesa De Inovacao Consultadoria Empresarial Efomento Da Inovacao Sa (SPI), Porto, Portugal

ROMANIA

Institutul De Virusologie Stefan S. Nicolau (IVN), Bucuresti, Romania

SERBIA

Preduzece Za Informacione Tehnologije I Elektronsko Trgovanje Belit Doo (BELIT), Beograd, Serbia

SPAIN

Universidad Politecnica De Madrid (UPM), Madrid, Spain

Agencia De Qualitat I Avaluacio Sanitaries De Catalunya (AQUAS), Barcelona, Spain

SWEDEN

2karolinska Institutet (KI), Stockholm, Sweden

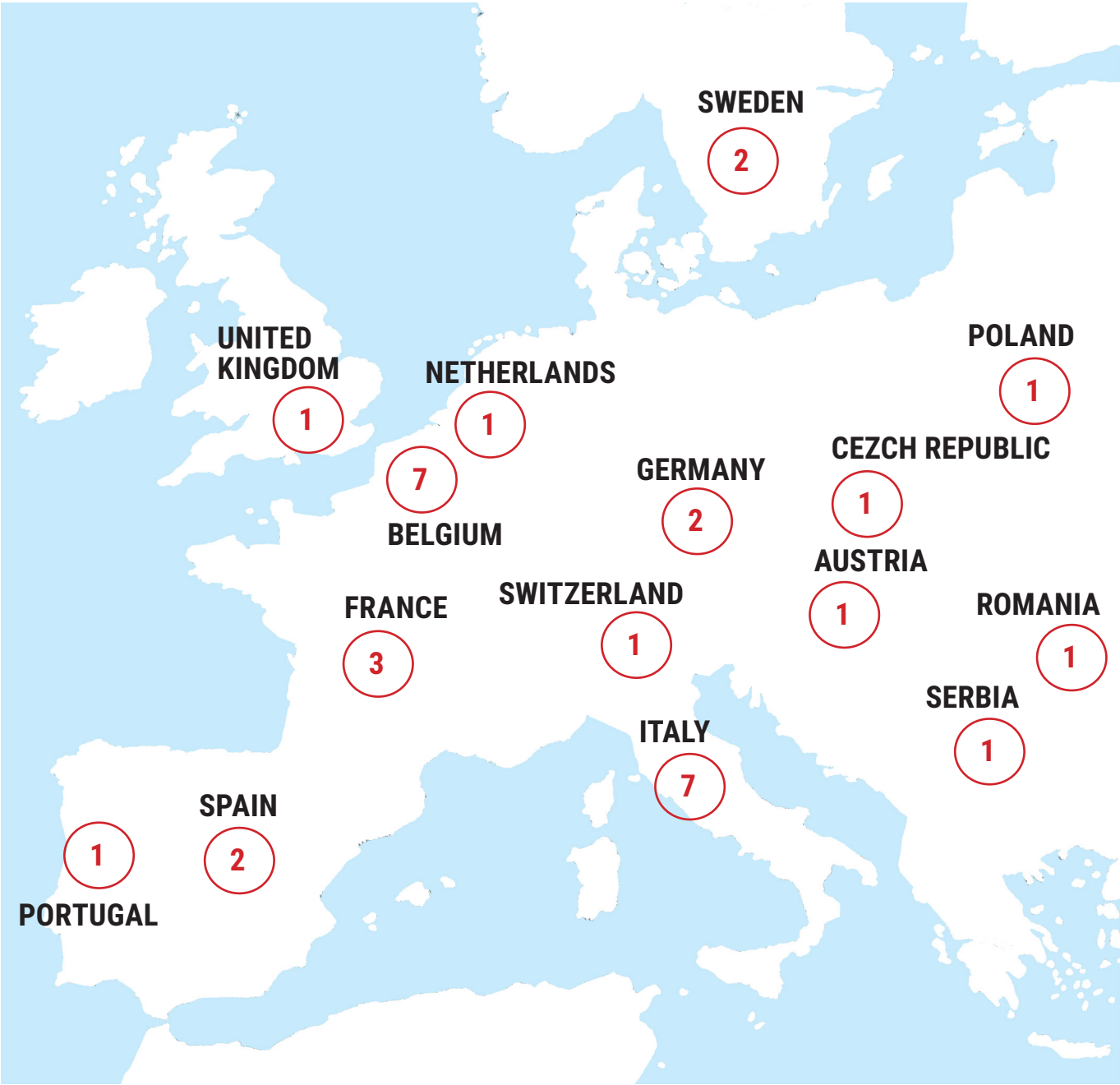
Handelshogskolan I Stockholm (SSE), Stockholm, Sweden

SWITZERLAND

Universita Della Svizzera Italiana (USI), Lugano, Switzerland

UNITED KINGDOM

London School of Economics and Political Science (LSE), London, United Kingdom





“Reflecting the cross-border crisis of the COVID-19 pandemic, it brings together knowledge production in a range of European and African contexts”

Periscope Literature Review

This section of the report includes a review of literature published by LSE Periscope researchers including social, behavioural and economic scientists. Reflecting the multi-disciplinarity of the Periscope project, this research draws from diverse methodological approaches, including systematic reviews, multi-sited ethnographic work, randomised controlled trials, online surveys, and smartphone data analysis. Reflecting the cross-border crisis of the COVID-19 pandemic, it brings together knowledge production in a range of European and African contexts.

Taken together, the LSE research offers empirical insights to inform public health governance at various stages during the COVID-19 pandemic. LSE behavioural scientists studied the behavioural effects of vaccine messaging which suggests policymakers should design tailored hybrid interventions targeting specific groups². Economists Besley and Dray consider the political economy of lockdowns based on large-scale data across Europe³. Social scientists based in the Firoz Lalji Institute for Africa and working in various border contexts have illustrated the ways in which COVID-19 legitimised and exacerbated authoritarian, securitised and exclusionary governance in the name of public health⁴. This ethnographic research considers public authority and COVID-19 in relation to vaccines, ‘trust’, health securitisation and migrant experiences. Overall, this LSE research is considered here thematically to highlight cross-disciplinary considerations on similar themes and potential approaches for future pandemic research.

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- 2 Kourtidis, P. Fasolo, B. Galizzi, M. (2023) Encouraging vaccination against COVID-19 has no compensatory spillover effects. Behavioural public policy. (forthcoming)
Steinert et al. (2022)
 - 3 Besley, T. and Dray, S. (2023). The Political Economy of Lockdown: Does Free Media Matter?, European Journal of Political Economy, 78, 102361 <<https://doi.org/10.1016/j.ejpoleco.2023.102361>>; Besley, T. and Dray, S. (2022). Pandemic Responsiveness: Evidence from Social Distancing and Lockdown Policy during COVID-19, ed. by Sanjay Kumar Singh Patel, PLOS ONE, 17.5 (2022), e0267611 <<https://doi.org/10.1371/journal.pone.0267611>>.
 - 4 Parker, M., Baluku, M., Ozunga, B.E., Okello, B., Kermundu, P., Akello, G., MacGregor, H., Leach, M., Allen, T., 2022. Epidemics and the Military: Responding to COVID-19 in Uganda. Soc. Sci. Med. 314, 115482. <https://doi.org/10.1016/j.socscimed.2022.115482>. Storer, E., Torre, C., 2023. ‘Vaccine populism’ and migrant assistance: On the contingency of mutual aid in Italy’s Alpine region. Glob. Policy 1758-5899.13211. <https://doi.org/10.1111/1758-5899.13211>. Torre, C., Storer, E., 2023. COVID-19 vaccines, mobility, and pandemic bureaucracies: Undocumented migrants’ perspectives from Italy’s Alpine border. J. Migr. Health 7, 100189. <https://doi.org/10.1016/j.jmh.2023.100189>.

Multi-Level Pandemic Governance

FINDING: *Pandemic governance can either enable or disable social relations upon which health protections rely. Pandemic responses have shaped new inequalities in the post-Covid world, particularly among minoritized communities.*

As shown in Periscope research on ‘best practice in multi-level governance’⁵ during the COVID-19 pandemic, pandemic governance can either enable or disable social relations, shaping behaviours and inequalities. In the UK context, for example, the LSE Covid & Care⁶ and Periscope research⁷ on health inequalities related to the COVID-19 pandemic noted increased stigma and discrimination towards specific minoritized ethnic groups in the UK, such as through public health categorisations, media representation, and the unequal impacts of social restrictions and racism in healthcare. Public pandemic policy can therefore serve as a barrier or enabler of health provision, care networks, racial inequality, state

legitimacy and trust. This is clearly evident in Periscope research which demonstrates the potential for global public health responses to legitimise repressive and securitised state authority⁸.

