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ASSESSMENT 2

PUBLIC HEALTH POLICY

BMHP 5013

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Introduction/ Background

According to Fan Y et al. (2019), Coronaviruses is a general term used to represent a group of connected Ribonucleic Acid (RNA) viruses responsible for diseases both in birds and mammals. In birds and humans, these viruses are the direct causes of respiratory tracts infections which could either be lethal or mild. Coronaviruses is made up of subfamily *Orthocoronavirinae*, family being *Coronaviridae*, order as *Nidovirales* and class being *Riboviria*. Coronavirus disease 2019 which is universally known and considered as COVID-19 is one of such coronaviruses and is a transmittable disease caused by SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2). Figure 1 represents the virus structure in a pictorial view.

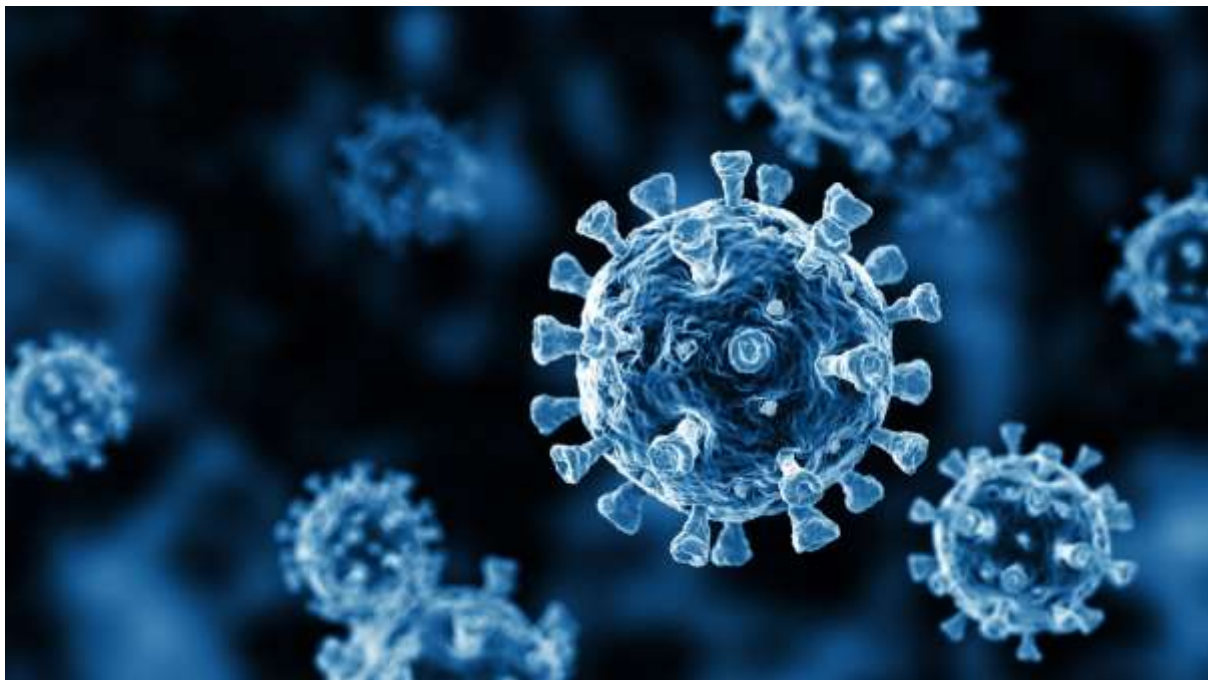


Figure: <https://www.emeraldgrouppublishing.com/sites/default/files/image/covid-cells.jpg>

According to Page J et al (2021), Covid-19 was first a known case in December 2019 in China, Wuhan precisely, it did spread spontaneously from then and has become the world-leading and most dreaded ongoing pandemic with symptoms varying from person to person and with time, but most commonly, the noticeable symptoms include breathing difficulties, headache, loss of smell and taste, cough, fever, and fatigue. The Coronavirus 2019 leaves a massive destructive burden on the economy, lives, and health, and has placed a devastating restriction to universal societal activities thereby causing global economic and health crises and great fear in the mind of the entire population Kummitha R. (2020). On the 30th of January, 2020, the disease was termed a Public Health Emergency of International Concern

(PHEIC) Rodriguez-Morales A. (2020), on March 11, 2020, WHO further classified it as a Pandemic, and lastly, it was termed a “Risk Group 3” pathogens due to its effect and impact on global health and Economy Sohrabi C. (2020).

