##  Commentary On The Coronavirus Pandemic

Drawing on my ethnographic doctoral study which analysed the UK experience of the 2009- 10 H1N1 influenza pandemic using an actor network theory (ANT) approach (Hale, 2016), there are transferrable insights to the current coronavirus pandemic. First, is the role of local, devolved, national and supranational networks in UK pandemic response/s. Since 2005, the World Health Organization (WHO), European Commission (EC) and European Centre for Disease Control (ECDC) have helped to insert pandemic preparedness strategies into European nation states by providing guidance and support. However, while it is important to be aware of the global-scale in pandemic networks, as an ANT approach highlights, it is only ever the local-scale where action takes place.

In the UK, there are UK-wide pandemic preparedness plans. However, each devolved nation also has its own pandemic preparedness plan, which is in line with the UK-wide National Framework (but adapted to fit their particular needs). My home country, Wales, is reported to have less healthcare capacity to deal with the coronavirus pandemic, coupled with a legacy of deprivation and an older population, compared to some of the UK. In the 2009-10 pandemic, different resources and structures in the devolved NHSs (and individual healthcare organisations) also led to different pandemic responses. Likewise, devolved UK governments (and those in non-UK countries) have started to take different measures in this pandemic, with similar concern from being expressed by publics about these divergent pandemic responses.

During the 2009-10 pandemic, Welsh NHS networks were in the process of being re- assembled into seven Local Health Boards, and this was reported to have affected the flow of vaccines to healthcare workers. With coronavirus vaccines not expected until 2021, the reassembling of the EU supranational network with the unenrolment of the UK, may result in the UK being outside the network for access to the first flow of vaccines produced in EU nations.

Hale, R. (2016) An actor-network analysis of the Healthcare Worker Influenza Immunisation Programme on Wales 2009-11. PhD Thesis, University of Nottingham.

This commentary is also published in:

**Hale, R.** (2020) Commentary on the Coronavirus Pandemic, BSA’s Everyday Society, British Sociological Association, 15th April 2020, <https://es.britsoc.co.uk/commentary-on-the-coronavirus-pandemic/>

**Hale, R.** (2020) Quicktake: Commentary on the Coronavirus Pandemic, International Network for Government Science Advice (INGSA), March 2020, <https://www.ingsa.org/covidtag/covid-19-commentary/hale-commentary/>

**Hale, R.** (2020) Commentary on the Coronavirus Pandemic, Association for Studies in Innovation Science and Technology-UK (AsSIST-uk) Newsletter, March 2020, <https://assistukdotcom.files.wordpress.com/2020/03/a-uk-newsletter-march-2020.pdf>

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Dr. Rachel Hale (PhD – Epidemiology and Public Health, University of Nottingham, UK) is a Research Associate in the School of Medicine at Cardiff University, UK. She is a sociologist interested in the organization of healthcare, healthcare technology, and infection prevention and control. She has been working (in unpaid advisory roles) with the World Health Organization for several years as an Independent Expert Advisory Group (IEAG) member for the Influenza Implementation Research Focal Point (Initiative for Vaccine Research) and an external consultant for Tailoring Influenza Immunization Programmes (TIP FLU). Rachel is an Executive Committee member AsSIST-uk.

Data accessibility

Third parties can access the data drawn on in the article by requesting an electronic copy of the doctoral thesis from the University of Nottingham, UK (see recommended reading above – Hale, 2016).