Moving beyond lockdown: how might citizen action help tackle the public health crisis?

A Sydney Policy Lab policy paper, authored by University of Sydney Professors Lyn Gilbert, Yun-Hee Jeon, Marc Stears and Glenda Wardle, with the assistance of University College London Professor Anthony Costello

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The initial debate around the COVID-19 pandemic has focused primarily on the response of government decision-makers and technical experts. Debate has raged as to the extent of social distancing and lockdown restrictions and the scale of governing authorities' response to the economic perils of the ongoing crisis. These issues are crucial. It is equally important, however, to recognise that government action by itself cannot control the pandemic and certainly cannot enable us to transition from the current crisis mode to a long-term public health solution. The attitudes, behaviour and expectations of individual citizens and communities are fundamental to the successful easing of restrictions and the move to a stable future.

It is for this reason that the World Health Organisation (WHO) has long recognised that *community mobilisation* is a fundamental part of any pandemic health response.

Without the willing contribution of the community on a large scale, there is little hope of a successful conclusion to the current public health crisis. At the most obvious level, individuals and communities need to change their behaviour in order to prevent the spread of the virus, but more than that, voluntary community action is essential to tackle some of the deeply disruptive impacts. Citizens and communities can help to relieve overstretched formal health services, assisting with community-based testing, responding to the mental health consequences of prolonged social isolation, especially in vulnerable individuals.

It is particularly important to consider the role of citizens now, at a time when we are all becoming more conscious of the practical and psychological consequences of disruption to work, school or daily routines. Work, both paid and unpaid, provides more than income as it feeds into a sense of worth and wellbeing. Similarly, interruption to education has direct consequences for discipline, supervision, physical safety and access to warmth and food for some families, and the lifelong opportunities that flow from education for many.

But if community mobilisation is so important, what does it look like in practice?

What are the signs that citizens are being given space to play a role in building wellbeing and healthy communities?

And what supports need to be in place in order for it to succeed?

Surprisingly little has been written about the dimensions for public health community mobilisation here in Australia during the COVID-19 crisis, although the government has made some significant strides. The Sydney Policy Lab, therefore, asked a series of internationally respected experts in public health and citizen science what actions citizens themselves need to be able to take to help end the pandemic and what government and other institutions have to do in order to support citizens to play their part.

We put these experts' views forward in the hope that they can both guide the reflection of those confronted with the need to make immediate decisions and stimulate widespread discussion about the best way in which to take Australia forward in the longer term.

Five dimensions of citizen action

1. **Real agency**: One of the gravest dangers during this pandemic, beyond infection itself, is the widespread sense of hopelessness and helplessness it can induce as people confront a challenge far newer and larger than those to which they are accustomed. Hopelessness erodes self-esteem, wellbeing and mental health and makes it psychologically harder for people to continue to comply with strong social distancing requirements, and to recover once it ends. The antidote to despair is action. Providing people with the space to make meaningful individual contributions to the overall collective task of tackling the virus can take a variety of forms. These can include: individual action, where people monitor and report their own symptoms and provide feedback on the lived experience of ongoing policy interventions; neighbourhood-based engagement in appropriately designed mutual aid efforts to support community members, especially those who are older and more vulnerable to infection; and maintained and expanded participation in civil society organisations, for the purpose of connection.

2. **Utilising technology**: Technology, especially smartphone apps and social media programs, make the participation required to provide agency and control far more efficient than in previous generations. Information is already flowing impressively through these devices, and the Australian federal government's informational app is a welcome new contribution. To be truly effective, however, such technology needs a connective quality — enabling a two-way flow of information and ideas, not just encouraging passive citizens to receive information from officials. Significant efforts must also be made to tackle the digital divide in most established democracies, including Australia, where at present more affluent and more socially connected individuals and families access new technologies straightforwardly, while others have much poorer connectivity.

3. **Radical openness**: To be effective in building community support for action, the data and synthesised information that is gathered both by governing authorities and by citizens should be made widely and easily available to all. Access to such data enables citizens to understand the nature of where the virus hits, particular regional hotspots, the extent of community transmission and other core factors in the virus' trajectory. This can allow for the demographic mapping of how the illness spreads. It enables us to understand how different communities are affected by the virus, and by its associated consequences, such as detrimental mental health outcomes. It also enables the more theoretical models on which much government decision-making has been based to be compared with concrete empirical data, allowing an informed public debate to follow. Such debate may be uncomfortable for governing authorities in individual instances, but in the medium to longer run the widespread sharing of and analysis of data and information enables citizens to develop a deeper trust and engagement with the complex and difficult decisions made by health authorities.

4. **Effectiveness in communications**: Even with the greatest level of citizen engagement in debate and discussion, instruction from governing agencies always remains a fundamental part of pandemic control. At early stages, these instructions may be relatively straightforward to deliver — although few governments across the world have excelled in this regard — but as the pandemic ages and its social and economic consequences become more intense, extremely subtle instructions may be required, reopening some areas and sections of society and economy while continuing to restrict others. This provides a communications challenge for governments unlike any that they have recently experienced. Meeting that challenge requires both micro-targeting information to the relevant communities and sub-

communities and expanding the diversity of messengers across different sectors and parts of society to ensure messages reach groups of citizens who are not likely to access mainstream or standard sources of news but who may need specific advice and instruction. It also places a special demand on local government to ensure that it takes responsibility for delivering messages that are responsive to particular local circumstances. When communities are not consulted in a sensitive way about the severe restrictions being put in place, civil unrest can result as already seen in India and Israel. Citizens can aid these efforts by avoiding click-bait and being responsible in disseminating only trusted information amongst their networks.

5. **Building social solidarity**: One of the distinctive challenges in shaping a citizen-led response to COVID-19 is the sharp differential in mortality rates between age groups, with older people being far more likely than younger people to experience severe, potentially fatal, symptoms. In some parts of the world this appears to have led to some younger people failing to adhere to social distancing restrictions or otherwise to take the situation as seriously as required. This underlines the fundamental importance of inculcating a broad and deep sense of social solidarity and responsibility during this time. Citizens need to be able to restrict their own behaviours even when they are unconvinced of the direct, personal benefit of doing so. Such solidarity is unlikely to result from the hectoring or scolding rhetorical style adopted by some political leaders, but rather from celebrating the better elements of national stories, by celebrations and rituals that enable people to display their social connection and by leadership that directly embodies the attitudes and behaviours required. Successful versions of this invocation of social solidarity include the evening public "clap for carers" that have taken place in a number of countries, including the clap for the National Health Service workers in the UK, the distinctively informal communication from the New Zealand Prime Minister and the regular "fireside"-style addresses of the Governor of New York, Andrew Cuomo.

Applying these ideas

These ideas are designed to be used by everyone concerned with finding a way out of the public health crisis that currently grips Australia and the world. They are intended to be a guide to the sorts of actions that we should be taking and as a means of evaluating the current behaviour of public authorities and other institutions. Our primary goal in putting them forward is to try to enhance the quality of public debate at this crucial moment in the modern history of our nation.

This document has been prepared with the help of University of Sydney experts brought together by the Sydney Policy Lab, including Professor Lyn Gilbert, Professor Yun-Hee Jeon, Professor Marc Stears and Professor Glenda Wardle, supported by Professor Anthony Costello, formerly of the World Health Organisation and now at University College London. These experts are available to assist policymakers, community leaders and others with these discussions and eager to play a part. Please contact us at **policy.lab@sydney.edu.au** for more information.

We hope these ideas are received in the spirit they are intended and look forward to the debate that they engender.

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