The LSE Commission for Pandemic Governance in 2023 built from this research to co-produce recommendations for more equitable pandemic policy. The study took a retrospective view of policymaking during COVID-19 through collaborative research with key community leaders and decision-makers. This research spans an extensive network of key figures involved in pandemic governance across Europe, including: global, EU and regional government officials (CEPS); medical professionals across European contexts (FEAM); UK public health officials and leaders in the voluntary, community and social enterprise sector (VCSE) (LSE); and local officials and citizens in Sweden (KI). The public policy report resulting from the Commission⁹ therefore drew from 3 years of cross-disciplinary research on multi-level governance in pandemic preparedness and response. It features four reports reflecting on lessons learned about public health governance during the COVID-19 pandemic, in order to inform policy recommendations that have been developed through consultation with experts working across levels of governance. The overall report leads with recommendations for best practice governance frameworks, principles and approaches, which stress the crucial role of

5 PERISCOPE (2020). Best Practice in Multilevel Governance During Pandemics: A Case Study Report. EU Horizon 2020. https://backend.periscopeproject.eu/multimedia/periscope/ZXRse2B1Z-best-practice-in-multi-level_governance-during-pandemic.pdf,

6 Bear, L. James, D. Simpson, N. et al (2020) A Right to Care: The Social Foundations of Recovery from COVID-19 London: LSE Monograph .<https://www.lse.ac.uk/anthropology/assets/documents/research/Covid-and-Care/ARighttoCare-CovidandCare-Final-2310.pdf>

7 PERISCOPE (2021) Analytical report on health inequalities with emphasis on vulnerable groups. <https://backend.periscopeproject.eu/multimedia/periscope/5KVTsNKMU-d2.2---analytical-report-on-health-inequalities-with-emphasis-on-vulnerable-groups.pdf>

8 (Parker et al. 2022)

9 PERISCOPE (2023) The Commission for Pandemic Governance and Inequalities. EU Horizon 2020. (Unpublished) <https://eprints.lse.ac.uk/119723/>

flexible and sustained government funding for a centrally resourced, integrated ecosystem of VCSEs, public health and social care services.

FINDING: *Equitable pandemic responses rely on guaranteed and sustained funding for importance of sustained funding for communication infrastructures and partnerships across national, regional, local and community levels of public health governance.*

Professor Anne West from the Department of Social Policy at LSE conducted similar expert interviews regarding the development and implementation of test, trace and isolate strategies (TTIS) in England during the COVID-19 pandemic¹⁰. This report also drew on interviews with key stakeholders at local and central government levels, to reflect on lessons learned on the TTIS throughout the course of COVID-19 in order to inform preparedness for future pandemics. Mirroring the LSE Commission recommendations, this report stresses the importance of sustained funding for communication infrastructures and partnerships across national, regional, local and community

levels of public health governance. The research revealed a number of issues regarding isolation strategies, including: issues of unequal access and digital exclusion; logistical issues in private procurement; housing issues such as “inhumane” accommodation for self-isolation in hostels¹¹; and communication issues, including confusing central government guidance and delays in language translations at local authority level. As in the LSE commission, West’s participants reflected on the success of ‘partnership work’ for example in setting up testing sites, and stressed concerns around cuts in funding to public health¹².

Inequalities and COVID-19

FINDING: *In the UK, the effects of the pandemic response on young people’s mental health were deeply uneven, and continue to have deep effects within society.*

The LSE Commission on Pandemic Governance and Inequalities also informed a Periscope report on ‘the unequal mental health impact of COVID-19 for young and minoritised people in the UK’¹³ (Hawkins, forthcoming). This draws from a series of collaborative workshops as part of the 2023 ‘Commission for Pandemic Governance and Inequalities’, in order to centre the perspectives of younger people and people from racially minoritized communities who

¹⁰ West, A. (2023) COVID-19 Testing, Tracing and Isolating Strategies in the UK (England). London: LSE. Research also discussed in accompanying blog, ‘Local Authorities were vital for the successful deployment of COVID-19 Test Trace and Isolate Policies’, online at: <https://blogs.lse.ac.uk/politicsandpolicy/local-authorities-were-vital-for-the-successful-deployment-of-COVID-19-test-trace-and-isolate-policies/>, and in an online talk during the LSE PERISCOPE Commission, online at: <https://www.lse.ac.uk/africa/research/PERISCOPE-conference>

¹¹ Ibid., p. 18.

¹² Ibid., p. 22-3.

¹³ Hawkins, C. (2023) The unequal mental health impact of COVID-19 for young and minoritised people in the UK: a case study. In PERISCOPE, Health inequalities from the perspective of COVID-19’s impact on the mental health of specific vulnerable groups. EU Horizon 2020. [preprint]

sustained significant losses to COVID-19. The research shows how the ‘unprecedented’ social conditions of the COVID-19 pandemic introduced new dimensions of inequality in the UK, often exacerbating long-standing inequalities already compromised in a context of austerity. As this case study highlights, these inequalities can be experienced and expressed in relation to poor mental health, such as the burnout of intensified and unevenly distributed care burdens, the trauma of racism in healthcare settings, and the anxiety of school closures for marginalised students. This has implications for mental health research and resourcing, supporting the role of ethnographic, participatory methods in understanding and addressing mental health inequalities.

As part of the Commission, policy recommendations were also co-produced with a group of 11 young people and Leaders Unlocked, an organisation which works to involve young people in policy conversations. Reflecting on their personal experiences and their expertise as peer researchers of pandemic policy, the report¹⁴ outlines how the COVID-19 pandemic impacted young people’s educational opportunities and mental health and well-being. Based on these reflections, the young leaders have devised policy ideas for a ‘future fit for young people’, based on the key principles of clarity, consistency and collectivism. This led to 6 recommended policy approaches, including: improved communication and engagement; investment in vital services; tackling inequalities; prioritising mental health; fostering human connection; and rethinking education and digital inequalities. This report has been published online and disseminated by the Firoz Lalji Institute at LSE.



Vaccines

FINDING: *Vaccine hesitancy is a heterogenous phenomenon, and accordingly, national health authorities should avoid one-size-fits-all vaccination campaigns.*

Between April and July 2021, LSE behavioural scientists Fasolo and Galizzi conducted a randomised controlled experiment across 8 European countries including the UK¹⁵ regarding the COVID-19 vaccine messaging, testing the impact of three different messages emphasising different medical and non-medical benefits. The study identified the level of hesitancy across countries, and perceptions of four COVID-19 vaccines. There were striking differences across countries, with for example 6.4% of adults in Spain and 61.8% in Bulgaria reporting being hesitant. Hesitancy was also vaccine specific across contexts, with overall acceptance of the viral vector vaccines consistently lower than it was for the mRNA vaccines. In the UK, 32% of ‘conditionally willing respondents’ would use the AstraZeneca vaccine, in contrast with

¹⁴ Leaders Unlocked, 2023. A Future Fit for Young People. <https://www.lse.ac.uk/africa/assets/Documents/Research-reports/A-Future-Fit-for-Young-People.pdf>

¹⁵ Steinert, J et al (2022). COVID-19 Vaccine Hesitancy in Eight European Countries: Prevalence, Determinants, and Heterogeneity, *Science Advances*, 8.17, <<https://doi.org/10.1126/sciadv.abm9825>>.

only 3% in Germany. Researchers then used a mix of quantitative and qualitative analyses to understand the fears and concerns driving vaccine hesitancy. This highlighted key reasons for hesitancy, including: fear of side effects, lack of evidence around long-term effects, lack of trust in vaccine efficacy, perceived limited necessity of the vaccine, and distrust in government. Using a randomized controlled survey, researchers then tested the effectiveness of different messages in increasing vaccine willingness. Finally, they use a machine learning analysis of heterogeneity and relate it to barriers already identified in the existing vaccine hesitancy literature. This study highlighted the extreme heterogeneity of hesitancy and responses to messaging across these countries, suggesting that health authorities should avoid one-size-fits-all vaccination campaigns.

Subsequently, LSE behavioural researchers Kourtidis, Fasolo and Galizzi conducted a further study to investigate whether these communication strategies ‘spillover to other behaviours’ or unintended effects of vaccine campaigns¹⁶. This study involved an online survey with 1,848 participants in 2021. They found that being vaccinated was closely associated with people’s intentions to engage in protective behaviours which complied with COVID-19 rules. The research also suggested that public health messaging to reduce ‘vaccine hesitancy’ had no unintended compensatory ‘behavioural spillovers’ effects on other protecting behaviours. They suggest that policymakers should design personalised hybrid interventions for specific populations highlighting the importance of protective behaviours.

FINDING: *COVID-19 policies led to further disenfranchisement and produced fear among people on the move at European borders.*

Later in 2021, working with a specific population of undocumented migrants at the Italian-French Alpine border, anthropologist Torre and geographer Storer’s ethnographic research studied the politics of vaccine access and migrant experiences of vaccine legislation, shaped by exclusionary border practices¹⁷. As their work highlights, COVID-19 policy has reproduced the disenfranchisement of migrants in Europe. For the majority of their participants, decisions to accept or refuse vaccines were primarily shaped by pragmatic priorities of maintaining mobility¹⁸. They advocate for more inclusive approaches to vaccine campaigns for undocumented migrants which takes account of complex realities in a context of border securitisation and state abandonment.

