Corporate Social Responsibility and COVID-19 Pandemic in Four Continents: An Introduction

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The COVID-19 pandemic was a serious event that will never be forgotten on planet Earth even if another more serious event of this nature were to once again besiege planet Earth (we sincerely hope not). It was a war on us all with no conventional weapons used. It took so many lives. In fact, it was noted on the website of the *Worldometer* of Coronavirus that 6,531,169 people worldwide had died as a result of the virus. In the UK where these three editors live, every health service institution across the four countries—England, Northern Ireland, Scotland and Wales—faced unprecedented pressures. The UK government coronavirus website at the time of writing this piece notes that 177,977 people had died in the UK within 28 days of testing positive for the virus. A total of 204,015 people died with coronavirus cited on their death certificates as one of the causes of death as at the time of writing this introductory piece to the book. The havoc the virus caused in the UK as depicted above was similar to many countries globally, regardless of where those countries are based on planet Earth. In the USA, the disease took the lives of about 1,050,000 people. It was a never to be forgotten sad episode.

Needless to say, when people fall ill, the natural cause of action to take is to seek health assistance from health service providers, and this was what many people who were affected by the virus did. When people take this course of action, health service institutions would be impacted in several ways. One of these impacts during the COVID-19 pandemic led to the failure of many of these institutions in meeting their

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"normal" day-to-day service provisions. In the UK, many urgent and non-urgent operations were cancelled, and about six million such operations were shelved. Commentators are noting that catching up with these backlogs could take several years. Many of those affected by these cancellations may not be lucky to be around for that long. Will those whose operations etc. had been cancelled to deal with those affected by COVID-19 survive to be helped if they remained untreated for several years? Would CSR and what it stands for not have failed in a serious way? Are operations not still been cancelled because of COVID-19? These and many other questions on the impact of COVID-19 pandemic are what this book hopes to provide answers to.

The book was able to generate interests from 23 countries in five continents around the globe, but it was only able to explore its theme in terms of 17 countries in four continents. A few countries were not able to successfully meet our requirements. This explains why the book has been divided into four parts and 15 chapters, two of these chapters from one country in Europe. Part I looks at the European perspectives of the theme of the book in nine chapters—these from eight countries. Part II looks at the African perspectives of the impact of COVID-19 on health service institutions from three countries. Part III looks at the theme in two Asian countries. The final part espouses the impact of the pandemic in one South American country. The remainder of this introductory chapter looks at what each of the participating countries says about how the pandemic has impacted or still impacting these 14 countries in terms of health service providers and corporate social responsibility.

The very first chapter of the book from Austria by a prolific writer and scholar of global repute Professor Ursula A Vivarik titles her chapter as "*COVID-19 Pandemic Management from Sustainability Viewpoint—Austria, the EU and the World Health Organisation*". In the chapter, she argues that COVID-19 pandemic challenged the world in many respects because it started as a global health crisis, and it was able to threaten the global economy and societies, leading to many unpleasant side effects, and even affecting democracies and human rights standards. Against this backdrop, Vivarik notes that the chapter was planned to examine global governance by the World Health Organization (WHO) and leadership at European and national levels. The chapter analyses the Austrian case in more detail, also in relation to Switzerland and the Nordic countries.

The second chapter by Panagiotopoulos Φ. Ioannis, a Greek engineer and CSR scholar, notes that the coronavirus consists of Scylla of health threat and the Charybdis of economic recession which is comparable to the Spanish Flu of 1918 and the Great Depression of 1929, respectively. Ioannis explains that the pandemic has caused more than 500 million cases and more than 6 million deaths globally up to April 2022. In Greece, a country which has experienced economic depression of more than a decade since 2009, which started in the wake of the global financial crisis of 2008–2009, the advent of coronavirus appears as its continuation with much more intense and complicated characteristics. A lot of firms have had to apply urgent corporate social responsibility (CSR) programmes to protect their employees and empower the national health system. This necessity marked the creation of a new universal urgent CSR type called critical CSR (chapter "Corporate Social

Responsibility Initiatives and Programs in the Health System of Greece due to the Pandemic of COVID-19"). Unequivocally, the biggest burden was placed on the health sector which consequently faced a novel coronavirus which called for new medicines, new vaccines and enormous capacity for hospitalised cases, especially in intensive care units (ICUs). The chapter was able to trace the impacts of the virus on Greek health service providers in a scholarly manner.