COVID-19 is not dependent on age and race as any person irrespective of race and age is likely to experience the progressive impacts accompanying infection with the Coronavirus infection, those who were not positive to SARS-CoV-2 nor hospitalized inclusive. It is evaluated that 2 out of 8 persons who reported positive to COVID-19 infection have continuing symptoms even at 12 weeks after exposure.

According to Isha G et al (2021), the first few reports of Coronavirus Disease 2019 in India was recorded in March 2020 and with the hick in the cases of COVID-19 infection, India became the 3rd most-affected country globally in June 2020 and even to date (based on the entire count of confirmed infected individuals). In spite of the Government of India’s uncompromising strategies put in place to contain the pandemic, in August 2020, active cases increased to 652,473, recovered cases as 1,695,860, and death rate as 47,138. Figure 2 covers the viral spread trend, recovery as well as death marks in India in 2020.

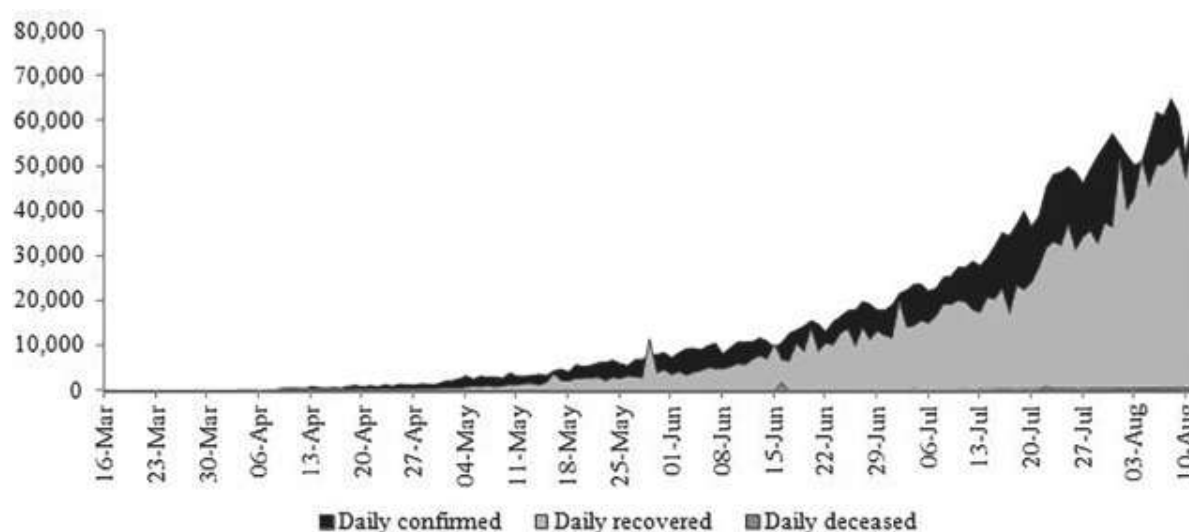


Figure 2: <https://pubmed.ncbi.nlm.nih.gov/33520638/#&gid=article-figures&pid=fig-3-uid-2>

On the other hand, according to Ritchie H et al (2021) Coronavirus Disease 2019 was first detected in the UK in January 2020, and as of the 6th day of December 2021, UK statistics is as follows: 10,523,316 confirmed cases and 147,249 deaths cases amongst those tested positive for the virus. This places Europe as the 4th most-affected Continent in the world. Figure 3 gives a pictorial representation of the incidence statistics from September 2020, to