Storer and Torre’s study of ‘vaccine populism’ at the Alpine border uses a public authority lens “to map multi-scalar power dynamics which accompany universal health policies”¹⁹. This lens offers insight into self-organised ‘solidarity movements’ embedded in a wider landscape of political contradiction and activism. These grassroots organisations offer the only source of social support, and therefore play a considerable role in providing – or limiting – vaccine assistance. Torre and Storer therefore argue that these organisations should be properly resourced and consulted in health policymaking (ibid).

¹⁶ Kourtidis P, Fasolo B, Galizzi MM, 2023 (forthcoming)

¹⁷ (Storer and Torre 2023); (Torre and Storer 2023)

¹⁸ (Torre and Storer 2023)

¹⁹ (Storer and Torre 2023)

FINDING: *Civic organisations cannot be relied upon to deliver health protections and vaccines in contexts of state abandonment.*

Their analysis exposes the “hidden political contradictions and competitions between authorities which prevent migrants from accessing vaccines”, otherwise further stigmatised as ‘non-compliant’²⁰. This ethnography clearly illustrates the value of a situated approach to illuminate the complex dynamics and realities of vaccine provision at state borders. In particular, they show how socioeconomic factors in vaccine decision-making need to be foregrounded.

Trust

FINDING: *Trust must be built through context specific engagement with minoritised communities.*

Steinert et al. (2022) find trust to play a key role in vaccine acceptance, highlighting a need for tailored messaging in response to heterogeneous reasons for hesitancy²¹. As Storer and Simpson write (2022), in line with earlier LSE research on covid & care²², ‘trust’ has become a currency in health policymaking as central to encouraging vaccine uptake and testing. They show how this discourse can be at odds with processes of

establishing trust within communities, and even has the potential to re-establish blame and stigma of communities labelled ‘non-compliant’. This highlights the potential of long-term ethnographic approaches to politicize and contextualise ‘trust’ beyond a ‘utopian vision’, the aim of the special issue in *Medical Anthropology Quarterly* edited by Storer and Simpson²³. This issue brings together various ethnographic studies seeking to define the ‘elusive’ yet widely used concept of ‘trust’ in COVID-19 research and policymaking. The expansive theoretical ground this offers can inform future studies on the role of ‘trust’ in pandemic governance, a particularly crucial area of pandemic preparedness.

As part of this special issue, Storer and Anguyo’s work in Arua, North-West Uganda²⁴ (2023) historicizes mistrust of vaccines in relation to mistrust of government and pharmaceutical actors, rooted in racial capitalism and colonial histories. This is based on ethnographic research alongside the vaccine roll-out in 2020-22. Mistrust is conceptualised as a product of related complex processes, including the failures of biomedicine in the Aruan context, the authoritarian tactics of the lockdown leading to socio-economic hardship and political manipulation. This contextualised approach again problematises the stigmatisation of people as ‘non-compliant’, situating caution and deliberation in an uncertain and unequal historical terrain.

²⁰ Ibid.

²¹ (Steinert et al. 2022)

²² Bear, L., Simpson, N., Bazambanza, C. Bowers, RE. Kamal, A. Lohiya, A.G. Pearson, A. Vieira, J. Watt, C. Wuerth, M. (2021) *Social Infrastructures for the Post-Covid Recovery in the UK*. London: LSE Monograph. P.7.

²³ Storer, E and Simpson N (2022) *An Elusive Animal: Theorising Trust in an Uncertain Present* <https://medanthroquarterly.org/critical-care/2022/06/trust-in-an-uncertain-present/>.

²⁴ Storer, E and Anguyo, I. 2023. “These people are lying to us”: Mutating Vaccine Fears and Colonial Histories in Arua, North-West Uganda. <https://medanthroquarterly.org/critical-care/2023/03/these-people-are-lying-to-us-mutating-vaccine-fears-and-colonial-histories-in-arua-north-west-uganda/>

Lockdowns

FINDING: Social distancing varied across counties and is associated with health, economic, and political characteristics.

Economists Besley and Dray consider the political economy of lockdowns based on large-scale data across Europe²⁵. In a 2022 study of 'pandemic responsiveness' based on aggregated data from 20 million smartphones between January 2020-2021²⁶, they showed that social distancing was shaped by local outbreaks, even in the absence of public measures restricting movement. This responsiveness of social distancing to outbreaks is therefore significant. They found that social distancing varies across counties and is associated with health, economic, and political characteristics. In particular, higher levels of social distancing are associated with a higher share of population aged 65 and older, with risk factors for COVID-19, or with higher median household income and share of degree-level education. They add to the existing evidence by looking at multiple factors influencing compliance with social distancing, quantifying their relative importance, and showing the specific role of social capital. In a related study on the responsiveness of lockdown policy in 155 countries²⁷, they found that responsiveness to the news of COVID-19 deaths was higher in 'free-media countries' in contrast with 'censored media countries'. This suggests that people were responsive to available COVID-19 information, and that access to death statistics motivated action. They also found that evidence that citizens with access to free media were better informed about the pandemic and had more responsive levels of online searches

about COVID-19. This is an important finding for pandemic governance, as non-pharmaceutical interventions (NPIs) are reliant on such responsiveness and access to information.

Section Conclusion

Large-scale surveys conducted by LSE economists and behavioural scientists illustrate extreme national and demographic variance in responses to lockdowns and vaccines respectively. Taking innovative methodological and analytical approaches, these studies offer wide-reaching insights regarding crucial pandemic interventions for future health crises.

Periscope studies led by Professors Anne West and Laura Bear offer qualitative insight into a range of decision-makers and key stakeholders' perspectives in the UK. West considers TTIS strategies (2023) and Bear et al the role of 'social infrastructures' and VCSEs, centring the perspectives of VCSE leaders (2023). Both align in highlighting the need for the sustained resourcing of networks of relations operating across levels of governance, that were highlighted by various participating policymakers to be particularly crucial during COVID-19 response, yet are increasingly undermined and under-resourced.

In light of the heterogeneity and inequality these studies highlight, the LSE/Periscope literature illustrates the potential of employing ethnographic approaches alongside behavioural, public health and economic research to understand and inform pandemic response. Alongside large-scale surveys, systematic reviews and smartphone data analysis, this can illuminate the crucial, everyday lived factors of a health crisis which deserves a collaborative research approach, informed by those excessively burdened by COVID-19 due to a wide range of structural/historical experiences, and the intimate, embodied ways these forces constrain people's lives. In many ways, these constraints were exacerbated by pandemic policy.

²⁵ (Besley and Dray 2023); (Besley and Dray 2022)

²⁶ (Besley and Dray 2022)

²⁷ (Besley and Dray 2023)

As Torre and Storer's work in 'fortress Europe' showed, borders were reinforced, exposing 'people on the move' to further violence. Or as in Parker et al's work in Uganda, violent enforcement of authoritarian lockdowns were sanctioned by global health agendas. Given the unequal harm of COVID-19 across contexts, inequalities and the impact of them should be centred in research and policymaking.



SPOTLIGHT 1

Social Infrastructures

Periscope research on multi-level governance adopted a 'social infrastructures' framework to understand and highlight multiple levels of pandemic governance, as they intersect with wider networks both within and beyond state and family.

In this LSE/Periscope research, social infrastructures have been understood as the formal and informal networks of care across family and community. This challenges state-centric frameworks and offers a complementary tools to understand the various forms of 'public authority', which operate above the level of the family, which functions as formed of protection and support during COVID-19²⁸. It also offers an expansive view of pandemic policymaking as a product of – and embedded within - networked social relations, including relations with the non-human and built environment.

The incorporation of social infrastructures within the Periscope project built on foundational and important research conducted by LSE's Covid & Care collective, which included real-time multi-sited ethnographic studies conducted across UK contexts to offer real-time, co-produced policy

insights²⁹. This study highlighted the possibilities of social ties generated during COVID-19, and the crucial role these social infrastructures play in inclusive pandemic recovery. In particular, it highlighted the vital role played by local social infrastructures during the peaks of the COVID-19 pandemic in the UK, such as voluntary, mutual aid, religious and grassroots organisations, ensuring people had access to the support they needed to sustain their lives.

