COVID-19: Engaging the Most Vulnerable

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COVID-19: Engaging the Most Vulnerable

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Abstract   The COVID-19 pandemic has had large-scale global effects across all segments of society, affecting large and diverse population cohorts in many ways. COVID-19 is not just a global health emergency but also a health-driven socioeconomic disaster. The prevalence of socioeconomic stressors that existed prior to the pandemic is exacerbated by the effects of the pandemic. The effects of COVID-19 vary across communities and are disproportionate on vulnerable groups. People with the least resources are most affected and are least able to recover. Contemporary thinking on development focuses on "bottom-up" approaches and "top-down" critique development. A key dimension of inclusiveness is about giving voice and power to excluded and vulnerable groups in development and recovery processes. Participation is a key ingredient in inclusive forms of development; it enables voice, representation, and capacity building to allow communities to address key societal challenges in line with their aspirations. This chapter argues that wide-scale community involvement is required for a sustainable recovery and resilience from COVID-19. It explores the benefits of participation in building long-term resilience and adaptive capacity. Participation is identified as a mechanism to enable ways to address power relations for vulnerable groups in COVID-19 recovery and curb the further deepening of global inequality.

Keywords: COVID-19; engagement; participation; inclusion; development.

1. Introduction

The World Health Organization proclaimed COVID-19 a pandemic on March 11, 2020, following an increase in the number of people who had contracted the disease internationally (WHO, 2020). This epidemic wreaked havoc on all aspects of civilization, affecting huge and diverse population cohorts in a variety of ways. It has come at a heavy social and economic cost, causing havoc in many areas of society (Babacan et al., 2020). At the time of writing this article, the number of COVID-19 cases had reached 46,741,975, including 1,204,108 deaths (Worldometer, 2020). With no treatment and vaccine yet available, the duration of the pandemic remains unknown, but it is expected to last for a long period. The pandemic brings high levels of uncertainty and has generated threats across populations living in diverse cultural, social, and economic contexts and across different scales of focus (regional, place based, national, and global).

Considerable lag effects of the pandemic are expected in all aspects of life, including health, industry, and social networks, among others. Pandemic-caused stressors, such as generalized fear and pervasive community anxiety, are expected to have long-term mental health effects; in addition, issues such as anxiety, depression, fear, frustration, hopelessness, and other psychological problems, are emerging progressively (Serafini et al., 2020).

COVID-19 is a global health emergency as well as a health-related socioeconomic catastrophe. The impacts of the pandemic intensify the predominance of socioeconomic pressures that existed previous to the outbreak. Pandemics have historically disproportionately harmed the poor and underprivileged, as Abrams and Szefler (2020) point out. Crises accentuate disparities and make it more difficult to recover (Hogan & Drew, 2020) or move forward and emerge from the crisis in a better state than before (Hynes et al., 2020). The effects of COVID-19 in particular vary across communities and are disproportionate on "those people and places with fewest resources and a lower capacity to absorb economic shocks" (Hogan & Drew, 2020).

People's social, community, and economic well-being will be severely harmed by the pandemic (Babacan et al., 2020), and governments and service organizations will face new levels of demand for long-term services and solutions (CUBE Group, 2020). To create resilience in the face of future shocks, a recovery platform must be inclusive, person-centered, and engage with participatory methods.

This study is a conceptual exploration of the importance of engagement and participatory methods to address the effects of COVID-19 in a world of inequality and disproportionate economic and social burdens. The study also reviews concepts on vulnerability in the context of global inequality and critically examines the issues of engagement and participation as key factors in resilience and recovery from the pandemic.

1.1. COVID-19 and vulnerability

The World Health Organization (WHO) defines vulnerability as "the degree to which a population, individual, or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters" (Wisner et al., 2002). Vulnerability is closely associated with risk exposure and outcomes from a disaster or pandemic. Vulnerability must be assessed in light of the settings and systems in place prior to the occurrence of a hazard, as well as how certain elements amplify the effects of catastrophes (Bergstrand et al., 2015; Ge et al., 2017). COVID-19 vulnerability is socially constructed because it is embedded in social structures; during a crisis, it highlights the social, economic, demographic, and geographic

characteristics that determine not only risk exposure but also community capacity to respond to, recover from, and deal with natural disasters and hazards (Kim & Bostwick, 2020).

