

Intra-crisis learning and prospective policy transfer in the Covid-19 pandemic

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Intra-crisis learning and Prospective Policy Transfer in the Covid-19 Pandemic

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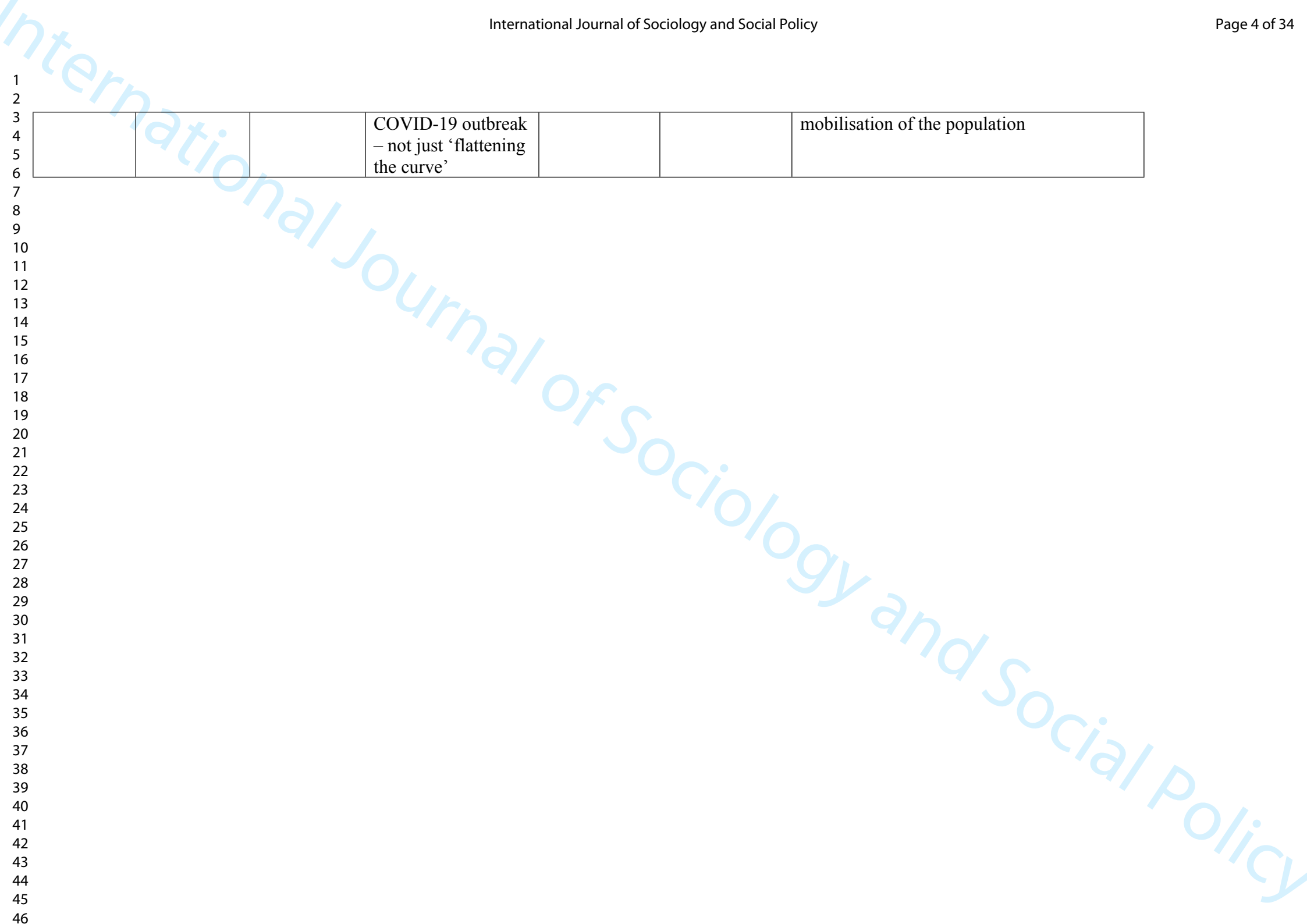
	Awareness		Assessment			Application
	Scope of Information	Adequacy and Accuracy of Information	Similarity of Problems and Goals	Policy Performance	Differences in Setting	
De Bruin	International examples of effectiveness	Limited detail	System at risk of collapse; Risk mitigation	Some early signs of effectiveness for each category of mitigation in a number of countries	Note that settings important	Too early to tell; little advice
Chen	China and USA	Limited detail	'Unprecedented global public health challenge'; little on goals	China more successful in contact tracing than the USA.	Note differences between USA and China	USA could learn from China
Duong	Vietnam (Positive)	Limited detail	Little on problems or goals	Few cases and no deaths; international acclaim	Implies that strategy transferable	Clear lessons, notably early and decisive action.
Edelman	Past (HIV)	Limited detail	Little on problems or goals	Not clear	Differences diseases, but some common features	Experiences with HIV can serve as a guidepost
Forman	International examples	Limited detail	'Tremendous economic and social	Poor overall response, but	Lessons appear to be	Only lesson of 'decisive leadership' clearly drawn from international experience

			costs of this pandemic.’	some nations have performed well	universally applicable.	
Ha	Korea (negative)	Limited detail	Little on problems, but ultimate goal of eliminating the virus	Poor response	Little on settings	Korea must learn from its mistakes.
Hasselgren	Past (Smallpox)	Limited detail	Little on problems or goals	Inoculation against smallpox was successful	Many similarities with previous pandemics	Innoculation of limited relevance as no vaccine
Islam	China + international evidence	Limited detail	Goal of controlling the current outbreak	Chinese success as a ‘role model for the world’	Discuss transferability	Recommend a three phase approach
Jaiswal	Past (AIDS)	Limited detail	Goal of understanding the impact on and importance of the Public Health response	Limited success	Diseases different, but transferability not explored	Suggest lessons associated with communication
Jhaveri	Past (2009 H1N1 Influenza Pandemic)	Limited detail	Goals of blunting the first wave and to manage health system surge capacity	Limited success	Diseases different, but transferability not explored	Suggest lessons of being prepared and taking action quickly
Jones	Past (Pandemics)	Limited detail	Discusses risks, but with little on detailed goals	Mix of past successes and failures	Little on transferability	Lessons not fully clear
Lee	Singapore (Positive)	Some detail	Goal of containing the spread early of	Singapore successful	Little on transferability	Suggests joined up rapid strategies