Professor Anna Cierniak-Emerych and three of her colleagues—Ewa Mazur-Wierzbicka, Piotr Napora and Sylwia Szromba—from Poland in the third chapter of the book entitled "*Corporate Social Responsibility Manifestations in Health Care Facilities in Poland During COVID-19 Pandemic*" provide an intriguing chapter on how the pandemic impacted the Polish health service institutions. The chapter describes some aspects of corporate social responsibility currently under discussion by both scientists and economic entities in Poland and elsewhere. Cierniak-Emerych *et al* argue that albeit CSR is a relatively new term in Poland, because it was only recently introduced into the public discourse, it has emerged into prominence during the COVID-19 pandemic, in both business enterprises and healthcare institutions. The third chapter also explains how CSR was implemented in the Polish healthcare institutions and how it influenced the socio-economic situation as a result of the Polish history and in terms of the actions taken by various social actors and, recently, by the COVID-19 pandemic. An essential reading for anyone wanting to fully understand how the pandemic has impacted on the Polish health service institutions.

In fourth chapter, Silvia Puiu, a scholar of repute from Romania in a chapter titled "*Corporate Social Responsibility—A solution for Resilience during the COVID-19 Pandemic in Romania,*" highlights the way private and public service health institutions in Romania coped with the start of the COVID-19 pandemic and afterwards. Puiu notes that the way each country around the globe reacted to the pandemic crisis was different, simply because there was no recent precedent in the history to guide them. The chapter explores the impact of the pandemic on both the employees and the organisations during the crisis from the beginning to the point when humanity was provided the required vaccine to deal with the disease. The research methodology used in the chapter consists of applying PLS-SEM method based on the answers of 156 employees from different backgrounds, thus offering a wider perspective of the way corporate social responsibility helped in the fight against the pandemic. The results of the research by Puiu are helpful for a better understanding of how crises, including health issues, could be faced with resilience.

The fifth chapter is from a good friend and colleague of the lead editor—Milan Torodovic on "Responsiveness, Strategy and Health as Diplomacy—The Unlikely Case of Serbia" notes that the virus had caught the world unawares. Torodovic argues that it still continues to be contended whether the world will ever be truly comparable with the pre-2020 standards preceding the *Event*. Torodovic notes that no one is arguing that the world has not seen its fair share of plagues over the centuries—the *Spanish Flu* that plagues the world in 1918 is still fresh in our minds albeit many of us were not on this planet 104 years ago. Torodovic recounts the incidence of another brutal infection that swept the globe and killed more people than the Great War a century ago—the *Spanish Flu*. What has changed since is that, once gladly built then mainly disappeared, the notion of a welfare state and its ethics

mobilised governments and many national and supranational stakeholders into action.

Serving as evidence that money is neither necessarily the prerequisite nor the answer is the case of Serbia, notes Torodovic. Arguably, a nation with very limited resources or influence on the world stage which is in between powerful trading nations and a customary portrayal in western press which seems less than flattering decades after the troubles, this small south European country responded rather better than many in the world's far wealthiest countries per capita, notes Torodovic. He went on to say that the teething problems with the pandemic response seem eerily commonplace: denial, then panic, blunt instruments and eventual realisation that a subtle strategy is the best tool against the invisible enemy. Not to underestimate the effects of COVID on all levels of supply chains, on labour disruption, an increased sense of international distrust and blame apportioning, it appears that often individual actors left to their own devices used such predicament as an opportunity. The chapter explained five facts that set Serbia apart in responding to the pandemic: (1) a brutally effective response in mid-March 2020 which created a hermetic curfew, especially on the over 65s, lasting for over 7 weeks; (2) the self-imposed national and international lockdown, then more limiting than the coinciding, widely reported one in Italy; (3) empirical data showing the causal impact of sudden loosening of restrictions over summer, leading to (4) a carefully coordinated strategy that included largely well-managed, less onerous partial restrictions; and (5) an unprecedented effort aimed at mass vaccination both of its own citizens and foreigners. The latter has a set of diplomatic characteristics: citizens of the region with even the loosest connection to Serbia felt invited to get vaccinated together with its own, by any number of jabs obtained by the country's leadership from any and all brand actors, manufacturers and states willing to oblige. This is a must-read chapter by anyone wanting to know more about Serbia's actions in dealing with the pandemic.