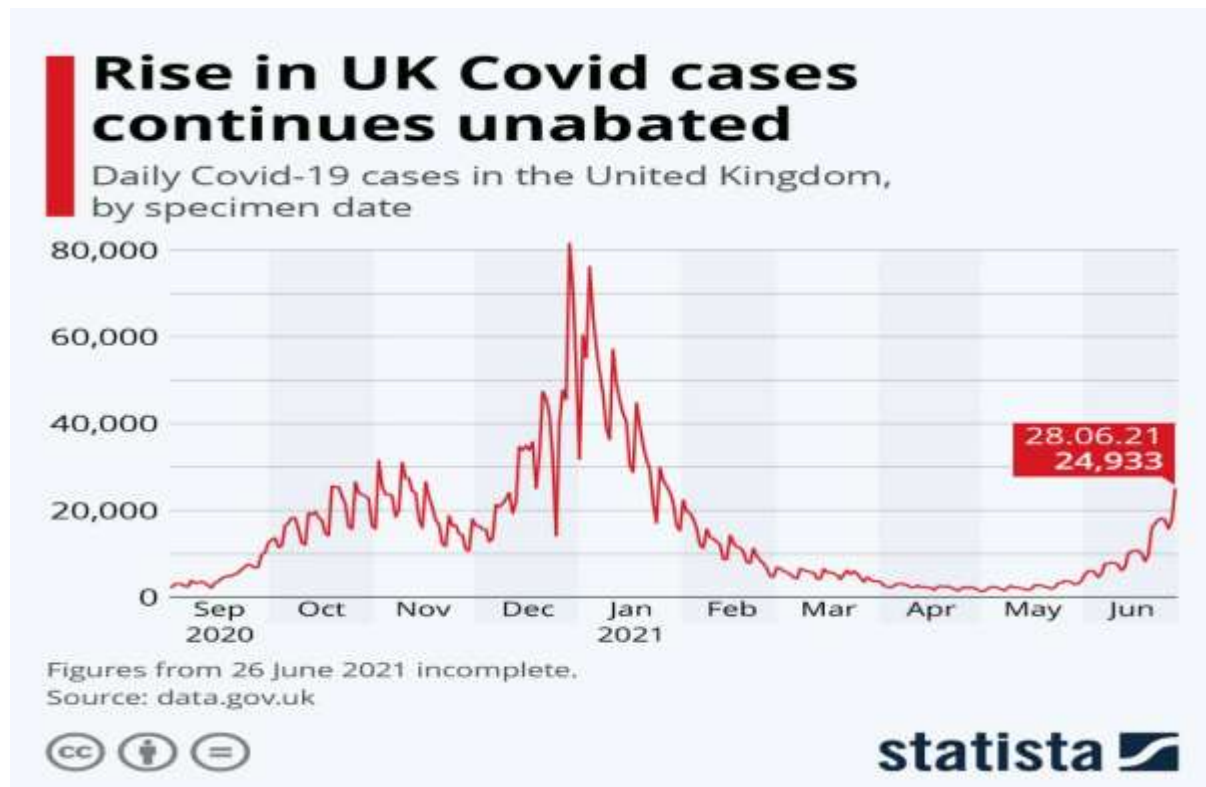


Figure 3: <https://www.statista.com/chart/21079/coronavirus-cases-uk/>

This essay seeks to compare the disparities as well as similarities in the strategies and approaches employed in measuring, monitoring, and controlling the prevalence of COVID-19 in the UK and India.

Strategies to measure, monitor, and control Covid-19

According to ECDC (2020) from the inception of the coronavirus 2019 as a pandemic, the UK as well as the EU/EEA Member States have carried on the implementation of strategies for the evaluation/measurement, control, and prevention of COVID-19 alongside this, it has set out methods to limit the adverse effects of these strategies. Below are the strategies employed:

Lockdown declaration: Universal lockdown was the first strategy put in place worldwide, UK and India inclusive. This strategy was implemented early and was able to decrease the spread of the disease and also allow time to improve medical strength, infrastructure, and activities in both countries.

Expanding the UK public health personnel and increasing NHS care capacity for COVID-19: The UK's first and most sensitive strategy to monitor and control the

Coronavirus 2019 pandemic was to build and hold up a strong, effective, and efficient public health personnel that would fight COVID-19 as well as future public health perils. To achieve this, the government provided about 100,000 COVID-19 community health workers, contact tracers, and public health nurses, as well as establishing a UK Public Health Jobs Corps, to offer support for community health workers, and gather up citizens to support “more threatened” communities. NHS was also provided with technical personnel/workers to aid in contact tracing, testing, and vaccinations. NHS capacity has improved drastically in recent times, compared to its outlooks in January as there are over 3,000 new critical care beds and an increase in the numbers of persons tested across the UK. All these help in the monitoring and control of disease spread as availability of health facilities and prompt diagnosis reduces chances of widespread.