			the virus			
Marshall	Past (Zika)	Limited detail	Little on problems or goals	Mainly past failures	Little on transferability	Suggests lessons from Zika
Moon	Korea (Positive)	Some detail	Goal of mitigating the initial surge	Korea successful	Transfer difficult	Suggests public cooperation, preparation and rapid responses
Oh	Korea (Positive)	Some detail	Goals of lowering the incidence of new cases and sustaining a low mortality rate.	Korea successful	Transfer difficult	Advocates preparedness and rapid action
Olagnier	Denmark (Positive)	Some detail	Goals of low rates of infections and low death rates	Denmark successful	Transfer difficult	Suggest trust in government and rapid action, communication and cooperation
Rahimi	China + international evidence	Limited detail	Unclear	Unclear	Transfer difficult	Recommend joined up, international responses
Romagnani	Italy (Positive and negative regions)	Some detail	Goals of controlling the spread of the virus and mitigating the epidemic impacts	Policy failure	Little on transferability	Advocate a joined up international response
Ruiu	Italy (Negative)	Some detail	Goals of limiting the spread of the virus and limiting the spread of 'both chaos and panic'	Policy failure	Little on transferability	Advises a coordinated approach by all agencies involved, quick action and planning and resource availability
Wilson	New Zealand (Positive)	Some detail	Goals of 'achieving rapid and complete control over the	New Zealand successful	Little on transferability	Advises measures including trust in the government and the ability of the government to be led by expertise and the

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			COVID-19 outbreak – not just ‘flattening the curve’			mobilisation of the population
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Intra-crisis learning and Prospective Policy Transfer in the Covid-19 Pandemic

Abstract

Purpose

This article brings together the literatures on policy learning and lesson drawing with the intra-crisis learning literature in order to assess 'learning lessons' in the Covid-19 Pandemic.

Design

It carries out a structured review of articles that seek to provide lessons for the Pandemic. It examines these articles using Interpretative Content Analysis to apply the criteria of Prospective Policy Transfer to the material.

Findings

Application of the criteria of Prospective Policy Transfer suggests that lesson drawing was fairly limited. It is often not fully clear why nations were selected. Many articles were brief and provided limited detail, meaning that there was little depth on issues such as problems and goals, and on policy performance or policy success or failure. There was limited discussion of transferability of lessons, and few clear lessons could be drawn. Finally, the extent to which it was possible to learn lessons in a non-routine' or 'less routine' crisis, under conditions of threat, uncertainty, and urgency was generally not discussed.

Research limitations/implications (if applicable)

Practical implications (if applicable)

The criteria within the framework of Prospective Policy Transfer provides a template for policy-makers to assess lessons.

Social implications (if applicable)

Originality/value (mandatory)

This article indicates the problems of attempting to draw lessons from the past or from other nations to an unprecedented crisis, where decision-making is characterised by elements of threat, urgency and uncertainty.

Keywords

COVID-19; Lesson drawing; Prospective Policy Transfer; Crisis decision-making; Literature Review;

Research Article

Introduction

This article brings together the literatures on policy learning and lesson drawing with the intra-crisis learning literature in order to assess ‘learning lessons’ in the Covid 19 Pandemic. It examines the problems of ‘lessons’ within a crisis, focusing on the supply of lessons that seek to provide information of learning from the past (eg previous Pandemics) or from abroad. It draws together elements from the Mossberger and Wolman (2003) framework of Prospective Policy Transfer, the learning perspective (the type and source of lessons) and the crisis perspective (threat, uncertainty, and urgency in a non-routine and intra-crisis situation).

Governments in many nations stressed the importance of evidence-based policy making (EBPM), including learning from abroad, but policy making documents advocating this often do not consider how policy makers can incorporate evidence into policy (Legrand 2012).

Governments have often lacked a practical evaluation framework for selecting policy measures and then appraising the feasibility and transferability of such measures (Williams and Dzhekova 2014). Few studies have combined the EBPM and learning from abroad literatures (but see eg Ingold and Monaghan 2016; Legrand 2012). Moreover, most of the learning from abroad literature focuses on ‘normal’ rather than ‘crisis’ policy making, and so does not recognise the huge problems of crisis decision making (eg Boin et al 2018; Moynihan 2008, 2009).

The structure of the article is as follows. It first discusses policy learning and lesson drawing, including the notion of Prospective Policy Transfer (Mossberger and Wolman 2003). It then uses Interpretative Content Analysis to examine the articles, before applying the criteria of

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2
3 the Prospective Policy Transfer framework to the material. It then brings the material together
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5 with sections of Discussion and Conclusions.
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10 11 **Learning from Abroad** 12