In the sixth chapter on "Corporate Social Responsibility and Profitability in Spanish Private Healthcare during COVID-19 Period" by four great scholars from Spain led by Maria del Carmen Valls Martínez argues that in recent decades, there has been a growing demand for companies to take responsibility for the adverse social and environmental effects caused by their activities. As a result, they are no longer only accountable for their economic performance but also their non-financial activities—*corporate social responsibility*. The chapter notes that an important pillar of corporate social responsibility is gender diversity in the company as a whole and on the board of directors in particular. The hospital sector, whose activity in itself requires social responsibility, was later than other sectors in its disclosure, the chapter notes. This research aims to analyse the influence of corporate social responsibility, together with gender diversity on boards of directors and the COVID-19 pandemic, on the profitability of Spanish private hospitals. In addition, the study notes that the dissemination of COVID-19 pandemic throughout the Spanish territory, relating to wealth and risk. The chapter used the data corresponding to the period 2017–2020 to analyse multiple linear regression analysis, cluster analysis and factor analysis. The results show that those socially responsible hospitals reported higher profitability, but no causal relationship has

been established. Gender diversity negatively influences the profitability of the private hospital sector, although it can be considered non-significant. The COVID-19 pandemic significantly affected the profitability of hospitals, causing a sharp drop. The spread of the COVID-19 pandemic was mainly influenced not only by the population density of the territories but also by public health investment, showing a greater propensity to control the pandemic in those regions that allocate more funds to health care. Indeed, an interesting chapter on the impact of the pandemic on the profitability of health services providers during the pandemic.

Julian Manley and eight others in the seventh chapter on "*Saving lives and minds: Understanding social values and the role of anchor institutions in supporting community and public health before and after COVID-19*" focus their chapter on a community in the UK. Their chapter notes that there are great disparities in health between places in the UK. People living in poorer areas are dying on average 9 years earlier than in wealthy areas, largely due to regional economic differences, including high unemployment, low wages and social inequality, unrest and injustice that accompany economic disadvantage. The city of Preston is in the north-west of England and has been developing a community wealth building project known as the *Preston Model*, which shows signs of successfully increasing and retaining local wealth. The anchor institutions—large local organisations that are "anchored" in places, such as hospitals, universities, housing associations and local government—have developed social value policies and policies of cooperation with their communities that attend to a heightened awareness of corporate social responsibility and enhanced working relationships with local communities in order to turn around local fortunes in an allied economic and health initiative, they argue. *Corporate social responsibility* is the essence of cooperation and cooperatives and is a central feature of the *Preston Model* the chapter notes. Ultimately, CSR within the *Preston Model* is concerned with quality employment. The pandemic has highlighted the need for CSR and cooperation. This chapter brings together researchers from the University of Central Lancashire, Lancaster University and stakeholders from two of the anchor institutions—the Lancashire Teaching Hospitals NHS Foundation Trust and Community Gateway Association—to combine an academic framework, including local responses to interviews and participatory community groups in Preston, with two major anchor institutions as case studies, an undoubtedly interesting chapter we recommend to all our readers to go through.

The penultimate chapter in Part I is also from the UK by two health service experts in the UK—Mohammed Ali and Courtney Grant. In the chapter, the authors describe how the private sector, the third sector and philanthropists have carried out their corporate social responsibility (CSR) in supporting the UK's health service institutions during the COVID-19 pandemic. The chapter notes that the COVID-19 pandemic has created excess demand on the National Health Service's (NHS) resources, particularly on its essential equipment, medicines and workforce. The COVID-19 pandemic has also highlighted inequalities in health faced by poorer households from institutional services outside of the NHS. During the COVID-19 pandemic, Ali and Grant note that the aforementioned stakeholders have provided support to the NHS, as well as to disadvantaged communities, and wider society.

