



Report On

Public Health Policy

UK vs. South Africa

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Introduction:

The world since the end of 2019 is dealing with a pandemic that originated from a spread of respiratory virus that originated from Wuhan China. WHO the world health organization on 31st December 2019 was informed about unknown causes of death in Wuhan, Hubei Province, China by a cluster of cases of pneumonia. From samples taken from the patient a novel virus was identified known as the SARS coronavirus-2 (Gov.uk, 2020).

This virus was then named as the COVID-19 and was reported from Wuhan that spread all over the world in all continents except Antarctica. Coronavirus is basically a family of viruses. Corona the name of the virus originates from the crown like spikes present on the surface of the virus. This virus is capable of causing respiratory illness in humans. Common examples of coronavirus found in human bodies are severe acute respiratory syndrome (SARS), Middle east respiratory syndrome (MERS) and common cold (Cleveland clinic, 2020).

This report is being written to analyze and evaluate different approaches and strategies used to measure, monitor and control the incidence of disease in communities. The main aim of the report is to analyze the spread of COVID-19 in UK and South Africa and the respected strategies taken upon to evaluate, monitor and control the spread of the virus throughout the countries.

Strategies Used to Measure, Monitor and Control the incidence:**South Africa:**

The health systems globally have been affected by the strain put up by the ongoing disease of Corona Virus since 2019. Till date Africa is one of the least affected regions but it has the weakest of all health systems and in other regions of the country exponential rise of cases has been drastically observed. This overwhelming rise in cases is bound to disrupt the health system of South Africa. For the purpose of controlling the spread of virus drastically early detection and isolation are considered to be confirmed pivotal measures against COVID-19 (Waya et al, 2021).

After the slowdown of the rate of increase in the cases of COVID-19 in China, the coronavirus started spreading in South Africa, the first case was reported in Kwazulu Natal Province and on 5th March 2020 the minister of health announced that the cases are increasing drastically for

which respective measures are needed to be taken. First the government announced a state of disaster in the country. Second the population was advised upon to implement simple rules of hygiene including social distancing, regular hand washing, restricted gatherings and meetings. Moreover the population was advised that restaurants, shops and mosques should not include more than 50 persons at a time. TO curb person-to-person transmission liquor stores were directed to operate till 18:00 hours only (Goon et al, 2020).

Early strategies adopted by the government of South Africa for measuring, monitoring and controlling of COVID-19 incidences involved the early detection, isolation and management of confirmed cases of COVID-19 (WHO, 2020). Apart from these three strategies the government also made use of **Syndromic Surveillance** (This is the strategy for identifying and testing the cases at the point of their entry within the premises of the country, public places or even health care facilities), secondly, they adopted the **Respiratory Hygiene Strategy** (for the purpose of preventing the shedding of the virus into the environment) this strategy forced the use of sanitizers that comprise of 60% of alcohol and made it necessary that hand washing with soap is adopted as a regular routine. Third like all other countries South Africa implemented the strategy of **Social Distancing** This was implemented to avoid close contact with one another along with potential touching with contaminated surfaces, eyes and nose should also be avoided at any cost (Wang et al, 2020).

The importance of implementation of these strategies cannot be more emphasized, as these are implemented to avoid the spreading of severe acute respiratory syndrome virus through the pre-symptomatic and Asymptomatic infected individuals who can spread the virus into the environment by shedding of the particles through sneezing and coughing (Wei et al, 2020).

The UK:

COVID-19 struck the UK very severely in the first wave where a total of 60,051 lives were lost due to SARS. The UK is now deep into the attack of second wave of COVID-19. Since late August the official UK government data showed that the cases of COVID -19 have been raising exponentially all across the regions of England. England alone has a total of 4.393.307 cases as reported by April 16th 2021. This increase in the number of death toll has been seen due to the negligence of the government in the first wave. They didn't take the virus as a serious threat and did not take the necessary measures required to prevent the spread of the virus drastically (Cairney, 2020).

From the research conducted it has been identified that the response of the government of UK with effect to COVID-19 was very slow. UK ministers were dwelling in playing the blame game rather than acting upon adopting preventive measures. In relation to existing evidence from China and Italy in January and February, UK didn't take any action to act quickly in response to limit the spread of the virus (Boin et al, 2020). The government in the first wave didn't take any precautionary measures to close down schools or businesses or stop people from having any gatherings or social events. The government was treating the pandemic in the wrong way they thought of treating COVID-19 as influenza (Pegg, 2020).