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14 Reviews of policy learning over many years (eg Bennett and Howlett 1992; Vagionaki and
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16 Trein 2019) focused on a set of broadly similar topics and questions. For example, Bennett
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18 and Howlett (1992) discussed the subject of learning (who learns?); the object of learning
19
20 (learns what?); and the results of learning (to what effect?). The reviews also generally
21
22 discussed a category of ‘lesson drawing’ which included the work of Rose (1991, 1993),
23
24 known as the author who coined the concept ‘lesson-drawing’ for public policy. Rose points
25
26 out that lessons can be sought by searching across time and/or across space, with the critical
27
28 question of whether a programme that is successful in one setting can be transferred to
29
30 another. This means attention to both evaluating its initial effect in situ and the probability of
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32 transfer, which can be placed on a spectrum from perfect or total transferability (or
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34 ‘fungibility’) to total blockage.
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44 Much of the ‘lesson drawing’ and ‘policy transfer’ literatures paid limited attention to
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46 learning (eg Legrand 2012). From the learning perspective, Heikkila and Gerlak (2013)
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48 argued that information acquisition, translation, and dissemination phases of learning are
49
50 largely ignored in the policy literature. Wolman and Page (2002) examined policy transfer as
51
52 an instance of policy learning, adopting a communications and information framework that
53
54 focuses on information networks, including producers, senders, and facilitators of
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56 information we are as well as recipients. In particular, they pointed out that virtually all
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3 policy-transfer studies focus almost entirely on the receivers of information and the use they
4
5 make of it, rather than on senders and providers.
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11 Williams and Dzhekova (2014) review the literature on cross-national policy transfer,
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13 focusing on the main approaches associated with policy transfer, and obstacles and factors for
14
15 success of policy transfer. They argue that the extensive literature on policy transfer and
16
17 lesson-drawing recognizes a number of problems associated with the process of extrapolating
18
19 “lessons” and best practices and applying them to a different context. They discuss
20
21 Prospective Policy Transfer (below), before suggesting a practical framework for the rapid
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23 appraisal of prospective policy measures, including criteria/questions to be asked when
24
25 assessing the applicability (generalizability) and transferability (feasibility) of policy.
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33 Mossberger and Wolman (2003) focused on policy makers' attempts to assess the effect of a
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35 policy or program before it is put in place, which is called prospective policy evaluation, a
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37 term coined by Rose (1991, 1993). They proposed criteria for assessing policy transfer as a
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39 form of prospective policy evaluation: awareness (scope of information; adequacy and
40
41 accuracy of information); assessment (similarity of problems and goals; policy performance;
42
43 differences in setting); and application (whether information about the policy in another
44
45 country is actually used in the decision process). They then reviewed 17 case studies of cross-
46
47 national policy transfer (mainly academic journal articles and texts) to ask to what extent they
48
49 meet their “rational” criteria (see below). They then proceeded to a set of recommendations
50
51 based on recognizing problems and coping through bounded rationality: information sources
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53 (mixed scanning as a heuristic; multiple sources); ‘awareness of problems and criticism;
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3 consideration of potential conflicts with new goals; limited learning or prediction; awareness
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5 of supporting policies and institutions; and uncertainty in prospective evaluation' (see below).
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10 11 **Learning and Crisis** 12

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15 The cross-national lesson drawing and policy transfer literatures operate in 'normal' times,
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17 but 'normal policy making' is very different from learning in a crisis (eg Moynihan 2008,
18
19 2009). Many commentators drew on the definition of a crisis by Rosenthal et al (1989, p. 10),
20
21 with its constituent elements of threat, uncertainty, and urgency (eg Moynihan 2008, 2009;
22
23 Boin et al 2018). According to Boin et al (2018), crises created impossible conditions for
24
25 those who seek to manage a response operation, forcing them to make urgent decisions while
26
27 essential information about causes and consequences remains unavailable, unreliable or
28
29 incomplete.
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36 It is broadly argued that lesson-drawing was one of the most underdeveloped aspects of crisis
37
38 management (eg Boin et al 2018). The literature distinguished learning across crises and
39
40 learning within a crisis, or inter-crisis and intra-crisis management (Moynihan 2009).

41
42 Moynihan (2008, 2009) wrote that we know less about intra-crisis learning, which may be
43
44 more difficult than, inter-crisis learning. Brändström et al (2004) explored cases where
45
46 decision-makers draw on history in managing a current crisis or 'coping with crisis by
47
48 searching the past'. They differentiated learning in crises (the use of historical analogies
49
50 during crisis decision-making) and learning from crises (the extent to which crises provide
51
52 opportunities for policy-oriented learning). It is important to take into account the additional
53
54 problems of intra-crisis learning with its constituent elements of threat, uncertainty, and
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56 urgency (eg Moynihan 2008, 2009; Boin et al 2018; Weible et al 2020). Lessons must be
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3 learnt quickly in real time and based on evidence with large confidence limits and subject to
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5 change. Moynihan (2008, 2009) also differentiated between 'routine' and 'non-routine' or
6
7 'less routine' crises. In routine crises, standard procedures that work well in one setting can
8
9 usually be applied to another, such as in forest fires or earthquakes. In such a setting,
10
11 successful inter-crisis learning reduced the need for intra-crisis learning. However, less
12
13 familiar crises with non-routine tasks were more difficult to manage.
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21 **Method**

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23 We searched Web of Science for 2020 using the terms 'Covid AND lessons' on 13 July 2020,
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25 resulting in 429 articles. Many of the vast number of articles on Covid-19 suggest at least
26
27 implicit lessons, but we focused on explicit 'lessons' in the Title, Abstract, or Keywords. This
28
29 brought up lessons from other nations and from previous Pandemics. With the lag-time
30
31 associated with academic publishing, most articles were written during the growth and peak
32
33 of the Pandemic in the nations of origin of most of the authors (Europe and the USA).
34
35 Inclusion criteria included: lessons learned from both time and space in relation to policy. In
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37 other words, the article had to produce a lesson from either the past or from another nation.
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39 Applying the inclusion criteria through reading Titles and Abstracts left a final list of 20
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50 articles.

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52 This study uses Interpretive Content Analysis (ICA) (Drisko and Maschi 2016). It uses a
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54 deductive approach that focuses on both manifest and latent content. A deductive approach is
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56 useful if the general aim is to test a previous theory, and keywords are derived from the
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58 interest of researchers or review of literature. CA may also be focused on manifest or latent
59
60 content. Manifest CA involves analyzing for the appearance of a particular word or content,

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3 while latent CA refers to the process of interpretation of content, or discovering underlying
4 meanings of the words or the content. In addition to key words, it drew on connotative codes,
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6 which are based not on explicit words but on the overall or symbolic meaning of phrases or
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8 passages.
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16 **Prospective Policy Evaluation for Covid-19**

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19 This section examines the material from the sources cited by the reports drawing on the
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21 Mossberger and Wolman (2003) criteria of prospective policy transfer.
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27 ***Awareness: Scope of Information.***