Social equity or broad inequality is important in responding to COVID-19. A range of pre-existing risk factors are identified for people who are economically or socially disadvantaged. These factors include the following (Babacan, 2020a; Bergstrand et al., 2015; Blundell et al., 2020; Martin-Howard & Farmbry, 2020; Patel et al., 2020).

a. existing overcrowding in housing, temporary housing, or homelessness;
b. precarious and casual employment, often away from their homes;
c. poverty, unstable incomes, and financial distress;
d. food insecurity;
e. low health status of populations (e.g., low life expectancy, comorbidity), and lack of availability of hospitals and health professionals;
f. lack of infrastructure (e.g., hospitals, roads, transport);
g. uneven distribution of resources;
h. lack of access to digital connectivity and information; and
i. unequal access to a range of services due to a range of barriers (e.g., affordability, availability).

These inequalities intersect with factors, such as gender, ethnicity, age, ability, and geography (Blundell et al., 2020). The 2030 Sustainable Development Goals (SDG) of the United Nations (UN) aim for development to "leave no one behind." Growing economic and social inequality has been identified as a major barrier to achieving SDG goals (UN, 2020a). Nearly one in ten people in the world are exposed to severe levels of food insecurity and malnourishment, and 9% of the population experiences hunger (FOA, 2020); income inequality has increased; the share that the top 10% of earners received of the national income was 37% in Europe, 41% in China, 46% in Russia, 47% in US–Canada, approximately 55% in sub-Saharan Africa, Brazil, and India, and 61% in the Middle East (Alverado, 2019); wealth disparities have risen with the richest 10% owning 82% of global wealth, whereas the top 1% alone owns 45% (Shorrocks et al., 2019). Many people worldwide are in precarious employment and insecure economic positions. Two billion people, i.e., more than 61% of the world's employed population, are employed in the informal economy (ILO, 2018).

Global results indicate disproportionate effects on poor, minority, and vulnerable communities in terms of rates of infection and fatality, and critical questions have been raised about how to address these disproportionate effects in the long term (Martin-Howard & Farmbry, 2020). The UN (2020a) has identified that COVID-19 "has deepened existing inequalities, hitting the poorest, and most vulnerable communities the hardest. It has put a spotlight on economic inequalities and fragile social safety nets that leave vulnerable communities to bear the brunt of the crisis." The World Bank (2020a) estimates that COVID-19 could push 71 million people into extreme poverty in 2020 under the baseline scenario and 100 million under the downside scenario, eliminating the progress made since 2017 in global poverty. The UN estimates that approximately 24 million children will miss out on education due to disruption in schooling, lack of health protective measures, and increasing poverty, thus increasing disparities in learning opportunities (UN, 2020a). The International Labor Organization (ILO) predicts that nearly half of the global workforce is at risk of losing their livelihoods via reduced work hours, loss of jobs, and loss of enterprise, affecting workers in the informal economy severely (ILO, 2020).

Furthermore, WHO estimates that about half of the world's population lacks access to basic health care (WHO, 2017). A predicted shortage of 18 million health workers exists over the world. Between 2013 and 2018, around 40% of all countries had fewer than 10 medical doctors per 10,000 people, and over 55% had fewer than 40 nursing and midwifery workers per 10,000 people.

Studies indicate that COVID-19 is of a scale that the effects go beyond those who are traditionally assumed to face deprivation. For example, Babacan et al. (2020) found that new groups of people became vulnerable due to COVID-19 and identified that many people faced challenges for the "first time" (e.g., first time to be unemployed, to need social protection, and to need services, such as mental health support). COVID-19 is introducing new vulnerabilities while exacerbating existing ones. The World Bank (2020) also indicates that many people and places considered as "disadvantaged" before COIVD-19 have been severely hit by the consequences of the pandemic (World Bank, 2020).