Subsequent Periscope research on best-practice in multi-level governance offered an opportunity to expand on these important insights, taking forward the 'social infrastructures' framework across disciplines to inform research for pandemic policy. The social infrastructures framework underpins the analysis in the 2020 Periscope report on 'best practice in multi-level governance during pandemics'³⁰. Here, social infrastructures are defined as "networks of relationships in which people are embedded (home, community), and relationships between (health-related, political) institutions and society"³¹. This was taken forward in the 'LSE Commission for Pandemic Governance and Inequalities', which concluded with public policy recommendations focused on better recognising and resourcing social infrastructures for equitable pandemic preparedness and response³². Research partners drew on various disciplines included economics, psychiatry, public health, epidemiology, public policy, digital policy, anthropology, and political science. In this way, the 'social infrastructures' approach to policy was brought into dialogue with various disciplinary approaches and theoretical frameworks, offering an experiment in interdisciplinarity for pandemic policymaking.

²⁸ See Centre for Public Authority and International Development (2021) 2021 Report. https://issuu.com/lseflca/docs/centre_for_public_authority_and_international_deve, accessed 09.11.2023.

²⁹ (Bear et al. 2021)
(See Centre for Public Authority and International Development 2021)

³⁰ (PERISCOPE 2020)

³¹ Ibid., p.6.

³² (PERISCOPE 2023)

This report summarises the significance of the ‘social infrastructures’ concept for this Periscope research on pandemic governance led by LSE, informing methodology, data analysis, research dissemination and recommendations. The theoretical framework is first described, followed by an outline of the findings and recommendations emerging from the LSE Commission. Finally, the report concludes with a summary of the LSE public event that launched the commission and engaged a range of academics, policymakers and practitioners in line with the ‘social infrastructures’ framework.

Theoretical Framework: Social Infrastructures and Multi-Level Governance

The ‘social infrastructures’ concept in anthropology and urban geography focuses on the relationships that constitute care, connection and political life, including relationships within and beyond family and community, and between humans and the built, animal and natural environment. These relationships both respond to and reproduce social exclusion. The social infrastructures concept allows for an expansive, networked understanding of social relationships and policy; it highlights processes both of social connection and disconnection, such as trust and mistrust, which can enable or disable effective governance.

As in Simone’s foundational work on ‘people as infrastructure’ in informal urban economies, social networks provide a flexible, provisional infrastructure within and beyond the state³³; as Anand et al put it, they provide a “central, hidden, and vital support system”³⁴.

“The ‘social infrastructures’ concept in anthropology and urban geography focuses on the relationships that constitute care, connection and political life, including relationships within and beyond family and community, and between humans and the built, animal and natural environment.”

The LSE/Periscope research on social infrastructures during COVID-19 leads from Bear’s work on how relational networks span formal and informal institutions, informing the impact of public policies³⁵. Bear argues that it is the extent to which policies enable the reproduction of kinship and care relations that determines their legitimacy and outcomes³⁶. As she proposes, pandemic and healthcare policies should be evaluated according to a ‘social calculus’, “to mitigate the unequally

“...it is the extent to which policies enable the reproduction of kinship and care relations that determines their legitimacy and outcomes”

33 Simone, A., 2021. Ritornello: “People as Infrastructure.” *Urban Geogr.* 42, 1341–1348. <https://doi.org/10.1080/02723638.2021.1894397>

34 Anand, N., Gupta, A., Appel, H. (Eds.), 2018. *The Promise of Infrastructure*. Duke University Press. <https://doi.org/10.1215/9781478002031>

35 Bear, L., 2015. *Navigating austerity: currents of debt along a South Asian river*, *Anthropology of policy*. Stanford University Press, Stanford, California.

36 Ibid.

distributed impact of COVID-19 with an enduring aftermath of amplified inequality"³⁷. This feminist anthropological approach to policy therefore focuses on social relations – and the unequal relational work that informs them – de-centring a typical top-down understanding of decision-making. Anthropological, ethnographic and participatory methods can therefore play an important role in understanding, managing and preventing inequalities related to pandemic policy³⁸.

During the Periscope research on 'best practice in multi-level governance' and the subsequent 'LSE Commission for Pandemic Governance and Inequalities', the social infrastructures conceptual framework was coupled with a 'public authority' lens to highlight claims to authority among a range of actors within and beyond the state. This can be understood as 'any kind of authority beyond the immediate family which commands a degree of consent'³⁹. This sharpens an analysis of power dynamics and inequalities in scalar health governance via social infrastructures, within and beyond state and family. Further, these Periscope studies on pandemic governance also employed a 'One Health' policy framework, which acknowledges the interdependence between human, animal, and environmental systems⁴⁰. This integrates human relationships with the

non-human and built environment, offering a helpful framing for responding to a 'transboundary'⁴¹ zoonotic disease in the midst of climate, economic and political crises.

Subsequent Periscope research on social infrastructures in COVID-19 was conducted across various EU and UK settings, to consider statutory health governance across international, national and local levels. The social infrastructures framework enhanced insight into the relationality of governance actors in the pandemic response, showing how various forms of mutuality were necessitated across institutions and between regional, national, local and community levels. Innovative collaborations and partnerships offered networks for inclusion and solidarity necessary for responding to health crises. From a 'local social infrastructures' perspective, employed particularly in the UK case study of the LSE Commission⁴², community organisations intersected with government, public health and local authorities in novel ways, forging new collaborations and relationships for responding to the health crisis. For example, community champions programmes across the country have been able to promote health in their local community⁴³, to encourage testing and vaccine up-take, and to fill gaps in statutory care provision. However, it is important to stress that this also

³⁷ (PERISCOPE 2020, p. 54)

³⁸ See also: Azevedo, K.J., Kalvesmaki, A.F., Riendeau, R.P., Sweet, P.A., Holmes, S.M., (2022). Leveraging anthropological expertise to respond to the COVID-19 global mental health syndemic. *Am. Anthropol.* 124, 622–627. <https://doi.org/10.1111/aman.13747>

³⁹ CPAID (2018). Centre for Public Authority and International Development. London School of Economics. <https://issuu.com/lseflca/docs/cpaid-final-pages-issuu>, accessed 09.11.23. p.8.

⁴⁰ One Health High-Level Expert Panel (OHHLEP). 2022. 'One Health Theory of Change'. World Health Organization. P.11. Accessed 23 June 2023: <https://www.who.int/publications/m/item/one-health-theory-of-change>

⁴¹ LSE, 'Enhancing the EU's Transboundary Crisis Management Capacities: Strategies for Multi-Level Leadership'. <https://www.lse.ac.uk/accounting/carr/research/TransCrisis/transcrisis>, accessed 28.10.23

⁴² (PERISCOPE 2023)

⁴³ Ministry of Housing, Communities and Local Government. 'Community Champions to give COVID-19 vaccine advice and boost take up' gov.uk 2021 (viewed on 21 July 2021) 12. Scientific Advisory Group for Emergencies SPI-B. 'The role of Community Champion networks to increase engagement in the context of COVID-19: Evidence and best practice' gov.uk 2020 (viewed on 21 July 2021).

has the potential to operate within and reproduce forms of authority, exclusion and inequality. For example, these social infrastructures can rely on unevenly distributed burdens of care, exacerbating the demands of 'relational work' of key care providers along gendered, classed and racialised lines. Or, at a global level of governance, structural barriers to collaboration across international and regional infrastructures contributed to the tragic consequences of the COVID-19 pandemic, including failures to equitably distribute resources and protect marginalised people around the world.

The 'social infrastructures' approach therefore centres the role of inequalities which shaped the socioeconomic and health impacts of COVID-19, and which have been exacerbated and introduced during policy responses to the pandemic. This focus on inequalities was a crucial contribution of the LSE Commission for Pandemic Governance, described below, which argues that seeking to ameliorate inequalities should be at the centre of health decision-making.

The LSE Commission for Pandemic Governance and Inequalities

The LSE Commission for Pandemic Governance and Inequalities was based on cross-disciplinary research led by researchers at the London School of Economics (LSE) and involving Periscope partners at the Karolinska Institute (KI), the Federation of European Academies of Medicine (FEAM) and the Centre for European Policy Studies (CEPS). It features four reports reflecting on lessons learned about public health governance during the COVID-19 pandemic, in order to inform policy and practice recommendations that have been developed through consultation with experts working across levels of governance, including: global, EU and regional government officials (CEPS); medical professionals across European contexts (FEAM); UK public health officials and leaders in the voluntary, community and social enterprise sector (VCSE) (LSE); and local officials and citizens in Sweden (KI).

This commission sought to reverse top-down policy processes by centring the perspectives of

key 'nodal figures' and enablers in the pandemic response, people with insight across public health provision and their communities. Throughout the commission, we took a retrospective look at the relationship between covid policy and inequalities in order to think through possibilities for more equitable policy for future pandemics. Methods included a 1-day workshop with these key nodal figures who were invited to participate based on long-term research engagement with the Periscope researchers. Researchers also took findings with local-level organisations and central government policymakers, asking them to reflect on the information from their perspectives. This included 1-1 interviews with key health decision-makers, including public health officers at local authority and national levels, high-level government advisors and experts involved in scientific advisory groups. These participants had long-term research and working relationships with researchers and were therefore able to build from this on-going dialogue and knowledge production during the interviews. These workshops and interviews have offered an informed understanding of challenges and opportunities in multi-level pandemic governance during the pandemic, as well as corroborated policy recommendations to ensure their relevance and impact.