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30 This section examines the sources of lessons, and the justification for that choice. Mossberger
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32 and Wolman (2003) suggested that policies selected for emulation would be those that have
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34 proven successful (see below), have been implemented in countries with important
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36 similarities, or have addressed a similar problem (see below).
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43 de Bruin et al (2020) examined the initial impacts of global risk mitigation measures taken
44
45 during the COVID-19 pandemic. In particular, they reviewed early signs of effectiveness
46
47 under the categories of Mobility Restrictions (China); socio-economic restrictions (reduced
48
49 mobility in most European countries); physical distancing; hygiene measures (temporary
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51 prohibited of wild life markets in China; encouragement of wearing face masks in public in
52
53 some Asian and EU nations); communication (trustworthy and well-coordinated
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55 communication channels to create community trust and compliance in Hong Kong,
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57 Singapore, Japan and Korea) and international support mechanisms.
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6 Chen et al (2020) presented four key lessons (effective surveillance, reporting, and contact
7 tracing; multi-sectoral efforts; sustained and routine prevention efforts; and a strong public
8 health system) learned from efforts to address the pandemic in China and the US. Duong et al
9 (2020) presented lessons from the 'limited resource country' of Vietnam. They pointed out
10 that despite being one of the earliest countries influenced by the pandemic, Vietnam has
11 received the world's acclaim for its low-cost and effective strategy in their fight against
12 COVID-19. The lessons learned from what Vietnam has done so far could stand out as an
13 example of how to do more with less.
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28 Edelman et al (2020) explored how lessons from HIV can inform the response to COVID-19.
29 Forman et al (2020) provided 12 Lessons learned from the management of the coronavirus
30 pandemic, seemingly drawn from 'vignettes' of international evidence. They mentioned
31 nations such as China, USA, Brazil, UK, Korea, New Zealand, Germany, Finland, Iceland
32 and Taiwan, France, and international organisations such as the EU, WB, and WHO. Ha
33 (2020) suggested that Korea is in urgent need of moving away from a divided community
34 approach and adopting a total community approach.
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47 Hasselgren (2020) explored lessons from the Smallpox Epidemics in America in the 1700s,
48 as the 'many similarities between events during the 1700s and today's onslaught by the
49 coronavirus are remarkable'. However, most of the article focused on inoculation, although
50 there is no effective COVID-19 vaccine. Islam et al (2020) carried out a review of articles
51 focusing on human coronaviruses, including SARS, MERS, and COVID-19 virus with their
52 epidemiology, transmission dynamics, and current situation of the outbreak, and prevention
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3 and control measures. They focused on the three phases undertaken by China that could be
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5 adopted by other countries, because China was the country where the first epidemic started,
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7 and was also the first success story too. They argued that basic approaches quite similar to
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9 China, primarily focusing on test, isolation, and quarantine, largely controlled the virus in
10
11 Korea, Japan, and Norway. However, according to studies in their review (Table 3), nations
12
13 that failed to control the virus were France, Iran, Italy, Netherlands, Spain, Switzerland,
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15 Turkey, UK and USA, mainly for reasons such as limited testing and tracing, and being late
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17 in enforcing lockdowns.
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24 According to Jaiswal et al (2020), disinformation, misinformation and inequality-driven
25
26 mistrust were ‘lessons unlearned from AIDS denialism’. Jhaveri (2020) examined ‘echoes of
27
28 2009 H1N1 Influenza Pandemic in the COVID Pandemic’ Jones (2020) outlined lessons
29
30 from previous Pandemics. Lee et al (2020) suggested that although Singapore was one of the
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32 first countries to be affected by COVID-19, and for a while was the country with the highest
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34 case numbers outside China, its comprehensive surveillance system strategy, coupled with
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36 community-based measures proportionate to the transmission risk, has been effective in
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38 containing spread. Marshall et al (2020) considered if lessons could be learned from the
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40 response to Florida’s Zika outbreak in 2016-2018.
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48 Moon (2020) claimed that unlike many Western countries, Korea has been able to contain the
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50 spread of COVID-19 without a harsh forced lockdown of the epicentre of the virus, arguing
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52 that an agile-adaptive approach, a policy of transparency in communicating risk, and citizens’
53
54 voluntary cooperation were critical factors. Oh et al (2020) examined the ‘strong national
55
56 response’ in Korea. Olganier and Mogensen (2020) presented ‘big lessons from a small
57
58 country’ of Denmark. They discussed whether geographical, demographical, and
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3 governmental factors can explain the Danish success in fighting Covid-19, before arguing
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5 that trust and Danish culture were critical factors. They concluded that overall, it is probably
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7 not a single factor, but the sum of different factors, that together have contributed to the
8
9 effective management of the coronavirus crisis.
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16 Rahimi and Abadi (2020) noted that different countries affected by the COVID-19 outbreak
17
18 have responded discrepantly, but a uniform strategy is required to tackle this pandemic. They
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20 then proposed five mandatory measures to efficiently control and tackle any present or future
21
22 outbreaks of COVID-19. However, the evidence appeared rather loose, and only mentions
23
24 China. Romagnani et al (2020) focused on lessons from the Italian experience of Covid-19.
25
26 More specifically, they contrast the testing strategy of the two regions of Lombardy and
27
28 Veneto, concluding that the latter was more successful than the former. Ruiu (2020) pointed
29
30 to lessons learned from the ‘mismanagement’ of Covid-19 in Italy, which was one of the
31
32 most affected countries in the world. Wilson (2020) focused on the leadership approach and
33
34 practices of the New Zealand government, notably adopting the ambitious goal of achieving
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36 rapid and complete control over the COVID-19 outbreak, rather than just ‘flattening the
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38 curve’.
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47 ***Awareness: Adequacy and Accuracy of Information***