Governments, service providers, and communities have been forced to wrestle with questions of equitable and inclusive responses to COVID-19. Key policy and program decisions about the provision of essential services, target communities, and level of resources in the short term and how to address the challenges in the long-term have had to be made (Martin-Howard & Farmbry, 2020). The UN argues that the response to the pandemic needs to have a multidimensional focus, including strengthening the effectiveness of the response to

the immediate global health threat, mitigating the broader effect of the crisis on people's lives, and avoiding the creation of new problems or the exacerbation of existing problems. COVID-19 responses and recovery efforts need to ensure that the vulnerabilities are not entrenched further. Vulnerability is heightened by intersecting characteristics and is context specific (Boele & Brodie, 2020). Changing contexts may also change the characteristics of who is most vulnerable (including those in wealthy countries).

2. Methods

This study is a conceptual analysis of the role of engagement and participation in recovering from COVID-19 for vulnerable groups. It uses mixed methodology, including the following:

a. *Literature Review*: A review of the key ideas of engagement and participation was undertaken via a literature review of academic and scholarly literature. Key search words, such as "engagement," "participation," "vulnerability," "COVID-19," "recovery," and "empowerment," were used to conduct a literature search. The findings were thematically coded and analyzed as outlined in the paper.

b. *Search of gray literature*: Internet-based search of gray literature was conducted to identify what projects key agencies may be implementing, as well as examples of projects from around the world and policy/government documents.

c. *Meta--analysis from research conducted by the authors:* The authors have been undertaking research in relevant themes for over two decades. In recent times, research has included community engagement, effects of COVID-19, digital connectivity, and social inclusion.

These methods provided metadata to inform the study. In particular, key concepts, ideas, themes, and implications for practice were analyzed to provide the overarching framework for this study.

3. Results and discussion

3.1. Situating participation and engagement

Referring to the pandemic, the WHO stated that "we are in this together." While we are all affected, people need to participate in response and recovery. Contemporary thinking on development focuses on "bottom-up" approaches, which are inclusive in their processes, and the considerable limitations of "top-down" methods are increasingly visible in the literature (Sinthumule & Mudau, 2019). The distribution of social and material advantages across

social groups and categories, as well as the structural reasons that create and sustain the exclusion and marginalization of vulnerable groups in society, are all addressed by inclusive development (van Gent, 2017). A key dimension of inclusiveness is about "voice and power to the concerns and aspirations of otherwise excluded groups" (Johnson & Anderson, 2012). Participation is a key ingredient in inclusive forms of development.

Participation is defined as giving "voice and choice and developing the human, organizational and management capacity to solve problems as they arise in order to sustain the improvements" (Saxena, 1998). One of the key goals of participation is the empowerment and building of the capacity and skills of individuals and communities to contribute effectively (Contreras, 2019; Stoecker, 2014). In the development and pandemic response process, participation aims to focus on the following (Payne, 2014):

a. distributive strategies aimed at addressing inequity and inequality;
b. human development strategies aimed at increasing the skills and capacity of people to act on their own behalf;
c. structural strategies, which focus on institutional reforms, to enable the involvement of people in development and social change.

Participation stems from the principle that individuals and communities can have an agency for social transformation and shift from being told what to do to taking part in decision-making processes. Participation evokes a sense of togetherness, common purpose, and understanding and is generally considered to bring intrinsic and material benefits (Cornwall, 2008). Connection between human beings is regarded as a distinct function and a motivator for action (Manley, 2020). Increasing a sense of community, ownership of a project or service, formation of a common vision, overcoming apathy and isolation, pooling resources, allowing for various perspectives, and building individual and community skills and resources are just a few of the advantages of participation. Participation is a fundamental right of a citizen at the societal level (Babacan et al., 2009). Participation is concerned with the engagement of affected communities or beneficiaries to determine their own development and shift power relations (Cornwall, 2008; Kenny & Connors, 2019). It can be a powerful mechanism for the vulnerable and the disadvantaged to address key societal inequalities.