The research methodology and analysis brought into focus the inequalities that have arisen as a result of COVID-19 governance frameworks and policies, in order to consider how to ameliorate these inequalities at this point in time and for future pandemics. The result was a set of collaborative, robust recommendations that span varying levels of governance and seek to address these inequalities which have been exacerbated and introduced during policy responses to COVID-19. The overall report led with the below recommendations for best practice governance frameworks, principles and approaches:

- **Public Health Governance:** there is a need for democratic discussion about the role of scientific, legal and ethical responsibilities in pandemic governance at national and EU levels.

- **Data and Evidence:** pandemic preparedness requires data preparedness, including multi-disciplinary integration of open-access data and evidence across ministries, health bureaucracies and private entities.
- **Social Listening:** there is a need for an improved understanding of the role of qualitative social science approaches such as 'social listening' and co-production methods in mapping inequalities to inform pandemic policy.
- **Public Authority:** national governments need to focus on the health and provision of care for minoritised and disadvantaged people, in order to build trust and reduce inequalities.
- **Social Infrastructures:** this research highlighted the crucial role of flexible and sustained government funding for a centrally resourced, integrated ecosystem of VCSEs, public health and social care services. This approach would help to bridge macro and micro levels of governance to support pandemic response and preparedness. VCSEs should also be involved in high-level emergency government committees.
- **One Health:** a One Health framework should be foregrounded across various contexts, sectors and levels of governance to account for the interdependence of human, animal and environmental health during and beyond pandemics.

LSE Case Study: COVID-19 and social infrastructures in the UK

LSE's central focus in the UK-based research was on the perspectives of community and voluntary sector or 'VCSE' leaders from the outset of the commission. These leaders or key 'nodal' figures mediate between public health directives and the communities they work and are embedded within, including unpaid carers, Black, Asian

and minoritized ethnic groups in northwest London, community networks in a west London borough, the Somali community in a city in the West Midlands, and the Roma community in the East Midlands. As such, these experts have a uniquely informed perspective on pandemic governance and inequalities within the VCSE sector in the UK and its successes in terms of up-holding 'social infrastructures', despite the difficulties presented by COVID-19.

As shown in the commission report⁴⁴, this work relies on long-standing relationships of trust to promote public health initiatives in marginalised communities, where otherwise histories of stigma and exclusion have elicited distrust of authorities and their directives⁴⁵. These 'nodal figures' bridge the disconnect between mainstream policy narratives at national and local levels, and the everyday lived realities of the people they work with and in the communities they are embedded within. This relational, communicative work was particularly vital for those excluded by centralised public policies, including racially minoritized people disproportionately affected by the pandemic, elderly and disabled people, care workers, and people with precarious employment and living conditions. These 'social infrastructures' can therefore rely on unevenly distributed care work and have the potential to exacerbate inequalities, particularly in a post-pandemic context of funding scarcity. These workshops co-produced policy ideas for alleviating these inequalities in future health crises and over the long-term.

Participant's insights and recommendations were then taken forward for discussion with public health officials and policy advisors at local authority and national government levels. Key themes arising across these discussions led to robust policy recommendations related to: supporting and resourcing crucial social infrastructures and 'mediating' figures; flexible and inclusive decentralised health governance and

⁴⁴ (PERISCOPE 2023)

⁴⁵ (Storer and Simpson 2022)

service integration; and the role of robust social evidence for decision-making. Overall, this study clearly demonstrates that well-resourced and integrated social infrastructures are key to more equitable and effective pandemic governance.

“nodal figures’ bridge the disconnect between mainstream policy narratives at national and local levels, and the everyday lived realities of the people they work with and in the communities they are embedded within”

LSE Public Event

As part of the Commission, these policy recommendations were presented at the LSE public event hosted on Monday 5th June 2023⁴⁶. This event involved delegates from across health, community and academic sectors and UK/EU contexts. During the event, which involved over 50 speakers across 13 panel sessions and interactive workshops, participants discussed a range of issues; from trust in health policymaking, to global health governance and EU institution-building, to ‘recognising and supporting carers’. Throughout the day, participants reflected on experiences of the pandemic from their various positions as practitioners and community activists, academic experts and public health decision-makers.

Several panels on the day explored the barriers and enablers of the work required in sustaining necessary ‘social infrastructures’ during health



crises. For example, trust-building was examined in the ‘trust lab’, an interactive session chaired by Dr Liz Storer. This involved an interdisciplinary team of researchers, including Dr. Nikita Simpson, Dr. Iliana Storer, Milena Wuerth and Suad Duale, who have all been involved in a project which sought to re-define trust in health policymaking. This included a trust walk, in which participants reflected on the inequalities in health access, housing and pandemic outcomes different individuals in the group had experienced. The key message was that trust is undermined by policy action, particularly if you are from a group that is unsupported by long-term economic and social policies.

Professor Laura Bear chaired a panel⁴⁷ which engaged leaders in the third and voluntary community sector with lived experience as paid

⁴⁶ Bear, L. 2023. LSE Commission for Pandemic Governance and Inequalities: Introduction to commission from Professor Laura Bear. https://www.youtube.com/watch?v=sk_qYXidCVU. Accessed 28.10.23.

⁴⁷ Bear, L. 2023. LSE Commission for Pandemic Governance and Inequalities: Recognising and supporting carers and social infrastructures. <https://www.youtube.com/watch?v=C6H2JKEaA0k>. 28.10.23.

care workers and unpaid carers, including the Tower Hamlets Carer Wellbeing Academy and the Equal Care Co-op. This was an important conversation for making the care work underpinning the pandemic response visible and thinking about ideas for more equitable pandemic policy on this basis. The conclusion was that the VCSE sector is a vital social infrastructure that needed to be provisioned by central funding rather than starved of resources.

Expert discussions included a panel involving LSE Professors Tim Allen, Melissa Leach, Melissa Parker, Clare Wenham and Hayley Macgregor, on COVID-19, global health and security, based on their extensive research on the unequal impact of the securitisation of public health in pandemics in various contexts⁴⁸. This discussion looked at pandemic governance from a global health perspective, considering the legitimised

securitisation, politicisation and militarisation of pandemic responses in recent years.

The cross-disciplinarity of the event made it a particularly unique and rich discussion, collapsing traditional boundaries between academic and policy discussions. Leading from the 'social infrastructures' framework, at its core was the expertise and relational work of leaders within the community and voluntary sector. The expertise of VCSE leaders should be at the centre of discussions about the governance of complex global health emergencies such as COVID-19. Communities and trust do not exist 'out there' to be tapped into for pandemic response and preparedness; they need to be built and invested in as essential social infrastructures.



48 Allen, T. 2023. LSE Commission for Pandemic Governance and Inequalities: COVID-19, Global Health and Security. <https://www.youtube.com/watch?v=F7cdGrRo8R0>

SPOTLIGHT 2

Public Authority

The lens of public authority provided a crucial tool which was applied across LSE Periscope research. Whilst EU and UK experts stressed the importance of resilience, researchers at the Firoz Lalji Institute for Africa moved beyond this contested term. Deploying a public authority lens, which is fully elucidated below, LSE scholars sought to map and understand how populations survived the events of the pandemic in diverse ways, and how legacies of historical and contemporary minoritization (and militarisation) shaped such responses.

Public authority brought recognition of multi-scalar politics into a critical analysis of pandemic policy. A public authority approach provided a useful tool for multi-actor, and multi-scalar analysis of power relations across diverse case studies which featured in PERISCOPE research, which included communities in the UK and EU,

as well as in selected African contexts. Across these sites, public authority permitted researchers to ask of who has agency in building and breaking social infrastructures and the inequalities of pooling of influence and resources within particular research sites.

In this way, public authority was proposed as a complementary concept to social infrastructures, to understand the precise texture and complexity of both pandemic survival and post-pandemic renewal⁴⁹. In common with social infrastructures, the concept recognises that community and localised resources are an important source of individual and collective vitality; it also recognises there is a politics within these networks, as well as between social infrastructures and the state. Fundamentally, the public authority lens brings attention to processes of social exclusion within places and networks. Specifically, public authority was used in Periscope research to bring attention to a) complex temporal and spatial state relationships⁵⁰ and b) the potential for violence and exclusion to arise within communal networks⁵¹.

What is a public authority framework?

In the context of PERISCOPE research, public authority refers to any kind of authority beyond the immediate family that commands a degree of voluntary compliance. The public authority framework seeks to understand the full range of actors claiming or being allocated power through appeals to popular social norms, the provision of public goods, and, sometimes, coercion and violence. Through its focus on a range of institutions, a public authority lens tends to challenge state-centric normative frameworks; such a lens enhances our understanding of what is actually happening on the ground, and why some policy interventions fail persistently.