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50 Mossberger and Wolman (2003) focused on the accuracy of information about the goals,
51
52 design, and actual operation of policies. However, as they discuss similarity of problems and
53
54 goals, and policy performance in other criteria (below), this section examines the level of
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56 detail. They wrote that in most cases, borrowing countries appeared to have reasonably
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58 accurate and detailed knowledge about the mechanics of the programme. However, this
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3 tended to be gathered through study visits and conferences, and programme evaluations and
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5 material from critics were sometimes lacking.
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11 There is inevitably some trade-off between breadth and depth, with articles focusing on one
12 nation able to provide greater detail. de Bruin et al (2020) examined early signs of
13 effectiveness across nations for their six categories in a page or so, making it difficult to
14 provide much detail. Chen et al (2020) discussed four key lessons (effective surveillance,
15 reporting, and contact tracing; multi-sectoral efforts; sustained and routine prevention efforts;
16 and a strong public health system) for China and the US in a three page article. Duong et al
17 (2020) was unable to provide much detail in a two page letter, but set out key interventions
18 chronologically in a Table. Edelman et al (2020) covered seven 'critical observations and
19 lessons to be learned' in some three pages. Forman et al (2020) discussed 12 Lessons within a
20 short article, and so details on each are necessarily thin. Ha (2020) was unable to provide
21 much detail in an article of some two pages. Hasselgren (2020) focused mainly on smallpox
22 inoculation, although there is no effective COVID-19 vaccine. Islam et al (2020) provided
23 some detail on China, but international evidence from their review was briefly summarised in
24 a Table. Jaiswal et al (2020) provide limited detail in some three pages of text. Jhaveri (2020)
25 examined the 2009 H1N1 Influenza Pandemic, with just over one page devoted to 'Lessons
26 from 2009 that are relevant to the Covid-19 Public Health response'.
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51 In a brief article of some three pages, Jones (2020) focused most attention on past Pandemics.
52 Lee et al (2020) provided some detail on Singapore's approach, including surveillance and
53 containment, healthcare, community and social, and border control measures, comparing
54 them with selected other nations (their Table 1). Marshall et al (2020) mainly contained a
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3 descriptive qualitative case study of Florida's response to Zika, with the section on 'Insights
4 into COVID-19 Response' taking up just over one page. Moon (2020) provided some detail
5 on the Korean strategy. Oh et al (2020) provided a detailed account of Korea's response.
6
7 Oलगnier and Mogensen (2020) discussed the Danish "Act fast and act with force" approach,
8 in the context of geographical, demographical, and governmental factors, as well as trust and
9 Danish culture. Rahimi and Abadi (2020) were unable to provide much detail on their 'five
10 mandatory measures' in an article of some three pages. Romagnani et al (2020) focused on
11 lessons from the Italian experience of Covid-19. More specifically, they contrasted the testing
12 strategy of the two regions of Lombardy and Veneto, concluding that the latter was more
13 successful than the former. Ruiu (2020) discussed political, scientific, media and public
14 responses, stressing five communication weaknesses of outbreak management in Italy.
15 Wilson (2020) set New Zealand's 'go hard, and go early' approach within the broader
16 national context and leadership style.
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37 ***Assessment: Similarity of Problems and Goals***

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39 According to Mossberger and Wolman (2003), potential adopters must identify which
40 problem(s) the policy has been used to address and the associated goals, and then determine
41 the extent to which these are similar to the problems they face and the goals they wish to
42 pursue. They pointed out that one frequently cited reason for unsuccessful policy transfer is
43 the effort to transplant a policy that was intended to serve one purpose in the originating
44 country to serve other ends in the borrowing country.
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57 de Bruin et al (2020) noted that at the time of writing, the Italian health care remains on the
58 brink of collapse experiencing innumerable numbers of hospitalised patients, a scarcity of
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3 intensive care beds, medical staff), PPEs, ventilators and medicines. Moreover, other
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5 countries, including Spain and the United States, also experienced similar challenges in
6
7 different degrees. They focused on 'risk mitigation': controlling the infection to prevent the
8
9 spread of COVID-19 is regarded as the only intervention that could be used. Chen et al
10
11 (2020) regarded Covid-19 as an 'unprecedented global public health challenge', with the
12
13 growing number of deaths, and has placed millions of people in full or partial quarantine,
14
15 disrupted commerce, and caused meltdowns of the global financial market, but do not seem
16
17 to provide much explicit precision on goals. Duong et al (2020) provided little explicit detail
18
19 on problems or goals, beyond stating that for Vietnam the major challenge is now to
20
21 control potential community transmission clusters. Edelman et al (2020) said little about
22
23 problems or goals. Forman et al (2020) pointed to the 'tremendous economic and social costs
24
25 of this pandemic.' Ha (2020) said little about problems or goals, but is one of the few studies
26
27 that regard Korea as a negative lesson of 'a divided community approach.' It regarded the
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29 ultimate goal as eliminating the virus from the country.
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38 Hasselgren (2020) discussed problems associated with smallpox, but says little about goals.
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40 Islam et al (2020) stated that controlling COVID-19 in the future and points to goals of
41
42 controlling the current outbreak and prevention strategies. Jaiswal et al (2020) pointed to
43
44 goals of understanding the impact on and importance of the Public Health response of
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46 disinformation, misinformation and mistrust.
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52 Jhaveri (2020) discussed 'goals' of social distancing in order to 'blunt the first wave' and to
53
54 manage health system surge capacity. Jones (2020) discussed risks, but with little on detailed
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56 goals. Lee et al (2020) outlined goals of containing the spread early of the virus. Marshall et
57
58 al (2020) gave little mention of specific goals. Moon (2020) outlined the goals of mitigating
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2
3 the initial surge of COVID-19. Oh et al (2020) pointed to the ‘intentions and goals’ of
4
5 lowering the incidence of new cases and sustaining a low mortality rate. According to
6
7 Olagnier and Mogensen (2020), the goals were low rates of infections and low death rates.
8
9 While Rahimi and Abadi (2020) gave some mention to managing the present and future
10
11 outbreaks, there seem to be no more specific goals related to this. Romagnani et al (2020)
12
13 pointed to the overall goals of controlling the spread of the virus and mitigating the epidemic
14
15 impacts. Ruiu (2020) discussed goals of limiting the spread of the virus and limiting the
16
17 spread of ‘both chaos and panic’. Wilson (2020) was more specific, pointing to New
18
19 Zealand’s goals of ‘achieving rapid and complete control over the COVID-19 outbreak – not
20
21 just ‘flattening the curve’ as other countries are struggling to do.
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31 *Assessment: Policy performance*