Identifying who participates, at what point, and to what degree, are complex decisions. Arnstein's (1969) influential "ladder of participation" is a useful model that identifies the different scales of participation. The ladder ranges from *nonparticipation* (with therapy and

manipulation as steps in this scale), *tokenism* (informing and consulting as steps in this scale), and *citizen power* (partnership and citizen control as steps in this scale) (Arnstein, 1969). The International Association for Public Participation (IAPP) has developed a useful spectrum of public participation as illustrated below:

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

INCREASING IMPACT ON THE DECISION →

Figure 1. IAP2 spectrum of public participation

Source: IAPP (2018)

The spectrum shows the increasing degree of participation along a continuum, such as Arnstein's ladder of participation. The spectrum sets out the goals of participation at each level and what the promise to the public is for each category of participation. It is useful in determining what level of involvement is necessary and in assessing the effectiveness of participatory processes.

Participation comes in multiple forms; it is not a unitary process but a continuum of involvement of citizens and communities (Kenny & Connors, 2019). Participation may be a pretense with community representatives taking part, e.g., on boards, but have no link back to their communities or have the power to make decisions. At other times, information, and consultation wherein the agenda are set by external stakeholders, such as the government, occur. Participants who take part in the consultation process of then have no feedback loop (Kenny & Connors, 2019). Participation can also involve self-mobilization and ownership of the

whole process by those who are affected, but this may or may not involve challenging existing distribution patterns of wealth or power (Cornwall, 2008). Moreover, nonparticipation can sometimes occur when intended beneficiaries see no benefit in participation (Cornwall, 2008).

The genuine use of citizenship rights and genuine participation toward major societal change requires changes in power equations (Arnstein, 1971). Arnstein argues that a change in power relationships enables the "have-not citizens presently excluded from the political and economic processes, to be deliberately included in the future" (Arnstein, 1971). Moreover, Arnstein states that "participation without a redistribution of power is an empty and frustrating process for the powerless. It allows for the powerholders to claim that all sides were considered but makes it possible for only some of those sides to benefit. It maintains the status quo" (Arnstein, 1971). Four key factors are critical in shifts of power: power over information, resources, relationship, and decision making (Babacan et al., 2009). Coordinated collective community participation can result in a "community agency," which is the power capacity of individuals to focus on issues and link across sectors to bring about change (Taylor, 2015).

Empowering forms of participation is contingent on enabling environments that support people's skills and capacity to be involved. Gopalkrishnan (2005) identifies several enabling factors for participation; these factors include *physical access* (e.g., location, wheelchair access, remoteness), *psychological access* (e.g., confidence, trust in institutions, how to behave, working with authority), *relational access* (ways of engaging and outreach, attitudes of those in positions of power, use of information and communication technology (ICT) to engage, communication, processes of engagement), *procedural access* (e.g., processes of engagement, navigating complex systems and processes, understanding institutions and their roles, understanding policy, literacy levels, using information, influencing and advocacy), and *cultural access* (e.g., norms, values, gender roles, minority rights). Gopalkrishnan concludes that building capacity is important to forge strong relationships, facilitate open communication, build trust, unpack unspoken assumptions and norms that exclude people, shift mindsets and attitudes, and ensure that no institutional barriers exist. Only by addressing these factors can the "last marginalized" person be engaged.

3.2. COVID-19 participatory approaches in resilience and recovery

Like disasters, pandemics affect the fabric of society at all levels (Bhadra & Pulla, 2014; Hogan & Drew, 2020). The effects are deep and enduring and require a range of responses

across immediate and long-term time frames. The stages of disaster management that apply here include preparedness, mitigation, and recovery. Going beyond risk and vulnerability is critical for long-term resilience, adaptive capacity, and recovery. Resilience is defined as "the ability of human communities to withstand and recover from stresses, such as environmental change or social, economic or political upheaval" (Kulig et al., 2013). Resilience is "the way in which individuals and communities adapt, transform, and potentially become stronger when faced with environmental, social, economic or political challenges" (Maclean, Cuthill & Ross 2014).

Resilience is defined as the ability to thrive in the face of adversity, as well as the ability to maximize the full potential of communities and individuals. Resilience is a developmental process that transfers adaptive capacity into community and individual protective characteristics (Brown & Westaway, 2011). Social capital, social cohesiveness, a sense of belonging, and community spirit, as well as trusted sources of information, the ability to collaborate, the diversity of economic and other resources accessible to the community, governance, and institutions, are all important components of resilience (Dale et al. 2014; Kulig et al., 2013). To create resilience in the face of future shocks, a recovery platform must be inclusive, person-centered, participative, and long-term (Babacan et al., 2020).