In response to the first wave and its drastic increase the government of UK implemented lockdown and social distancing but at a very later stage when its effect could not be measured. With effect to the first wave the government has now started working towards applying strategies for fighting the second wave more effectively (Girum et al, 2020). The government has implemented strategies of **screening, tracing and quarantining** the individuals who are affected or might get affected. **Country level coordination, planning and monitoring is taking place** moreover **surveillance** is on the rise to prevent people from moving around on the streets. Apart from that smart lockdown is implemented and business and social gatherings have been locked down (Monitoring and evaluation, 2020).

Current public health policy approaches to reduce or control incidence

South Africa:

In order to control the occurring incidences in response to the COVID-19 low income and middle income countries such as South Africa are implementing Epidemic control programmers. All the health policy strategies being implemented are fully supported by WHO. World health organization in all terms is ready to promote the establishment of isolation facilities, contact tracing and surveillance platforms (Reddy et al, 2020). With effect to past response to health emergencies President Ramphosa has developed and borrowed best practices which comprises of mobilizing the private and public sector. The government has adopted the following control programs (Devermont et al, 2020):

- **Leveraging past experiences:** In order to curb the spread of the coronavirus South Africa has applied its past experiences from the public health campaigns set for the HIV/AIDS and tuberculosis. The government of the country is well aware of the infrastructure needed for the conduction of widespread testing.
- **Tapping into religious and non-traditional leaders:** The president himself talked to the religious leaders asking them to cancel the Easter prayers, Friday prayers and annual pilgrimage to avoid the spread of the virus. Ramaphosa the president appreciated the hard decisions of the religious leaders in terms of cancelling the worships as the congregational worship in South Africa plays a vital role in spreading solace, comfort and strength among the population.
- **Utilizing and promoting science based approach:** The country and its government have applied restrictions in consultation with the professionals on the basis of scientific evidence. Regulations were eased on the basis of modeling projections. The government has mobilized a total of 28000 health workers under the guidance of health experts in order to screen 1 out of 10 South Africans regularly.
- **Unifying political class:** In order to raise public awareness regarding the virus the president partnered with his political opponents. The president was in a position to secure his COVID-19 response plans because of his outreach to Economic Freedom Fighters, Democratic Alliance and other parties as well.

The UK

UK was late in responding to the first wave of corona virus control measures; this is mainly due to the system of government that UK operates on. As oppose to wide spread increase of new wave of Corona Virus from 4 January 2020, Boris Johnson the OM introduced third coronavirus lockdown across England. The PM ordered the government to close down schools, restaurants, non-essential shops, and bars and ordered to public to stay at home. The emergency lockdown was expected to be ended by end of February but now it has been planned to lift in phases starting from opening of schools and so on (IMF, 2020).

- **Fiscal policy of Tax:** During the health emergency tax and spending measures are implemented to support the households and families. This process comprises of Additional funding's for the NHS along with charities and public services. This policy will also be implemented to help the businesses by taking relevant measures along with that property tax holidays will be granted, compensation for sick pay leaves would be made small firms and businesses working in the most affected areas will be given direct grants. Lastly vulnerable people will be protected by the implementation of the social safety net.
- **Job Creation:** In July of 2020 the government announced a package to protect and create jobs to support the individuals and recover the economy from the loss it encountered over the course of time.
- The job protection package comprised of providing a fund of £1000 per furloughed employee. For six months continuous the employees are to get a minimum wage of 25 hours per week