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34 Mossberger and Wolman (2003) stressed that policy makers should assess the extent to which
35
36 the policy they wish to emulate was successful, or the respects in which it was successful.
37
38 However, this was in many ways the most difficult dilemma in the policy transfer process,
39
40 with problems of selection bias (more information from programme advocates than critics;
41
42 and few evaluations). The unsystematic and un-structured means of information gathering
43
44 about policies can lead to policy making by anecdote rather than by analysis.
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52 De Bruin et al (2020) discussed early signs of effectiveness for each category of mitigation.
53
54 In particular they state that early analysis of the Wuhan COVID-19 outbreak suggest that the
55
56 effects of travel limitations are important for national and international agencies dealing with
57
58 public health response planning (mobility restrictions) and that individual behaviour is crucial
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3 in controlling the spread of COVID-19. They cited Anderson et al (2020) that the application
4
5 of a combination of mitigation measures such as physical distancing in combination with the
6
7 ban of mass gatherings, good diagnostic facilities and remotely accessed health advice,
8
9 together with specialised treatment for people with severe COVID-19 infections, was
10
11 suggested to lead to a 60% reduction in transmission. They concluded that the highest effect
12
13 is obtained by applying a combination of measures representing different aims. However, it
14
15 seemed that policy performance is not good as in Europe, in the current major hotspots in
16
17 Italy and Spain, and recently in the US, in New York, hospitals were being overwhelmed.
18
19 Chen et al (2020) stated that China appears to be more successful in contact tracing than the
20
21 USA. Duong et al (2020) pointed out that to date (April 10, 2020), Vietnam has had 255
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23 confirmed cases and no deaths due to the COVID-19 pandemic, and has received
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25 acclaim for its management of the virus.
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34 It was not fully clear if Edelman et al (2020) regarded policy performance associated with
35
36 HIV as a success. Forman et al (2020) noted that although it would be many months or even
37
38 years before the final verdict can be reached, 'we believe that it is already possible to
39
40 identify 12 key lessons'. They pointed out that while some nations have performed well, in
41
42 global terms the Pandemic has close to five million cases and over 300,000 deaths. As noted
43
44 above, Ha (2020) claimed that Korea is in urgent need of moving away from a divided
45
46 community approach. Hasselgren (2020) noted that, despite opposition in some quarters,
47
48 inoculation against smallpox was successful. Islam et al (2020) stated that China
49
50 demonstrated success as a 'role model for the world' with a three phase rapid approach,
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52 prevention, reduction of new cases, reduction of clusters. Jaiswal et al (2020) discussed the
53
54 lack of success of the lack of communication had upon certain groups in society in relation to
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56 COVID-19. This was similar to the AIDS crisis, suggesting that lessons had not been learned.
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6 Jhaveri (2020) pointed to a lack of success as action was not taken quickly enough and plans
7
8 were not in place for a major outbreak such as Covid-19. Jones (2020) stated that diseases are
9
10 unpredictable and hard to plan for, but provides some mention of the successes of quarantine,
11
12 testing and social distancing of previous Pandemics, but also of the failures as a result of poor
13
14 planning and stigma. Lee et al (2020) argued that Singapore was successful, which was
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16 dependent upon concise government action, coupled with a combination of measures such as
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18 surveillance, containment, healthcare and border control.
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25 Marshall et al (2020) focused on failures in relation to Zika on rapid results, and public
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27 knowledge about transmission. The discussion of COVID-19 was more speculative, but
28
29 indicative of failure again in these areas. Moon (2020) linked the success of Korea to learning
30
31 and preparedness from the previous MERs outbreak. Oh et al (2020) pointed to success
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33 associated with hospital capacity, TTT, rapid response and mobilisation. They stated that this
34
35 was due in part to past learning from MERS.
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43 Olganier and Mogensen (2020) argued that the Danish 'Act fast and act with force' policies
44
45 were successful and performed well, alongside public cooperation and clear communication.
46
47 There was little mention of overall success or failure of approaches in Rahimi and Abadi
48
49 (2020) as the discussion was global. However, they claimed that more preparation
50
51 internationally was required and measures needed to be put in place in relation to movement,
52
53 quarantine, livestock and resources where existing policies have failed. Romagnani et al
54
55 (2020) pointed to policy failure in Italy, which performed poorly due to a lack of streamlined
56
57 protocols and procedures. Ruiu (2020) highlighted a failure of policies from lack of
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3 coordination and rapid response, coupled with poor PPE resources, which meant that the
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5 approaches taken performed poorly. Wilson (2020) discussed successful policy based upon
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7 the leadership, and linked to rapid response, science led and trust in government.
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10 11 12 13 ***Assessment: Differences in Setting***

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16 An assessment should be made of the extent to which particular features of the new policy
17
18 environment differ from the policy's original setting, and whether these differences matter for
19
20 implementation or outcomes (Mosberger and Wolman 2003). For their literature review, they
21
22 questioned whether policy makers in the borrowing unit identify important differences in the
23
24 policy or programme setting.
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31 de Bruin et al (2020) noted that settings and type of governments impact upon how the
32
33 policies are introduced, the communication and how rapidly they can be implemented, which
34
35 was dependent upon resources and compliance. The rules and policies adopted by many
36
37 countries differed as well as societal and population structure, and healthcare systems. They
38
39 concluded that success is dependent upon how rapidly the risk mitigation strategies can be
40
41 applied and are reliant upon citizen's trust, resources and clear multi-agency, national and
42
43 international communication. Chen et al (2020) noted differences between USA and China,
44
45 but it is less clear how these relate to policy transfer. Duong et al (2020) showed that a nation
46
47 can do 'more with less', with a low-cost and effective strategy in their fight against
48
49 COVID-19. Edelman et al (2020) stated that while HIV/AIDS and COVID-19 are entirely
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51 different diseases with different modes of transmission and natural history, both require
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53 confronting denial of their danger and similar and specific clinical and public health
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55 approaches.
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5 Forman et al (2020) did not seem to consider that context is important, as their 12 lessons
6 appear to be universally applicable. Ha (2020) said little about settings, beyond the claim of a
7 divided community approach. Hasselgren (2020) argued that the COVID-19 pandemic offers
8 many similarities with previous pandemics hitting our country. In particular, the smallpox
9 epidemics during the 1700s threatened the lives of multitudes and created panic and fear in
10 the society, similar to the situation caused by the coronavirus. However, much of his article
11 concerned inoculation, but there is no vaccine for Covid-19. Islam et al (2020) implied that
12 transferability is dependent upon the governments' abilities and whether they can move
13 quickly and decisively. Comparators with other countries demonstrate where failures were
14 evident in comparison to the approach by China due to slow action and less stringent
15 measures.
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33 Jaiswal et al (2020) appeared to assume that suggestions can be made without a large
34 consideration of time contexts. They noted that the timeframes and the nature of the disease is
35 different, but issues of transferability are not directly explored. Jhaveri (2020) noted major
36 differences relating to the nature of H1N1 and COVIS-19, but transferability issues with the
37 actions taken with H1N1 and COVID-19 measures are not explored in detail. Jones (2020)
38 gave little in depth consideration to different spatial or time contexts and transferability of the
39 approaches discussed. Lee et al (2020) offered comparisons to measures in other countries
40 measures, but no detailed discussion of issues with context and transferability issues is
41 provided. Marshall et al (2020) discussed only the Florida context, without much
42 consideration of transferability. Moon (2020) argued that adapting and transferring Korean
43 policies to Western countries may be difficult due to the lack of public trust, lack of past
44 experience (SARs/MERs), and the ability to act quickly.
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6 Oh et al (2020) discussed that transferability may be difficult as other countries have not had
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8 the experience of SARs/MERs and that ‘decisive central leadership and a strong
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10 decentralized system open to the repurposing and flexible reallocation of resources and
11
12 depended on political leadership and a commitment and willingness to try innovative
13
14 responses’ need to be present and considered when transferring the polices discussed.
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17 Olganier and Mogensen (2020) outlined that transferability may be difficult due to
18
19 demographical differences which are key in prevention alongside rapid action. They also
20
21 outlined the uniqueness of the cultural position with widespread trust in the government that
22
23 may not be present elsewhere. Rahimi and Abadi (2020) discussed that differences in settings
24
25 may make international working difficult due to demographical and cultural differences but
26
27 did not give any in depth consideration to issues of transferability across nations. Romagnani
28
29 et al (2020) discussed protocols and strategies, but with little attention to issues of
30
31 transferability. Ruiu (2020) did not discuss how the measures implemented and suggested can
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33 be transferred across settings and contexts. Wilson (2020) offered little consideration or
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35 discussion on issues of transferability across contexts.
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44 *Application*