Understanding how individuals and communities can adapt to rapid, often crisis-driven change is being increasingly acknowledged as crucial to effective response and recovery (MacLean et al., 2014). Crises amplify inequities and make it more difficult to recover or move forward (Hogan & Drew, 2020). Building resilience requires tapping into the innate assets and strengths of communities and engaging communities in their notions of well-being (Bhadra & Pulla, 2014). Developing capability enables preparedness, mitigation, and recovery, which cannot be made possible without participatory approaches. Past experiences with diseases, such as HIV/AIDS and Ebola virus, have demonstrated that local participation in the processes was critical (Marston et al., 2020) and needed to be used as a guide to understand the importance of overcoming stigma, disease control, providing local support to vulnerable communities, and planning for the future. Collective effort to mitigate harm and working together for recovery can be a source of hope and cohesion in uncertain times.

"Post-disaster recovery is usually built on pre-disaster social scripts, power dynamics, and resource distributions. Well-meaning recovery efforts, whether public, private, or grassroots, can also reproduce or even deepen pre-existing inequalities. Interrupting this pattern requires better understanding of the processes that perpetuate injustice" (Luft, 2017). The Yunus Center (2020) advocates a "disadvantage out" approach to speed recovery and foster

regenerative approaches that improve equity and sustainability. This approach focuses on the cumulative effects of COVID-19 and vulnerabilities, and addresses recovery challenges based on risk factors and effects. To ensure that efforts are representative of the local context, communities must be encouraged to play an active part in shaping decisions that affect them.

COVID-19 recovery will happen in a complex and unstable environment. Strict citizen controls are and will continue to be implemented to control the pandemic outbreaks (e.g., restrictions of freedom of movement, medical interventions, and rationing), which under normal circumstances may be considered a breach of human rights. Additionally, numerous planning, coordination, and measures, must be implemented to intervene in areas, such as service delivery (particularly health services), public education, economic stimulus, and social development. Recovery efforts involve making compromises across competing or conflicting visions of rebuilding (Ganapati & Mukherji, 2014). Community participation is essential in the collective response to the pandemic for measures to stop the transmission of the virus, comply with lockdown, and support with recovery. The broadest possible inputs are needed from across society during rapid and far-reaching change (Marston et al., 2020). Incorporating local knowledge into solutions and insights into stigma and myths at the local level, as well as understanding the structural barriers, are essential for appropriate responses in the short term and sustainable recovery in the long term.

During COVID-19 responses, socially vulnerable groups are inextricably vulnerable to many threats because they do not have social status, money, power, or means to avoid the risks because of where they live, work, and access services (Gibson et al. 2019). The lived experiences of disadvantaged groups, the difficulties faced in accessing services and resources, and the effect of COVID-19 measures are critical to working toward recovery. Dzigbede et al. (2020) demonstrate that small, resource-poor communities and governments will not be able to respond well to COVID-19, and social inequities will grow; hence, participatory approaches that bring together resource sharing and coordination are needed. Agile-adaptive approaches, a policy of transparency in communicating risk, and citizens' participation and cooperation, are all critical factors in COVID-19 recovery efforts (Moon, 2020). Areas in which participatory approaches are needed in responding to COVID-19 are numerous. Based on the authors' research from different projects, the following (Table 1) are some of the key areas in which participatory methods can lead to more effective recovery and resilience.