Develop actionable, evidence-based public health guidance: In the UK, the SAGE develops and put up up-to-date public health guidance and reliable data on modifications/improvements and this provides a base for the monitoring and measuring of the occurrences and prevalence of the COVID-19 in workplaces, health care facilities, the general public, and schools. The Center of Disease Control (CDC) is made to be in charge of the provision of vital and up-to-date information as to key issues with physical distancing protocols, masking, contact tracing, testing, reopening schools and businesses as well as offering direct guidelines to disabled individuals and older adults who are at high risks. Data collected by authorized units are being used to monitor/track general public health response against the pandemic and this entails putting up systems to test and track the spread of the disease, shielding those at high risks, protecting those at several care homes, border security to curb reintroduction or introduction of the virus, re-organizing public and workspaces to ensure that they are COVID-19 free.

Regulation, implementation, and monitoring of public health policies: As it is quite a task to control a crowd of persons, the government have put down several public health policies as well as made out laid down steps on their implementation, as these policies are obeyed all over the UK in order to control and monitor the incidence of the COVID-19 virus. This strategy is put in place to specifically control the spread of the virus as well as to monitor other methods of dealing with the pandemic, they are amended as the need arises or after consideration of the new viral trend among the UK citizens or following universal guidelines as the virus mutate and spreads.

Accessing therapeutics and setting up an inclusive COVID-19 treatment discovery and development program: The UK government has included investigation and trials to find a

specific and all-inclusive cure for the virus as part of the laid down strategies. This is so because of the understanding that effective treatments for COVID-19 are essential to saving lives. The government has gone ahead to establish an integrated, comprehensive, and coordinated preclinical drug investigation and development program, with different clinical trials, to allow drugs to be accessed and developed rapidly in response to COVID-19 and other pandemic threats.

These strategies put in place together with several policies help in the monitoring and control of the spread and impact of the disease.

Public health policy

The public health policies spelt out both in India and UK are of similar terms as these policies are universally applied to curb the viral spread. The following are the most common and universal policies:

General Masking: The government has implemented the policy of general masking working hand in hand with law enforcement agencies, health care practitioners, government bodies, and the entire citizens. Masking is mandated on federal properties, interstate travels, school activities, and transactions of whatever kind. This policy is encouraged alongside physical distancing in order to reduce the spread of the virus.

General hygiene policies: general hygiene has been seen as one of the effective ways to curb the spread of the virus therefore hygiene policies have been mandated and these include hand washing at different public points with the use of sanitizers, disinfecting of surfaces touched by other persons to avoid spread, careful sneezing and cough practices as well as social distancing.

Testing and mandatory Isolation of infected individuals: To help deal with the virus (its impact and spread) individuals across the UK must have widespread testing. This is solely because a national testing guideline and policy is a foundation to reducing the spread of COVID-19 as well as controlling its outbreaks, a straightforward federal guidance and a concrete national approach to implementation have been laid down. Furthermore, policies have been put in place to enable easy access to tests/screening centres. People with symptoms are mandated by public health rules to observe a 7 days self-isolation period and there is room for protecting the most vulnerable.

Social distancing policies and travel ban: Social distancing policies have been laid down universally. In 2020 there was a general stay-at-home policy employed but in recent times that has been lifted but more emphasis is placed on social distancing. This policy is carefully followed yet monitored mainly because the severity of the infection and its impact will determine the severity of the implementation. In January 2020 specifically, there was a ban placed on travels, no matter the distances considered.

Mass vaccination: Because the coronavirus Disease 2019 (COVID-19) vaccines are harmless and effective, as well as offer protection and immunity to the virus both governments have placed a policy that citizens go through general vaccination. In the UK, people above age 15 are mandated to get both first and second vaccine doses. On the other hand, according to the Times of India and Health Ministry officials, 56.01 percent of the qualified population have been entirely vaccinated with about 87% of the people receiving the 1st vaccine dose.

