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Health and social welfare policies in the 'post-Covid-19' era: Embracing a paradigm shift?

It is an under-statement to say that the emergence, spread and impact of the SARS-CoV-2 (Covid-19) virus placed enormous strains on both the health care systems and wider welfare capacities of governments across the world. Indeed, across high-, middle-, and low-income country settings, it is not difficult to find instances of infrastructural failure – sometimes dramatic – and disruption of essential care services (Lal et al., 2021; Daly, 2020). Governments with very different institutional and political characteristics found their existing health, social care and welfare systems to be inadequate to the task of mitigating the impact of a virus that proved exceptionally 'efficient' in terms of its ability to infect vast swathes of national populations and, in so doing, to expose and exacerbate multiple, intersecting inequalities that, in many instances, had been neglected for too long (Bambra et al., 2021; Béland et al., 2022; Ellison et al., 2022; He et al., 2022).

This virtual special issue is concerned with the 'post-Covid-19 era'. We apostrophize this term because it is, of course, clear that the virus has not disappeared, with people across the globe continuing to be infected, and to die, from Covid – and Covid-related conditions. Indeed, we do not yet have enough research to fully understand the long-term consequences of Covid-19, at either individual or societal level. Nevertheless, with the World Health Organisation declaring an end to Covid-19 as a global health emergency in May 2023, this is perhaps a good moment to beginning taking stock, not so much of the pan-global situation post-Covid, but of a range of issues and challenges thrown up by the pandemic. Underpinning the articles presented here is the general question of whether 'things are likely to be different' in the wake of Covid-19. What, in other words, can be learned from the experiences of the pandemic that will help to develop future policy responses in ways that will encourage policy makers at various levels of governance to engage with those experiences and, in the process, embrace a 'paradigm shift' in assumptions about the nature of health and social policies as they do so (Bali et al., 2022)? Learning naturally comes in different shapes and sizes, and the five articles included in this virtual special issue each take a problem or concern relating to responses to the virus that, when contemplating the future, should give pause for thought.

We begin with the article by Ohemeng and Foli (2023), which focuses on the challenges to the Ghanaian welfare system posed by Covid. Following the onset of the pandemic, the Ghanaian government initially attempted temporary measures to deal with the immediate needs of the population – for example, food distribution, the supply of free water and provision of emergency shelter – but these measures were quickly exposed as inadequate. Drawing on Kingdon's (1984) Multiple Streams Framework (MSF), the article explores how Ghana came to accept the need for a transformed welfare regime, using MSF's 'three Ps' (policy, politics, and problem) as the theoretical mainstay of the analysis. Essentially, the failings of Ghana's social protection system laid bare by the pandemic denied the possibility of incremental, path dependent change, thereby releasing alternative policy proposals, advocated by new policy entrepreneurs, which led to the introduction of an integrated, cohesive unemployment insurance scheme. The article not only demonstrates the usefulness of Kingdon's framework, but, just as importantly, illustrates how Covid-19 provoked governmental responses that could lead to substantial paradigm shifts in the institutional make-up of welfare systems.

Staying with Ghana, Okyere et al. (2023) examine the effects of the virus on what they term 'urban livelihood capitals'. These comprise financial, human, social and physical capitals and, utilising a quantitative study of the Adenta Municipality of the Greater Accra Region (a region where reported Covid cases constituted 59% of the national total reported cases), the article assesses both the extent of Covid's impact and the degree to which Covid-related support succeeded in ameliorating the virus's effects on the four capitals. Deploying a sophisticated methodological approach, the research indicates, first, that Covid had negative impacts on all livelihood capitals and, second, that the moderation effects of Covid-related support were only positive for financial capital. The possible reasons for this finding are discussed in the article itself. However, perhaps the main contribution of the research is its demonstration of the need for more comprehensive and coordinated support across all capitals if the toll taken by Covid is to be avoided in future pandemics.