Table 1. Key Areas of Recovery and Resilience

Focus area	Participatory process for
Determining vulnerability	- assessing who is at risk and the type of threats that exist for different population subgroups - determining the needs across different scales of practice (place, region, population subgroups) - identifying the nuanced approaches needed to respond to vulnerable population subgroups
Vision for change	- responding to opportunities and addressing the barriers of COVID-19 - determining the conflicts of interest and areas of compromise - developing strategies for change in the context at different scales (national, provincial, local) - identifying the community aspirations for recovery - determining whether to return to earlier stage (bounce back) or to a better stage (bounce forward) - determining the buy-in and commitment to change from different sectors
Co-production	- identifying which elements of the response efforts can be co-designed, planned, and co-produced across sectors - identifying the decision-making processes and how these can be made more collaborative
Setting time frames	determining whether to address short-term (mitigation) or long-term (recovery) needs
Rate of change	identifying the speed of change measures
Systemic and service responses	- identifying the type of essential services that are needed immediately and in the future - identifying the barriers to accessing services - determining the interdependencies of systems and efficacy of service systems to respond to needs - identifying gaps in systemic and service mechanisms - mapping how well systems are coping - identifying the direct and side effects of interventions

Focus area	Participatory process for
Local knowledge and capacity	• gathering local knowledge about key issues • identifying what will/will not work on the ground • determining the level of public awareness
Communication	• identifying the types of information needed • dispelling myths • identifying the channels of distribution of information and public communication and what will work at the local level • determining formats of distribution information (e.g., written, ICT) • identifying barriers to communication (e.g., internet access)
Coordination	• across agencies, across sectors, public
Resources	• identifying who has what resources for recovery • determining the level of social capital (at different geographic scales) • determining how resources are utilized (different interests, power, fairness in resource allocation) • identifying what internal–external community assets exist in the community and how they can be utilized • determining what other resources can be leveraged
Leadership	• identifying what roles agencies and communities play • defining leadership in terms of responding to COVID-19 in that specific context or place • identifying the influencers in the community • determining the capabilities needed to support shared leadership?
Protective measures	• identifying the needed protective measures to support strength-based approaches • determining what individual, community, and institutional strengthening is needed in the future for resilience

The UN argues that governments, civil society organizations, and the private sector need to be facilitated to be able to participate effectively. The key point is that "effective participation in the response requires people to be informed, involved in decisions that affect them and to see that any measures taken are necessary, reasonable and proportionate to combat the virus and save lives. We all have a role to play but the most effective way to maximize participation is through evidence, persuasion, and collective ownership. People need agency and voice in a crisis" (UN, 2020b). Good mechanisms for participation are not easy to establish quickly, and co-production effort, outreach, and engagement take time and require strong institutional processes. Working with community groups, building on their networks, capturing local knowledge, and locally responsive (not one size fits approach) place-based approaches will be essential toward effective recovery processes.

Nurturing good relationships at the community level and the facilitation of the inclusion of hard-to-reach groups are all critical to reduce the negative consequences of the pandemic and ensure sustainable and equitable recovery (Marston et al., 2020; Moon, 2020). The relationships and the building of trust between communities, authorities, and others in the stakeholder analysis that are essential ingredients of participation cannot be developed quickly and take considerable time (Adenipekun, 2020; MacLean et al., 2014). Societies that have a history of investing in building institutional cultures of participation and developing bridging social capital will be able to establish effective recovery mechanisms more rapidly than those that are just reactive to crisis.

Several elements that may affect involvement and recovery during a crisis, such as a pandemic, must be closely monitored. Social cohesion has been identified as a challenge and is "seen as a correlate and predictor of resilience," particularly during disasters (Dale et al., 2014; Townsend et al., 2015); moreover, data suggest that cohesion may account for anywhere from 21% to 49% of the variation in resilience (Townsend et al., 2015). COVID-19 has also revealed high levels of micro-level pressure on individuals and families (e.g., mental health consequences of confinement and isolation, fear, uncertainty/insecurity, anxiety, despair, loss, and bereavement), as well as family and domestic violence. According to research, the prevalence of mental health disorders is two to three times higher among disaster-affected populations than in the general population (Math et al., 2015).

The WHO (2020a) has identified a three-fold increase in the prevalence of mental health symptoms across different countries because of the pandemic. Groups that are identified as "at particular risk of psychological distress" include health workers, the elderly, children, and women. For example, in China, healthcare workers have reported high rates of depression

(50%), anxiety (45%), and insomnia (34%); in Canada, 47% of healthcare workers have reported a need for psychological support (WHO, 2020a). This report is often accompanied by a 60% (in 130 countries) disruption to mental health service delivery or lack of adequate services (WHO, 2020a).