Health inequalities have become more visible due to the COVID-19 pandemic, as social determinants of health have disproportionately exacerbated COVID-19 mortality rates in a number of ethnic minority communities. Moreover, routine data on COVID-19 fatalities have found a correlation with age, with elderly people being more adversely affected. The two authors have used Carroll 1991 Pyramid of CSR to divide the chapter into four main parts that focus on the four major aspects of CSR: philanthropic, legal, ethical and economic responsibilities. Using CSR and health system policies, practices and cases, this approach is framed in the context of the NHS and health stakeholders during the COVID-19 pandemic. The aforementioned aspects of CSR in the UK are detailed using publicly available data. This overview is intended for researchers, health practitioners, students, policymakers, civic authorities, the private sector and the third sector and is intended to aid CSR planning for future waves of the COVID-19 pandemic and for different future pandemics.

The final chapter in Part I is from three great Turkish scholars based in the beautiful city of Izmir—Gizem Ara Berger, Gönenç Dalgic Turhan and Gülen Rady. The chapter argues that companies in almost all sectors and countries have faced the challenges of an urgent transition due to the rapid spread of COVID-19 pandemic. Alongside day-to-day operational adjustments, many companies have also had to make great efforts to mitigate the adverse impacts of COVID-19 on society by taking a socially responsible stance. Companies with a high commitment to society and the environment have successfully embraced their notion of corporate social responsibility (CSR) with innovation. During the pandemic, responsible innovation (RI), as one of the most important tools of CSR, has become an important way of generating societal benefits, argue the three young scholars. Above all, the health sector has experienced diverse versions of RI. Accordingly, this study that emanated to the chapter discusses how RI in the Turkish healthcare system has assisted in coping with the pandemic. The chapter uses the case of Abdi İbrahim, a pioneering Turkish pharmaceutical company to argue its case. The case provides useful insights into how health sector companies have handled the pandemic in responsible ways. The case also shows how responses could be made more rapid and effective in future pandemics and other global health crises.

The first chapter from the three participating countries in Africa is by Professor Sarpong, a great friend of the lead editor. Sarpong's chapter is titled "*Grappling with COVID-19: The Implications for Ghana*". The chapter notes that the emergence of COVID-19 has had substantive economic, health and societal impacts across the world. It has created major disruptions in many economies, illuminated governments' failures and exposed major vulnerabilities in our social settings. Sarpong argues that in Ghana, many interventions have been made substantially within the health, economic and social standings of the citizens following these challenges. The chapter brings to the fore the complex challenges the country faced and or continues to face in the light of this. The chapter details the supporting measures that the government took to protect the poor and the vulnerable. Aside from that, it explores the myths, misconceptions and responses associated with the pandemic, which to a large extent impacted how the pandemic was perceived. Another key issue that the

chapter looks at includes the role played by business leaders in the fight against the pandemic.

Nigeria, the country with the largest economy and most populous country in the continent, occupies the 11th chapter of the book. The chapter was authored by four professors from a university named after one of the greatest leaders of the country after independence. Okafor, Agbata, Nubia and Okaro in the chapter entitled "CSR and the Impact of COVID-19 in Health Service Institutions in Nigeria" examine the corporate social responsibility (CSR) activities in the healthcare institutions in Nigeria, before and during the COVID-19 era. The extent to which the healthcare institutions are seen to be socially responsible and the CSR from profit-oriented companies to hospitals were examined. The chapter reviewed annual reports of 20 listed companies from 2017 to 2020 and websites of 46 healthcare institutions. The results show that before the COVID-19 era, there was poor CSR from profit-oriented companies to healthcare institutions, but there was a huge change during the COVID-19 era, and most of the CSR activities reported by these business organisations were committed to the healthcare institutions. Majority of the healthcare institutions reported on employee-related issues in the workplace. Other reported CSR activities found in the websites of healthcare institutions but not by majority are the level of their ethical behaviour and their relationships with the community. Reports on the management of toxic wastes and relationships with patients were scarcely found. The study concludes that CSR has not penetrated the healthcare institutions in Nigeria and proposes increased resource allocations to the healthcare system from both government and private companies. The study also encourages healthcare institutions to willingly report on their socially responsible activities.