Theories

According to UNICEF 2021 COVID-19 outbreak and persistence as well as the lockdown affected different individuals 'life negatively, especially the overlooked segment of the population with food shortage, loss of livelihoods, and trouble in access to health services.

Again, according to the Office for National Statistics (2021) between 18 to 28 November 2021 and based on adults statistics taken, the wearing of face-covering which was never a part of the trend before the impact of the COVID-19 disease became heightened and social distance (change in the proximity with others) increased drastically, with everyone easing into the behavioral and societal change. Furthermore, about one-third (34%) of adults have been reported to have had two coronavirus Disease 2019 (COVID-19) vaccinations and a booster, and this is on an increase when compared with 24% in the previous period (3 to 14 November 2021). Approximately 1 in every 10 (7%) adults had been required to present proof of current negative COVID-19 test results or evidence vaccination against the virus in the past seven days, this estimation excludes individuals travelling abroad. Most frequently, these data are required to in 19% of the times to attend an indoor concert, in about 25% of general cases to attend a comedy or theatre performance, 16% of the times to use a bar or in a nightclub, 14% in a work or training event and 11% of the time in a sporting event.

Lastly, Following a nationwide lockdown, the entire world's economy was hit hard by unemployment and an abrupt decrease in growth (UK's and Indian's economies not

excluded). In the UK, over one-third (being 36%) of adults experience goods shortages with roughly 1 in every 6 (17%) of all adults unable to buy essential food. About two-thirds (65%) of adults confirmed that the cost of living has increased due to the increase in the prices of food shopped, electricity and gas bills, and fuel prices, Office for National Statistics (2021).

Impact of legislation and policies

The general laid down policies which include guarding the Federal Workforce and ensuring Masking which was executed on the 20th January 2021, encouraging COVID-19 Safety in both International and Domestic Travel, Setting up the National Pandemic Testing Board, and guaranteeing a workable Public Health Workforce for COVID-19 and other Biological Threats, certifying a Data-Driven Response to COVID-19 and Future High Consequence Public Health Threats, and refining and growing Access to Care and Treatments for COVID-19 (all executed on January 21, 2021) has impacted positively to the health of citizens as there is a decrease in the incidences of the virus, health care settings were also impacted as there was an improvement to services offered and addition of more equipment to ascertain that everyone had access to health care in the midst of the pandemic. Also, several health facilities were put in place to test as well as offer vaccination, and this has come a long way to improve recovery cases.

On the other hand, health care facilities and settings have been greatly challenged as the total number of patients attended to at a time was larger than previous numbers handled by the facilities, therefore, demanding more work and employment of more labour to help execute all testing, treatment and vaccination processes. Again, NHS has its spending on a hike as materials, equipment, and labour were constantly demanded and replaced on daily basis.

Ethical considerations

According to Hsu N et al (2021) investigation in the area, COVID-19 has been tedious and has required several ethical considerations and adjustments to protocols and procedures in order to save staff, public health workers, and researchers from harm and to keep to COVID-19 recognized and observed polices. The ethical considerations involved include: reducing visit frequency, restriction or reduction to the number of staff attending to each patient or researcher, and tele-visits in place of in-person visits

Recommendations

Coronavirus Disease 2019/ COVID-19, is the most threatening disease in recent times with an effect on social wellbeing, health, and economy. The chosen places focuses in this study were UK and India. From this study, I have come to an awareness that being a global pandemic, the strategies put in place to monitor, control, and prevent this disease is similar in the UK as well as in India though these two countries have different response in respect to statistics on cases, recovery and death. This study has also brought on an awareness that the main disparity in the response to this disease is the difference in the type of vaccine, for India's vaccines include Oxford–AstraZeneca vaccine, [Covaxin](#), Sputnik V, and [ZyCoV-D](#) while in the UK, the available vaccines include: Moderna vaccine, Oxford–AstraZeneca vaccine, Pfizer/BioNTech vaccine, and Janssen vaccine.

I do recommend that strict adherence to COVID-19 policies should not be neglected until the virus is well overcome. Most importantly, vaccinations and vaccine centers should be increased as well as awareness in order to ensure that every individual is reached.

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