⁴⁹ (PERISCOPE 2020)

⁵⁰ (Storer and Torre 2023)

⁵¹ Allen, T, and Kirk, T. (2021). Public Authority in Africa, in G. Onyango (eds), Routledge Handbook of Public Policy in Africa. Taylor and Francis

The term public authority first emerged in the context of European legal systems. It has long been used in legal scholarship to refer to instruments of formal government, and to instruments of the state created by legislation to further public interests, such as the police, the army and various sanctioned forms of local administration. More generally, public authority is a term that has been used to refer to matters associated with public, rather than private, law.

Yet, even in European countries where the idea of public authority was first developed, and has a long legal history, there is, in practice, a significant proportional of social life which is regulated in the spaces between the family and the domain of formal, state governance. Scholars have often referred to that space as being associated with ‘hybrid’ kinds of public authority, such as government-like institutions that provide public services or formally recognised charitable organisations.

Much of the recent academic interest in public authority has involved the study of socio-political life across the African continent, due to literature that has explored the micro-politics of post-colonial states. Since periods of colonial rule, anthropologists have been investing in describing and analysing the functions of political orders regulated by different kinds of chiefs, ritual specialists, secret societies, lineages and kinship systems. To the present, people remain reliant and dependant on a host of institutions beyond the state, for example religious organisations, commercial enterprises, the third sectors, to obtain public goods such as justice, security, and health. All these phenomena can be categorised as manifestations of hybrid public authority. Thus, a ‘public authority’ lens seeks to understand the full range of actors claiming or being allocated power through appeals to popular social norms and the provision of public goods.



Research from the Centre of Public Authority and International Development (CPAID), at LSE, has involved the study of a host of public authorities – beyond the immediate family that commands a degree of consent – including clans, religious institutions, aid agencies, civil society organisations, rebel militia, and vigilante groups, to formal and semi-formal mechanisms of governance. Crucially, this includes those considered part of the state, such as village or street-level bureaucrats, and those seemingly far removed from or even standing in opposition to it – like customary leaders, civil society organisations, religious leaders, and armed groups.

“Thus, a ‘public authority’ lens seeks to understand the full range of actors claiming or being allocated power through appeals to popular social norms and the provision of public goods.”

Public Authority During Ebola

The concept of public authority was first applied by CPAID researchers prior to the PERISCOPE project, in research which sought to understand how the Ebola epidemic in Sierra Leone unfolded on the ground. Specifically, the lens was deployed to disentangle the legitimacy of multiple local actors who became involved in the Ebola response, but who often has intersecting and conflictual ideas of health protection.

Public authority provided a means to engage meaningfully with the social fabric of groups were in the midst of the panic of the epidemic, and who were not served by an equitable international response. Parker et al (2019), noted that efforts to 'save loved ones' often involved developing impromptu treatment facilities which mimicked biomedicine. This research understood these practices, which relied on trust and a functioning social infrastructure, as emerging from the intersecting authority of local chiefs, international humanitarian organisations and local NGOs.⁵² At a time when the response was poorly understood, CPAID research succeeded in provided clarity in mapping realities of health protection in Mathiane, Sierra Leone.

Public Authority in Uganda

Subsequent research during COVID-19 revealed that political context deeply shaped lockdown responsiveness in European and African countries.

“Public authority provided a means to engage meaningfully with the social fabric of groups were in the midst of the panic of the epidemic, and who were not served by an equitable international response”

In Uganda, Parker et al⁵³ also show how political context shaped lockdown responsiveness, particularly in relation to authoritarian governance. This LSE research in Uganda took place alongside the lockdown time period from March 2020 to December 2021. It offers ethnographic case studies of the COVID-19 response in Pakwach and Kasese, areas along the DRC border in north-western and western Uganda respectively, with significant implications for global health governance. This multi-sited research is placed in the context of long histories of military deployment to contain epidemics informing the COVID-19 response, particularly in preventing cross-border movement. Here, lockdowns were at odds with socioeconomic realities, including healthcare shortages and livelihoods, with long-term economic legacies. Traders in both contexts faced the arbitrary violence of brutally enforced lockdowns, to the destruction of livelihoods. This research highlighted the role of global political dynamics in legitimising this violent and militarised public health response in Uganda, and the potential impact this has on ordinary citizens. Again using a 'public authority' framework, it also highlights the “the relationship between formal, informal, parallel and hybrid authorities...to reveal socio-political dynamics that might otherwise

52 Melissa Parker, Tommy Matthew Hanson, Ahmed Vandi, Lawrence Sao Babawo & Tim Allen (2019) Ebola and Public Authority: Saving Loved Ones in Sierra Leone, *Medical Anthropology*, 38:5, 440-454, DOI: 10.1080/01459740.2019.1609472

53 (Parker et al. 2022)

remain obscure” (ibid). In particular, the militarised COVID-19 response in these contexts reinforced the positions of those with public authority, and also invoked “new modes of mutuality to resist or subvert the regulations being enforced” (ibid). Politicised lockdowns therefore not only had the potential to undermine health measures, but also heightened insecurity and inequality⁵⁴. This has significant implications for the global health agenda, problematising the internationally condoned violence of militarised public health programmes and the increasing acceptance of authoritarian governance in the wake of COVID-19.

Public Authority in Europe

PERISCOPE sought to bring public authority back to its European origins, to understand how the lens can serve as a relevant tool to understand social behaviour and life in places where the state lacks full authority. Austerity policies, and the prolonged effect of the withdrawal of welfare and rescinding of the state in the UK and Europe, has made the concept ever more relevant. The effects of these policies became pertinently clear during the COVID-19 pandemic, which made a public authority lens particularly important in UK and European contexts.

As explored in the Periscope report on multi-level governance, public authority offered a window of understanding on divergent local responses to health policies, including movement restrictions and vaccine rollouts in the UK and Europe. Throughout vaccination roll-out, it became apparent that uptake of vaccines, as well as resistance to vaccination, was deeply uneven. Minoritised social groups often expressed the most vehement resistance to vaccination campaigns, and often articulated deep historical grievances for their resistance. In this manner, the concept of public authority allows us to understand the actors – within and beyond the national and local state – who are considered

legitimate providers of public goods, healthcare and health information. It encourages us not only to map the levels of local government, and how state authorities’ interface with health authorities, but also indicates how alternative authorities – such as religious actors, non-governmental actors, civil society bodies – brought an inherent politics to the response.

“public authority offered a window of understanding on divergent local responses to health policies, including movement restrictions and vaccine rollouts in the UK and Europe”

Storer and Torre (2023) used the concept of public authority to understand the complexity of vaccination campaigns along Italy’s Alpine border⁵⁵. In a context of a migration ‘crisis’, where migrant lives are characterised by intense state discrimination alongside abandonment, the distribution of vaccines was effectively outsourced to voluntary organisations and migrant shelters. At the same time, border police, alongside transport workers and hotel owners began to police migrant movement through checks on ‘Green Passes’, which served as proof of immunity. Their research argued against the devolution of health provision to activist and migrant organisations, noting the dearth of funding available to these organisations, as well as longstanding state resistance which made their members reluctant to accept a vaccine themselves. Overall, through unentangling multiple layers of state politics, Storer and Torre argued that vaccine distribution must be considered within the complex politics of European migration and border policing.

54 Melissa Parker, Hayley MacGregor & Grace Akello (2020) COVID-19, Public Authority and Enforcement, *Medical Anthropology*, 39:8, 666-670, DOI: 10.1080/01459740.2020.1822833

55 (Storer and Torre 2023)

Alongside this, WP9 researchers deployed the public authority concept to challenge the apolitical nature of the One Health concept⁵⁶. The One Health approach provided an invaluable tool to allow us to understand the interdependence of actors and step back from a human-centre lens when considering these ecosystems. Yet, the application of a public authority lens helps to thicken our understanding of human/ non-human relations. It refocuses our gaze on what sustains and disrupts social infrastructures and what forms of capture and exploitation of the human and non-human are part of public authority? As shown throughout case-studies of pandemic protection in the UK and Sweden, it allows us to track relational consequences that exist between the spread of a non-human virus, the built environment, community networks and power dynamics.