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46 The final criterion of Mossberger and Wolman (2003) was whether information about the
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48 policy in another country is actually used in the decision process, with application premised
49
50 on adequate information about and assessment of the nature of the problem, policy goals,
51
52 policy performance, and the policy environment. Clearly, these documents were not produced
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54 by government, and so this section examines if the documents made a clear recommendation
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56 based on lessons from other nations or from the past.
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6 De Bruin et al (2020) concluded that it is too early to detect the impact of different mitigation
7 strategies, making it is not yet possible to give quantitative advice. Chen et al (2020) implied
8 that the USA could learn from China on issues such as surveillance, reporting, and contact
9 tracing. Duong et al (2020) provided four clear lessons: a strong political commitment and
10 prompt actions with the engagement of stakeholders; best risk communication practice;
11 Intensive surveillance, case management, contact tracing, and large-scale health quarantine;
12 and series of suspension for flights, shutting schools, and closing all public places. However,
13 the Table of Key COVID-19 Interventions suggested the importance of early and decisive
14 action. Edelman et al (2020) concluded that the decades of experiences with HIV can serve as
15 a guidepost as for the Covid-19 Pandemic. Forman et al's (2020) 12 lessons did not seem to
16 be closely drawn from national experience, apart from 'decisive leadership' in nations such as
17 China (slightly belatedly), Korea, New Zealand, Germany, Finland, Iceland and Taiwan. Ha
18 (2020) implied that Korea must learn from its mistakes. Given that there is no vaccine for
19 Covid-19, Hasselgren's (2020) recommendation of smallpox inoculation was of limited
20 relevance.
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42 Islam et al (2020) recommended a three phase approach: prevention/isolation/surveillance;
43 restrictions/treatments; and reduce clusters/enhance evidence/use data. Jaiswal et al (2020)
44 recommended that the following lessons be adapted from the AIDS crisis to COVID-19:
45 recognition of misinformation and mistrust; and better understanding by public health of how
46 to communicate clear and transparent information to marginal groups. Jhaveri (2020)
47 suggested that being prepared and also taking action quickly is key (i.e social
48 distancing/school closures) and that preparation for a second wave of infections should be
49 underway. Jones (2020) argued that we learn from the past in context, referring to hindsight
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3 with stigma and health professional deaths and exaggerated fears as risk factors. Lee et al
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5 (2020) advocated that governments adopt joined up rapid strategies to negate a large outbreak
6
7 utilising a range of methods gained from SARS. i.e containment/surveillance, healthcare,
8
9 border control, social/community measures. Marshall et al (2020) suggested that strategies
10
11 and failures from Zika can be applied in the instance of Covid-19 and mistakes made can be
12
13 learned from 'coordination of resources, essential services and treatment, data collection,
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15 communication among public health and healthcare systems, and dissemination of
16
17 information, community education, testing accuracy and turnaround time, financing, and
18
19 continuity of health services'.

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27 Moon (2020) argued for a focus on public cooperation, preparation and rapid responses to an
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29 outbreak. Oh et al (2020) advocated preparedness and rapid action based upon robust
30
31 planning and communication strategies. Olagnier and Mogensen (2020) stated that successful
32
33 application comes from trust in government and rapid action, communication and
34
35 cooperation. Rahimi and Abadi (2020) recommended that joined up, international responses
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37 are required to a number of elements rather than applicability to just one setting. i.e livestock
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39 trading, vaccine projects, rapid quarantine measures, PPE supply, regulation and provision.
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41 Romagnani et al (2020) advocated a joined up international response to the outbreak and
42
43 further outbreaks. Ruiu (2020) advised a coordinated approach by all agencies involved,
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45 quick action and planning and resource availability. Wilson (2020) advised measures
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47 including trust in the government and the ability of the government to be led by expertise and
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49 the mobilisation of the population.
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57 **Discussion**