ICT has a significant role in disaster response and recovery, according to research, particularly in information exchange, decision-making, establishing social capital, civic participation, and linkage for long-term rehabilitation (Cheng et al., 2015; Sakurai & Murayama, 2019). Our requirement for digital connectivity has risen dramatically as a result of adjusting our professional and personal lives to COVID-19. Work from home, service delivery, collecting information, connecting with family and friends, education, training and schooling, commercial transactions, entertainment/recreation, and, in particular, access to crucial health services have all been made possible by digital connectivity. During a pandemic, digital engagement can be extremely empowering, allowing people to overcome their feelings of helplessness and become active participants rather than passive observers. Individuals, communities, and businesses gain a sense of control and agency; lives and businesses are preserved; and the transition from victimhood to resilience is aided.

However, while the benefits of digital connectivity for participation in social and economic life are demonstrated, significant digital exclusion and digital divide occur across the globe. Digital inclusion–exclusion is linked to three key aspects: *affordability* (e.g., cost of plans), *access* (access to devices and infrastructure), and *ability* (digital skills and digital literacies) (Thomas et. al., 2019). Digital exclusion is compounded by other forms of disadvantages. Only an estimated 55% of homes around the world have internet access; in addition, women are less likely to have internet access (with a widening gap in this access) and are also less likely than men to be digitally literate (ITU & UNESCO, 2019). Other groups that are likely to be digitally excluded include the elderly, people living in remote areas, and people with disabilities (Marshal et al., 2020).

3.3. Discussion

A sustainable and concerted approach to recovery will require a platform for deliberation, co-design, development, and delivery (Babacan et al., 2020). Participation is sometimes dismissed under the pressures of the pandemic and is an additional risk or burden (Marston et al., 2020). However, the lack of participatory process will severely affect vulnerable communities. The existing disparities experienced by marginalized communities provide disproportionate exposure to the effects of COVID-19. Factors, such as poverty, food insecurity, crowded housing, lack

of infrastructure, and inadequate transportation, can exacerbate the local effects of disaster or pandemic events, thus increasing human suffering and limiting access to essential services (CDC, 2018). Communities that are socially and economically weak are less able to respond to and recover from pandemics and disasters (Gaynor & Wilson, 2020). Inequitable social systems create dramatically different realities for more vulnerable communities, resulting in disparities in resilience outcomes (Gaynor & Wilson, 2020; Kim & Bostwick, 2020; Marston et al., 2020).

A lack of a participatory and inclusive approach to responding to COVID-19 has consequences for managing the virus and equitable development outcomes. The first of these consequences is about understanding what works to control the spread of the disease. Measures introduced to "flatten the curve" will not work without understanding how it will be operationalized for vulnerable communities. Considerations in developing measures is the understanding by authorities of what will be effective strategies for vulnerable communities; such considerations include the type of information, stigma of the disease, living and working conditions, and level of access to services in specific locations. Many communities cannot implement social distance measures. Some have argued that social distancing is a privilege, and vulnerable communities cannot comply due to crowded housing, lack of sanitation infrastructure, and work conditions (Blow, 2020; Pederson & Favero, 2020). Many vulnerable communities hold frontline jobs (e.g., agricultural laborers, couriers, or drivers in transport industries, or those working in retail and service industries), where workers do not have the option to work from home nor can they give up work or afford the loss of income (Blow, 2020; Pederson & Favero, 2020; PEW Research Center, 2020). If effective outcomes are to be achieved in curbing the spread of the virus, then the most vulnerable must be able to participate in finding solutions that will work for them and their communities; such participation can only happen through the implementation of effective participatory processes.