⁵⁶ (PERISCOPE 2020)

SPOTLIGHT 3

Migrant Health and the Politics of COVID-19 Vaccines

Globally, the response to the first wave of the COVID-19 pandemic was dominated by state-mandated measures such as national lockdowns, which often included strict restrictions on movement and social distancing. From the end of 2020 onwards, the focus shifted on population-wide vaccination campaigns, which demonstrably reduced hospitalisations and mortality rates linked to COVID-19 infections, particularly amongst vulnerable populations. In the midst of laudable public health efforts to expand immunisation campaigns, vaccination choices were often framed by politicians and policymakers in nationalistic and moral terms, as decisions to be made to protect the health of nations, and vital to allow a return to normalcy. Widespread suspicion of individuals and groups with low vaccination rates grew, increasingly permeating policy and academic discourse; marginalised individuals and communities were portrayed as particularly reticent to accept vaccination, and were often described as 'hard to reach' by state and health actors in the context of mass immunisation campaigns.⁵⁷

A large body of literature, largely originating from the social sciences, had showed that the health and socio-economic burden of the pandemic were fundamentally unevenly distributed, overwhelmingly impacting already marginalised groups.^{58,59} However, despite evidence that the COVID-19 pandemic has exacerbated pre-existing inequalities and dire living conditions among disenfranchised groups, the latter's disengagement with vaccines was frequently and simplistically portrayed as largely guided by mistrust and misinformation.^{60,61} Soon after the onset of COVID-19 vaccine campaigns, narratives of 'vaccine hesitancy' became common and often occupied centre-stage in discussions on the present and future of national public health responses.⁶² Departing from critical medical anthropology frameworks, the 'Ethnographies of

Led by Dr Elizabeth Storer and funded by the Periscope consortium and by a British Academy COVID-19 Recovery Grant, the LSE/Periscope research project 'Ethnographies of (Dis)engagement: Understanding Vaccine Rejection in Chronically Neglected Communities across the G7' sought to understand mistrust of COVID-19 vaccinations among so-called 'hard to reach' communities across G7 countries.

(Dis)engagement' project sought to complicate ideas of 'vaccine hesitancy' and understand

57 World Health Organization (WHO), 2021. COVID-19 immunization in refugees and migrants- principles and key considerations,

58 Fiorini, G., Rigamonti, A.E., Galanopoulos, C., Adamoli, M., Ciriaco, E., Franchi, M., Genovese, E., Corrao, G., Cella, S.G., 2020. Undocumented migrants during the COVID-19 pandemic: socio-economic determinants, clinical features and pharmacological treatment. *J. Public Health Res.* 9, 1852. <https://doi.org/10.4081/jphr.2020.1852>

59 Capano, G., Howlett, M., Jarvis, D.S.L., Ramesh, M., Goyal, N., 2020. Mobilizing policy (In)capacity to fight COVID-19: understanding variations in state responses. *Policy Soc.* 39, 285–308. <https://doi.org/10.1080/14494035.2020.1787628>.

60 Bozorgmehr, K., Saint, V., Kaasch, A., Stuckler, D., Kentikelenis, A., 2020. COVID and the convergence of three crises in Europe. *Lancet Public Health* 5, e247–e248. [https://doi.org/10.1016/S2468-2667\(20\)30078-5](https://doi.org/10.1016/S2468-2667(20)30078-5).

61 Armocida, B., Formenti, B., Missoni, E., D'Apice, C., Marchese, V., Calvi, M. et al. (2021) Challenges in the equitable access to COVID-19 vaccines for migrant populations in Europe. *The Lancet Regional Health–Europe*, 6, 100147.

62 Page, K.R., Genovese, E., Franchi, M., Cella, S., Fiorini, G., Tlili, R., Salazar, S., Duvoisin, A., Cailhol, J., Jackson, Y., 2022. COVID-19 vaccine hesitancy among undocumented migrants during the early phase of the vaccination campaign: a multicentric cross-sectional study. *BMJ Open* 12, e056591. <https://doi.org/10.1136/bmjopen-2021-056591>.

vaccine decisions not simply as reflecting individual attitudes, but rather as indicative of disenfranchised populations' perceptions of the state, experiences of historical marginalization, regional disparities, and economic marginalization.

Methods and settings

Reflecting the emphasis on biomedical markers of severity, recovery, and mortality rates, central to knowledge production during the acute emergency phases of the COVID-19 pandemic, this policy and academic landscape was largely shaped by epidemiological and quantitative methodologies. On the other hand, qualitative and especially ethnographic data were often side-lined, and experiences of 'hard to reach' communities scarcely acknowledged by public health policymakers. Informed by pre-existing research on the structural and socio-economic constraints experienced by marginalised individuals and communities in the context of the COVID-19 pandemic, as well as by studies conducted in the context of the Ebola, Polio, and HIV/AIDS epidemics, the 'Ethnographies of (Dis) engagement' project aimed at raising the profile of qualitative and interdisciplinary social science approaches and ethnographic evidence to inform policymaking, thus both complementing and challenging dominating epidemiological models. The project sought to understand decisions to reject vaccinations among marginalised groups as linked to experiences of historical and ongoing structural violence and disempowerment, and to provide ethnographically based recommendations to improve vaccine uptake among such populations.

Research for this project was conducted between late 2021 and early 2022 in Italy and Canada. In Italy, one of the countries initially most heavily affected by the COVID-19 pandemic, lockdown measures implemented were generally recognised as particularly strict. Mass vaccination against the new coronavirus played a central role in institutional narratives seeking to counteract widespread anxieties and uncertainty, with politicians regularly portraying the vaccination campaign as a success story and as a potent

instrument for national recovery in the aftermath of the extensive socio-economic and psychosocial distress that marked the early stages of the pandemic.

In an effort to encourage vaccine uptake, like other G7 countries both Italy and Canada linked proofs of immunity to access to several services; between mid-2021 and mid-2022, in both contexts the right to work, transportation, and various forms of participation in public spaces were strictly contingent on individuals being able to produce evidence of negative COVID-19 tests or proofs of vaccination. Amidst increasing stigmatisation of the unvaccinated, these measures – designed and implemented in the affective and political landscape of urgency that characterised the first waves of the pandemic – were applied with little consideration for pre-existing inequalities impacting access to healthcare, or for wider structural barriers to seeking vaccination, which the project highlighted as particularly relevant in shaping the experience of minoritized groups.

The project explored the socio-political lives and unintended consequences of nationwide vaccination mandates, as well as the impact of historical inequalities on attitudes towards public health officials, regulations, and institutions. In particular, the project focused on a series of case studies of populations among which vaccination uptake had been particularly low across G7 countries. At the time of research, all of these societal groups had consistently been overlooked by government officials, policymakers, and scholars alike, often due to challenges associated with gaining access to and establishing trust within these communities.

In Italy, Dr Iliana Sarafian conducted in-person and online qualitative research with Roma populations, Europe's largest ethnic minority, in the cities of Milan, Rome, and Catania. Researcher Sara Vallerani carried out in-person interviews with undocumented migrants residing in Rome. Dr Costanza Torre, Sara Vallerani, and Dr Elizabeth Storer conducted ethnographic research with people on the move at the Alpine border between Italy and France. In Canada, researcher Malith Kur

and Dr Naomi Pendle conducted in-person and virtual interviews and focus groups with South Sudanese diaspora members.

Findings

Findings from the 'Ethnographies of (Dis)engagements' project highlighted the vital role of qualitative and ethnographic research in analysing choices around COVID-19 vaccination among disenfranchised, undocumented, and mobile communities. The results of this study pointed to the need of going beyond simplistic ideas of 'vaccine hesitancy', contesting the notion that decisions to refuse immunisation stemmed solely from a lack of access to proper scientific information, rather situating people's processes of decision making within larger histories of structural and systemic marginalisation, stemming both from states' national discriminatory policies as well as from violent governance practices characterising the global migration regime.

Pre-existing marginalisation informed COVID-19 vaccine decisions

Vaccine decisions made by so-called 'hard to reach' social groups during the COVID-19 pandemic were inextricably linked to the legacies of forms of violence, abandonment, and exclusion experienced at the hands of the State which often led interlocutors to conflate health and state authorities.

Within Roma communities, we found that obstacles to vaccine adoption stemmed from a multifaceted and persistent encounter with hardship and a collective struggle for survival. The pandemic has had severe consequences for Roma communities in Italy and other locations. Referred to derogatorily as 'zingari' and heavily stigmatised by the Italian government, Roma people were often portrayed during the pandemic as a public health threat. Meanwhile, experiences of precarity, as well as violent and discriminatory practices such as racially-motivated attacks and state-mandated evictions from the 'nomad camps' (campi nomadi) where some Roma people reside continued throughout the pandemic, worsening the already heavy impact of the latter on Roma communities.

These histories of violence permeated perceptions of state health mandates, and particularly of vaccines, as for many Roma individuals accepting to receive immunisation entailed the difficult choice of trusting a State which they had so often experienced as inequitable and hostile.

For South Sudanese migrants in Canada, histories of medical violence in the context of colonial regimes, such as incidents in which Africans were subjected to unethical medical experiments, significantly informed community perceptions of COVID-19 vaccination campaigns. The arrival of the first COVAX vaccines further heightened this mistrust in certain parts of Africa. The rejection of these vaccines by some European leaders fostered a perception of unsafe vaccines being dumped in Africa. Discourses around these events, which unsurprisingly contributed to a decline in trust in pharmaceutical companies in certain regions of Africa, populated WhatsApp and Facebook communication channels, through which members of the diaspora often received information from family in South Sudan, often amplifying individuals' concerns.