Due to their population density, urban environments are naturally vulnerable to the rapid spread of disease. In an age of increasingly sophisticated ICTs (information and communications technologies), is it reasonable to suppose that 'smart' technologies can lead to forms of governance capable of reducing the impact of viruses like Covid-19? The article by Pratama et al. (2023) examines the Covid responses of smart cities in Indonesia, comparing them with those of cities not accorded 'smart' status. Interestingly, the study finds that smart city status does not have a statistically significant impact on the Covid-19 performance index carefully constructed for the research. Among the explanations for this result is a dissonance between Indonesian smart cities' focus on information and communication strategies, and the relative lack of integration between this dimension and available public health resources. Looking forwards, then, the article concludes that an appropriate policy mix is vital to any pandemic response, with 'good governance' being the achievement of a combination of policy instruments and interventions that strike a balance between preventative and curative strategies.

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Arguably, a more integrated approach to the pandemic can be observed in the Singaporean government's response. Tadai et al. (2023) point out that a range of measures was put in place to offset the worst effects of Covid on the population with specific attention to lower income groups. Even so, this study, which examines the effects of socioeconomic status on older adult well-being, indicates not only that social support plays a major role in this relationship but, further, that greater attention to the development of such support through a coherent 'social infrastructure' is required (see also the article by Okyere et al. 2023) if the worst-off sections of society, particularly older people, are to be protected from the effects of Covid and future pandemics. Echoing the findings of Okyere et al. (2023), this article also argues that financial support is not the only form of assistance that vulnerable groups require – access to social resources is equally important.

Consideration of health and welfare issues post-Covid does not only entail a focus on how the pandemic might affect policy making and policy learning. Of equal importance is Covid's impact on future research agendas. To what extent has the pandemic altered research priorities in health and social welfare? An insight into this question is provided by Chandra et al. (2024) who examine a putative shift in the parameters of research into mental healthcare systems (MHS) in the wake of Covid-19. The construction of an 'Ontology of MHS', which breaks down mental healthcare into six core sets of processes, each with a number of specific elements and associated outcomes, provides a framework onto which the content of relevant studies identified from the World Health Organisation database can be systematically mapped. The results show that the dominant focus of research in the immediate post-Covid period has been on 'core functions' such as mental health diagnosis and treatment, but with the management and implementation of 'digital mental health' attracting the most attention. In the authors' opinion, this latter theme, itself supported by several related themes – the management and implementation of individual care being one example – raises the prospect of a new research paradigm in the area of mental health. The article concludes that further research into the digitalization of diagnosis and treatment of mental healthcare is likely to offer significant benefits, leading to new initiatives in mental healthcare.

When we first conceived this special issue, the world was still caught up in the midst of the Covid-19 pandemic. In that moment of collective crisis, a raft of radical policy changes had been introduced. There were no easy choices and different policy choices rapidly emerged, as each country sought to adapt to the crisis within the context of specific challenges (e.g. health system capacity). It is therefore unsurprising that we witnessed substantial variations in immediate policy responses to the pandemic (Capano et al., 2020). The articles within this special issue pick up the next chapter of the story, reflecting back on that period of immediate crisis to consider the emerging lessons and consequences.

Read collectively, it is possible to identify three key themes. First, the unequal impacts of the pandemic were exacerbated where welfare states and health systems were inadequate, which is leading to important developments about rethinking welfare systems. Capacity building, preparedness, digital empowerment, and more inclusive welfare systems have been frequently underscored as core principles (Choi et al., 2022; Béland et al., 2022). Yet, it is unclear if the momentum for change accumulated in the pandemic is sufficient to 'punctuate' the equilibrium; or, if path dependence will prevail again, hampering a paradigm shift.

Second, the role of digital technologies in managing the Covid-19 pandemic is still being assessed but there are potential lessons in considering the broader role of digital technologies in welfare states. While disruptive technologies including the recent advancement in artificial intelligence offer immense opportunities to revolutionize health and social welfare services, pitfalls exposed throughout the pandemic – heightened digital divides and infringements of privacy for example – warrant closer policy attentions.

Third, when a crisis like Covid-19 hits, supporting people financially is necessary but not sufficient; we see, across several included articles, reflections on what other measures states needed to be (and ought to be) considering. With so many other crises in the world, there is a danger we move on from the Covid-19 without reflecting on the lessons learned. We hope this special issue makes a small contribution towards encouraging this much needed reflection.

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