The final chapter from Africa emanates from Zambia by two great scholars born in this great African country formerly known as North Rhodesia was ruled over by one of the great fathers of Africa Kenneth Kaunda from independence until he retired from politics due to old age in June 1998. Professors Kabelenga and Noyoo in the 12th chapter note that their chapter is based on a desktop research study which focused on the coronavirus (COVID-19) pandemic in Zambia that had and continues to negatively impact the country's public hospitals. Indeed, after the outbreak of COVID-19 in the country many people were hospitalised for treatment and palliative care. Thus, a sharp rise in COVID-19 cases resulted in an unprecedented high demand for testing kits, personal protective equipment (PPEs) for both medical staff and patients; hospital beds, oxygen for COVID-19 patients and medicine; among other things. During the pandemic, public hospitals were under tremendous strain and pressure. Up till the present moment, Kabelenga and Noyoo argue that these institutions are still struggling to meet the increased demand for hospital care. Despite the foregoing challenges, in the same period, something which is referred to as COVID-19 Emergency Corporate Social Responsibility (ECSR) emerged in Zambia, Kabelenga and Noyoo, note. This has served as one way to strengthen public hospitals to cope with the increased number of patients. To this end, through COVID-19 ECSR, the private sector supported public hospitals by donating *inter alia*, money, PPEs, oxygen concentrators, medicine and food. The study carried out by Kabelenga and Noyoo revealed that the private sector's contributions during the

pandemic had helped to improve and maintain the health of Zambians, after fortifying public health systems, so that they coped with the increased demand for health services and other shocks. The chapter explores how ECSR had assisted public hospitals in Zambia to deal with the ramifications of the COVID-19 pandemic.

Moving swiftly on to Part III where the chapters of the two countries in Asia that participated in the project are housed, let us see how the first country India coped and is still coping with the impact of COVID-19 pandemic. Professor Sumona Ghosh in her chapter entitled "*Business Responses to COVID-19 Pandemic through CSR: A study of selected companies in India*" argues that on 30 January 2020, the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern. Ghosh argues that such a global health crisis has resulted in restructuring of resources in terms of both speed and scale of mobilisation. Corporate social responsibility (CSR) is playing a crucial role in the age of this pandemic COVID-19, where business is trying their best to cope with this tremendous challenging time. On 23 March 2020, the Indian government declared that all expenditures incurred on activities related to COVID-19 would be regarded to be CSR expenditure. Since the announcement of the PM CARES Fund and its inclusion in Schedule VII of the Companies Act, 2013, through a subsequent amendment, a huge amount of funding has also been directed from corporates to the PM CARES Fund. The chapter gave an opportunity to study the business responses to COVID-19 through the lens of CSR of the top 50 companies ranked on the basis of market capitalisation for the years 2019–2020 to 2020–2021 by constructing a Corporate Health Disclosure Index (CHDI). Ghosh's study showed that business response towards health during COVID-19 was average. These businesses have mostly concentrated on short-run plans, mostly supporting healthcare infrastructure, assisting in vaccination programmes and contributing to PM CARES Fund. Certainly, an interesting piece of research from the world's second most populous nation.

The second chapter in Part II came from Professor Sarpong from Ghana who is based in Malaysia and Professor Alarussi. In their chapter on Malaysia, they argue that the last few years have seen COVID-19 taking centre stage in the lives of Malaysians. Although the cases have gone down considerably, the severe impact it left in its trail has led to various changes in the lives of the people and the operations of various institutions in the country. The chapter takes a holistic view of the COVID-19 situation in Malaysia. It documents the issues the country faced during the prolonged COVID-19 crisis. Particularly, it highlights the health, socio-economic and humanitarian crises that bedevilled Malaysia in the course of the pandemic. It also provides an insight into the interventions the government made in its response to the pandemic.