Among undocumented migrants in Rome, decisions around the COVID-19 vaccine were often strongly linked to notions of vaccine governance; as the introduction of the Green Pass made vaccination certificates mandatory in order to continue working, many accepted a vaccination rather out of fear that they would lose their employment. Undocumented migrants in Italy are often employed under illegal and exploitative conditions, have no access to forms of social protection, and are denied their fundamental rights; many found themselves blackmailed by employers and forced to obtain a vaccination, and abided to protect their livelihoods. In so doing, however, migrants still faced significant barriers in accessing vaccination, as during the first few months of the vaccine campaign the Italian health system was not accessible by undocumented individuals.

At the Alpine border between Italy and France, people on the move's decision to accept or refuse COVID-19 vaccines were largely shaped by their



Image: A snowstorm in Claviere in early December, 2021 / Dr Costanza Torre



Image: Shoes left behind by people on the move at the Rifugio Fraternità Massi, Oulx / Dr Costanza Torre

perception in relation to mobility needs. For many, the perilous (and often deadly) voyage to Europe is marked by social exclusion, prolonged periods of waiting in overcrowded refugee camps and reception centres, and documented instances of torture and human rights violations. These experiences placed mobility at core of migrants' concerns, with diverse outcomes in relation to vaccination. In some cases, vaccine acceptance was linked to fears of deportation and torture, as people on the move feared that seeking a vaccine would entail making themselves known to authorities. Some accepted a vaccine to facilitate mobility (especially in cases in which movement was contingent on a 'Green Pass' certificate), while others refused it fearing the common flu-like side-effects would add challenges to the already treacherous mountain crossing.

Structural constraints and the production of mistrust

Across the multiple contexts where the research took place and despite their diversity, we found that for many of our interlocutors decisions around COVID-19 vaccines had been driven not by health concerns but by pragmatic considerations, the calculations underlying which largely revolved around navigating structural constraints. In other words, vaccine choices were modelled around people's needs and priorities, which tended to revolve around economic survival and physical safety. Often, vaccinations were understood as yet another obstacle to be navigated under circumstances of hostility and inequity which long preceded the pandemic.

Our findings indicate that a significant number of individuals within communities initially labelled as 'hard to reach' and 'vaccine hesitant' had chosen to accept a vaccination. However, this did not indicate civic engagement or a relationship with the state rooted in trust and non-violent experiences; often, for example, individuals from marginalised groups often accepted a vaccine in order to protect themselves not from the coronavirus, but from loss of livelihood or potentially violent interactions with state and armed forces.

The influence of historical marginalisation, present structural and systemic forms of exclusion, and violent global governance of mobility weighs powerfully on attitudes towards health mandates; indeed, our observations reveal that the acceptance of vaccines is linked to a growing mistrust in both science and the state. Amid restrictive measures, vaccine acceptance had often generated mistrust in the state and healthcare system.

Impact

The project included an explicit focus on policy impact and the wide circulation of policy recommendations; to this end, researchers organised, chaired, and participated in several online and in-person dissemination workshops attended by academic, health practitioners, and policymakers engaged in lively discussions, fostering new forms of collaboration. The researchers involved in the 'Ethnographies of (Dis)engagement' project also produced several Massive Open Online Courses (MOOC) videos, with the aim of increasing impact and making research findings widely accessible to academic and non-academic audiences alike. To this end, the project also produced several policy briefs and blogs, in addition to a number of academic publications which are summarised below:

Elizabeth Storer, Iliana Sarafian, Costanza Torre, Sara Vallerani, and Eloisa Franchi, 'COVID-19 vaccination campaigns and the production of mistrust among Roma and migrant populations in Italy', published on BMJ Global Health (2022).

This publication presents ethnographic data obtained from migrant and Roma communities in Italy. It calls for a careful consideration of the influence of structural, socioeconomic, historical, and cultural factors on individuals' vaccination decisions, we advocate for a shift towards equitable principles of engagement and for public health campaigns tailored around priorities defined from the ground-up.



Image: An inscription at Oulx bus station reads: "17-11-21. From Iran. Amir. Samal" / Dr Costanza Torre

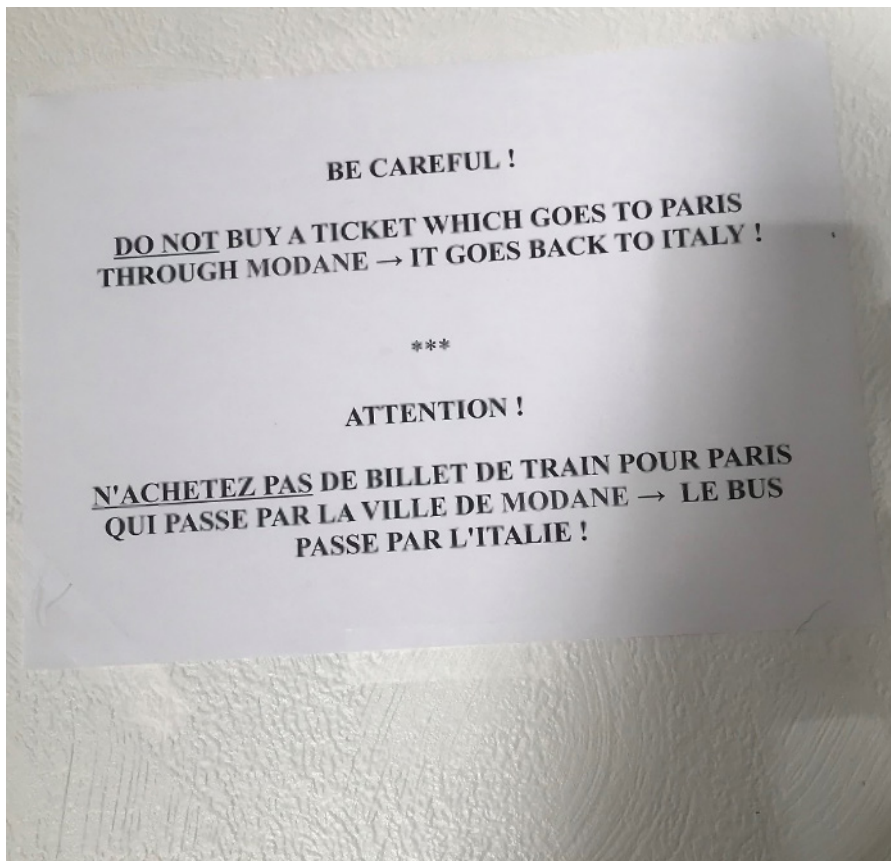


Image: A sign at Les Terrasses Solidaires in Briançon warns people on the move against travelling to Paris through the city of Modane / Dr Costanza Torre

Costanza Torre and Elizabeth Storer, 'COVID-19 vaccines, mobility, and pandemic bureaucracies: Undocumented migrants' perspectives from Italy's Alpine border', published on Journal of Migration and Health (2023).

This paper delves into the experiences of undocumented migrants, mainly male travellers seeking to cross Italy's Alpine borders, in relation to COVID-19 vaccines and relevant legislation. Through ethnographic observations and qualitative interviews with migrants, doctors, and activists at safehouses on both the Italian and French sides of the Alpine border, it shows the significant role that exclusionary border regimes played in influencing decisions to accept or reject vaccines. In addition, this article argues that health-related narratives focused on viral risk diverted attention from the broader struggles of migrants to secure safety and movement.

Elizabeth Storer and Costanza Torre, 'Vaccine populism' and migrant assistance: On the contingency of mutual aid in Italy's Alpine region', published on Global Policy (2023).

This article investigates the implications of COVID-19 vaccine bureaucracies through a public authority lens. It argues that narratives of 'vaccine populism', which present vaccination as a measure to be taken to secure the health of the nation, are propagated in nationalist political discourse and countered by resistance narratives from solidarity networks. By considering the intricate realities of Alpine crossings, the paper shows how 'vaccine populism' impacts migrants' access to vaccines and health information. The paper offers insights into multi-scalar power dynamics accompanying universal health policies, and advocates for a more nuanced approach in the design and implementation of vaccination campaigns for migrants.

Iliana Sarafian, 'Ethnic minorities, social media, and attitudes towards COVID-19 vaccination', published on The Lancet EClinical Medicine (2022).

The paper highlights the interplay between pre-existing structural and social inequalities with new forms of marginalisation created by

the COVID-19 pandemic in relation to vaccine uptake. It shows that minority ethnic groups responded to COVID-19 vaccination campaigns based on their socioeconomic circumstances, which the pandemic significantly exacerbated. The piece shows that often our interlocutors relied on social media as a source of health information due to obstacles encountered in accessing health services; in so doing, it argues for a more nuanced understanding of the role of misinformation in shaping perceptions of vaccines amongst minoritized populations, to improve vaccine uptake.

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