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3 Table 1 sums up how the articles fared according to the criteria of Prospective Policy
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5 Transfer (Mossberger and Wolman 2003). A wide variety of nations are covered under
6
7 ‘Scope of Information’, with some articles covering a range of nations (eg review) while
8
9 others focused on single nations. The criteria for selection were not always clear. Reviews
10
11 presented the results of their search, while it was sometimes clear that a single nation
12
13 presented either a positive (eg Korea, New Zealand) or negative lesson (eg Italy). Most
14
15 positive lessons came from nations that had seen fewer cases and deaths (see eg
16
17 Worldometer). Many of these have been covered in other sources such as news media
18
19 (Author Ref). It was good to see lessons from some nations that have not been extensively
20
21 covered such as Vietnam, but surprising not to see more focus on Germany. On the other
22
23 hand, there were some ‘dogs that did not bark’ in that nations such as Greece, and some East
24
25 European nations with low case numbers and deaths were not mentioned. Moreover, it was
26
27 not clear that nations had been chosen on the basis of important similarities or similar
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29 problems (Mossberger and Wolman 2003). This was particularly the case for lessons from the
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31 past.
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41 The criterion of ‘adequacy and accuracy of information’ was limited by the brevity of many
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43 of the articles, making providing much detail problematic, especially if they attempted to
44
45 cover more than one nation. There were very few long articles that focused on one nation
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47 (but see Olganier and Mogensen (2020) on Denmark).
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54 Similarly, there was limited detail on problems and goals. The ‘rational policy process’
55
56 approach clearly links problems and goals. For example, if lack of hospital capacity is seen as
57
58 a problem, then the associated goal may be to rapidly increase that capacity, as in the
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3 construction of the 'Nightingale' hospitals in the UK. Problems broadly included health
4 systems being overwhelmed, and issues such as lack of PPE. Goals were often vague. For
5
6 example, it was unclear if the goal was mitigation '(flattening the curve) or eradication (eg
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8 New Zealand).
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18 Similarly, as goals tended to be unclear, policy performance or policy success or failure was
19
20 often also not clear. Drawing on the policy success literature, Weible et al (2020) argue that
21
22 success or failure can be judged as part of decisions, processes, and politics, containing
23
24 multiple narratives and versions For example, it might be argued that the UK succeeded on
25
26 rapidly increasing hospital capacity, but failed on just about every other possible criterion.
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33 Relatively limited attention was paid to 'Settings', with some studies appearing to assume
34
35 perfect transferability or 'fungibility' of lessons (Rose 1991). A few articles did note that
36
37 transfer may be problematic (eg Moon 2020; Oh et al 2020; Olganier and Mogensen 2020;
38
39 Rahimi and Abadi 2020), particularly with respect to factors such as national culture and trust
40
41 in the government. Moreover, lessons must be related to 'real time'. Stressing preparedness is
42
43 similar to the old story of 'I wouldn't start from here': while they are wise words for any
44
45 future Pandemic, it is difficult for any nation to build the infrastructure that (eg) Korea took
46
47 some years to do after SARS in a matter of weeks, although Germany increased its testing
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49 capacity very quickly. Even when there was some discussion of settings, it was often unclear
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51 how these related to transferability.
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3 Finally, for ‘Application’, few clear recommendations were made. Some lessons were
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5 suggested (eg Duong 2020; Forman et al 2020). The main lessons seemed to be on
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7 surveillance and contact tracing (eg Chen et al 2020; Duong et al 2020; Lee et al 2020); early
8
9 and decisive leadership (eg Forman et al 2020; Jhaveri 2020; Marshall et al 2020; Moon
10
11 2020; Olganier and Mogensen 2020; Ruiu 2020); communication (Duong et al 2020;
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13 Olganier and Mogensen(2020); border control (eg Duong et al 2020); joined up strategies and
14
15 co-operation (Lee et al 2020; Marshall et al 2020; Moon 2020; .Rahimi and Abadi 2020;
16
17 Romagnani et al 2020); trust in government (Olganier and Mogensen (2020; Wilson 2020);
18
19 and preparedness (eg Moon 2020; Oh et al 2020). However, partly associated with the lack of
20
21 detail (above), lessons were often fairly broad. For example, ‘lockdown’ may have many
22
23 different elements such as speed (relative to time of first case or death), harshness (eg stay at
24
25 home apart from essentials such as food and medicine), and compliance and enforcement. For
26
27 example, Dergiades et al (2020) found that for 32 nations, the greater the strength of
28
29 government interventions at an early stage, the more effective these are in slowing down or
30
31 reversing the growth rate of deaths. Similarly, for the lessons from the past, some form of
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33 ‘Quarantine’ has been practiced to combat infectious disease since the 1370s.
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42 Williams and Dzhekova (2014) point to the need to strike a balance between de-
43
44 contextualization and over-contextualization of potential foreign policies. It seems that most
45
46 of the studies above tend towards de-contextualizing potential policies for transfer, as they
47
48 focus too much on outputs, results and impacts, which result in a blending out of the
49
50 contextual variables. In other words, they tend to pay insufficient attention to contextualizing
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52 factors or applicability (feasibility) assessment, whether it is possible to provide the
53
54 intervention in the local setting, such as the political climate/leverage; political barriers;
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56 social acceptability; locally tailored intervention; available essential resources and identified
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3 organization(s) to provide intervention; organizational expertise; and capacity.
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9 Few of the articles discuss the crisis literature, and perhaps underplay the problems of
10 learning in a crisis situation, with its elements of threat, uncertainty, and urgency (eg
11 Moynihan 2008, 2009; Boin et al 2018). This is even more so for a 'non-routine' or 'less
12 routine' crisis (Moynihan 2008, 2009), where drawing historical analogies (cf Brändström et
13 al (2004) from very different previous Pandemics was of limited value. As noted above, some
14 of the articles stressed the need for urgency, but few stressed the significant level of
15 uncertainty associated with a novel Pandemic.
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29 **Conclusions**

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31 Application of the criteria of Prospective Policy Transfer (Mossberger and Wolman 2003)
32 suggests that the extent of lesson drawing is fairly limited. It is often not fully clear why
33 nations were selected. Many articles were brief and provided limited detail, meaning that
34 there was little depth on issues such as problems and goals, and on policy performance or
35 policy success or failure. There was limited discussion of transferability or 'fungibility' of
36 lessons (Rose 1991), and few clear and specific lessons could be drawn. Finally, the extent to
37 which it was possible to learn lessons in a non-routine' or 'less routine' crisis, under
38 conditions of threat, uncertainty, and urgency was generally not discussed. Future lessons
39 need to be less international or historical analogies (cf Brändström et al 2004), but rather to
40 fit with the criteria of Prospective Policy Transfer (Mossberger and Wolman 2003). Williams
41 and Dzhekova (2014) conclude that successful policy transfer and cross-national policy
42 learning must be informed by prospective policy analysis. This article has suggested that
43 studies generally do not closely match the criteria of prospective policy transfer (Mossberger
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and Wolman 2003). With the additional problems of crisis-decision making under conditions of threat, uncertainty, and urgency, it is clear that lessons are unlikely to be learned.

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