Part IV from South America with only one chapter from Bolivia by three scholars led by Professor Herbas-Torrico argues that the coronavirus (COVID-19) pandemic has impacted the health, the economy and the social fabric of Bolivia. The world is grappling with the consequences of the COVID-19 pandemic on firms, workers, consumers, communities and each other. Due to these consequences, people worldwide are committed to working together and supporting one another in all possible

ways. Using stakeholder theory and corporate social responsibility (CSR), the chapter explores hospital responses to the COVID-19 pandemic in Bolivia from the perspective of hospital managers, hospital staff and patients. The study used quantitative and qualitative analyses to understand how CSR initiatives, operational difficulties and healthcare quality services of Bolivian hospitals were used for the COVID-19 pandemic.

The above introduction to the 15 chapters of this book in our view has laid the foundation for our readers to build on in order to fully understand what was envisaged when the idea of the book was conceived and how the end product in the form of this book culminated. It is hoped that the chapters add to your knowledge of how COVID-19 impacted corporate and civil societies in the countries featured in the book.

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Mary T. Idowu holds a bachelor's degree in Law with French. She is a highly experienced NHS senior leader having worked in the NHS for almost 15 years. This experience spans across national, regional and local transformation, innovation and quality improvement, and she was working at the heart of the national COVID response. She is skilled in working in strategy and operational delivery across commissioning, acute services and systems (STPs, ICSs and cancer systems). This includes across the national Medical Directorate, managing clinical services at a regional level (including cancer, audiology, MSK, gastroenterology, and ophthalmology) and managing operational services (including cancer, pathology, radiology, cardiology and endoscopy).

She was awarded the "Inspiring Women in Leadership" scholarship (2021) from Warwick Business School for "outstanding female candidates who are enthusiastic, engaging and inspiring role models" in organisational change. She sustained a record of achievement in programme and change management through developing and delivering national and local policy, strategy and priorities. She has highly developed leadership skills supporting organisational development change using evidenced-based tools and methodologies including behaviour change interventions, business process engineering, knowledge transfer application and partnership working, which has included the Disasters Emergency Committee, Action Aid and the BBC. Mary is a recognised quality improvement expert, e.g. a review for the Foreign Commonwealth Development Office (FCDO) for the Better Health Programme, where she provided strategic advice and technical expertise for South Africa's leadership development plan for coordinating quality improvement initiatives. She is also a Chair and Lay Panel Member for the Nursing and Midwifery Council Fitness to Practise Committees.

Abigail O. Idowu holds a Bachelor of Science in Psychology and Childhood & Society from Roehampton University. Prior to becoming an independent Emotional Health Consultant, she was the Director of Administration within Financial Services, but her professional focus became centred on specialising in the complex comprehension of people. Her specialist approach of using practical conversational methods to attain healing, clarity of thought and mental and emotional balance, known as core rehabilitation, is well sought after.

Core rehabilitation is exactly what it says on the tin. It is accessing the core of who a person is to rehabilitate a dysfunctional part of life. It is a combi tool of counselling and therapy, and it combines the best attributes of both methods to bring about positive change. This is achieved by bringing into alignment the main governing members that control the flow of our life experience. By using the clients' goal objectives as the conversational anchor, the root diagram technique helps connect conscious and subconscious thoughts, and emotional patterns and behaviour, which helps regain empowerment and widens the sphere of control in all areas of a persons' life.

She is gifted in her ability to delve into ones objectives by presenting thought-provoking questions such as what are the issues you are facing? What are emotional/mental barriers that are preventing you from moving forward? Abigail helps in the unfolding of knowing that the truth you stand under will govern your perspectives, and these perspectives will determine your mind experience. While we cannot control every circumstance, we can absolutely control our static perception and in motion perception on every experience we have, to ensure we do not develop negative roots that hinder our happiness. Her gentle and effective way of creating an environment which is free of blame and judgement in order to uncover and uproot negative mental positions that work against the goal of freedom and happiness. Abigail is extremely passionate about giving people the simple tools necessary to help them reach the most progressive and uplifting mental state.

With the help of Abigail, people will walk away knowing that living life can be good, but feeling more convicted that living an abundant life is even better.