The effects of COVID-19 are not going to disappear quickly, and many lag effects are emerging. As previously mentioned, the pandemic has exposed and deepened pre-existing inequalities. The different response and management approaches worldwide reveal that those with social solidarity, trust in government, pre-existing quality public systems, and effective participatory processes will be able to build resilience and recover effectively (Moon, 2020; Stiglitz, 2020). Many countries with entrenched inequalities also do not have strong institutional and governance processes, due to which they run the risk of the further exclusion of marginalized groups and the widening of social and economic disparities in the long term

(Luft, 2017; Martin-Howard & Farmbry, 2020). Participatory methods are critical to ensure that vulnerable communities can take part in recovery processes and deliver inclusive and equitable outcomes. As Stiglitz posits, addressing inequality and reducing disparities is a matter of "self-interest" as otherwise, increased inequality will mean a lack of robust global recovery, persistence of the pandemic, increased global disparities, and global divergence that will affect all aspects of social and economic life.

Participatory approaches in responding to COVID-19 must be integrated into key initiatives that build adaptive capacity and resilience. The forms of participation need to be situation, context, and place specific. Reducing vulnerability and providing social protection safety nets are also critical for inclusive development. Many cross-cutting issues and challenges exist, but evidence demonstrates that participatory approaches yield more effective outcomes over the short, medium, and long term. Ultimately, participatory approaches are about minimizing the disproportionate effects of COVID-19 and the fair sharing of the burden across society.

Partnership approaches and co-designing of programs will ensure ownership of the processes among those who are most affected by them and enable resource pooling to address complex problems. Building capabilities and skills and facilitating genuine participation in decision-making processes will contribute to long-term sustainability and recovery. Addressing the different challenges of participation for communities, building institutional capacity and cultures for co-design, and developing capabilities of stakeholders to work together are all important aspects of participatory approaches.

4. Conclusion

COVID-19 will have enduring effects on communities and particularly have negative outcomes for vulnerable communities in the long term. The global landscape is changing rapidly, with many disruptions being predicted. Adaptive capacity to COVID-19 is about regeneration and transformation for the long term. Measures must be compatible with a commitment to democratic accountability and the protection of civil liberties (Babacan et al., 2020; Hogan & Drew, 2020; Yunus Center, 2020). Cross-societal efforts are needed to achieve inclusive adaptive capacity. It is in all our interest to address vulnerability and inequality in responding to COVID-19 because of the serious consequences of the growing global disparity and an increasingly unjust world.

Author Contribution

Conceptualization and methodology of this article is conducted by Hurriyet Babacan. Validation and Formal analysis with Narayan Gopalkrishnan. Also, writing original draft preparation and review the article is done by Hurriyet Babacan and Narayan Gopalkrishnan.

Declaration of Conflicting Interest

There is no conflicting of interest for this manuscript.

Short Biography

Professor Hurriyet Babacan has a distinguished career over the last 25 years with a proven track record of achievement in senior leadership and strategic management roles. She has a distinguished record in scholarship in research, teaching and learning and community and professional service. She has held senior roles in higher education, public administration, and research and training such as Pro Vice Chancellor (Academic and Research), Dean, Head of School and Director of research Institutes. She was the Foundation Director of the Cairns Institute (2009-2012) and Director of the Institute for Community, Engagement and Policy Alternatives at Victoria University. In the public sector she has held roles such as Victorian Manager, Department of Prime Minister and Cabinet, Executive Director Community Outcomes Branch in the Department of Premier and Cabinet, Commissioner with the inaugural Multicultural Commission and CEO of Tablelands Regional Council.

Narayan Gopalkrishnan holds the position of Senior Lecturer in Social Work in the College of Arts, Society and Education. Narayan has a thirty-year career in Australia and overseas, working in universities, NGOs and the private sector. This has included major development projects and large corporate entities in India and work in the not-for-profit sector and academia in Australia. Narayan brings extensive experience in international development in Asia and has managed significant research projects in rural development. Narayan has expertise in Participatory Methodologies and has used these in studies at village and district levels in Asia. In Australia, Narayan has held senior leading roles in research and sector development. He was the Founding Director of the Centre for Multicultural and Community Development, at the University of the Sunshine Coast, unique in Australia in bringing together the dual focus on cultural diversity and community development and undertaking groundbreaking work in research, development and training. Narayan has also coordinated and taught in courses in community development, mental health, counselling, health,

globalization, social disadvantage, human rights and social justice, communication and thought, and social policy. He has been a visiting scholar in different universities around the world including Africa and Asia.

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