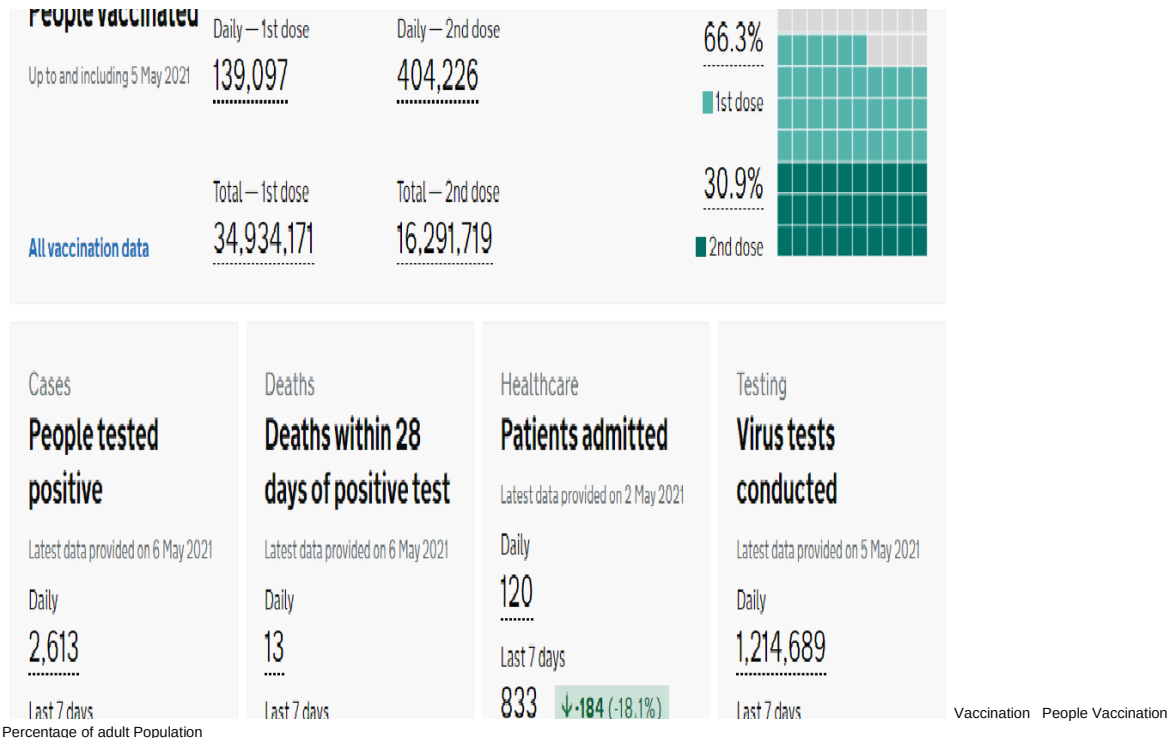
Resources will be increased to enhance the skill of employees and accordingly facilitate

- the job market.

The official UK government website for data and insight on corona virus

People Vaccinated

percentage of Adult population



Models and Theories of health behavior change

Public health is one of the most important concerns of today and is also a multi-disciplinary field that is aimed at

1. Preventing spread of disease and unwanted deaths
2. Helps in promoting a better quality of life
3. Most important helps in developing an environment that provides healthy conditions for people by intervening at institutional, community and social level.

Identification of public health problems is only possible if practitioners are trained enough to achieve the mission of maintaining a healthy life for public.

In this case of COVID-19 health belief model is the best suited for developing the much needed policies and practices. This model was developed in the early 1950's by scientists at the Public

Health Service in the US. This model was devised for the failure of people to adopt strategies for preventing spread of diseases or conduction of screening tests for early detection of the diseases. Later on the model was further developed to learn the reaction of patients in response to the symptoms and compliance with respect to the treatment given to them. The model simply states that belief of a person in terms of the threat he will get in response to the illness along with the belief towards the effectiveness of the given treatment predicts the likelihood of the behavior the individual will adopt (Abraham et al, 2015) .

The HBM theory is derived from the psychological behavior and behavioral theory. Both of the theories together set the components of the health related behavior

1. The desire to avoid illness
2. The belief that the specific action for health will cure the illness.

In short the ultimate action of the individual is based on his or her belief.

This theory is based upon 6 constructs

1. Perceived Susceptibility: It is an individual's susceptibility of acquiring a disease
2. Perceived Severity: It refers to a person's seriousness of getting a disease
3. Perceived benefits: It refers to a person's belief regarding the effectiveness of the disease
4. Perceived barriers: These are the perceived barriers that individuals consider as obstacles for performing a recommended action for achieving health.
5. Cue to Action: This is basically the required stimulus needed to trigger the action for making the right decision towards accepting a recommended health action.
6. Self-efficacy: The confidence of an individual to perform a desired behavior.

The HBM theory is the perfect and complete portrayed picture of the corona virus pandemic and the way it is being dealt by the individuals. In the UK perceived barriers were at the rise during the first wave when the seriousness of the disease was not being taken as threatening. Whereas in South Africa every aspect of the theory was being implemented to cure the disease or to try and prevent the wild spread of the disease.

Impact of corona virus on

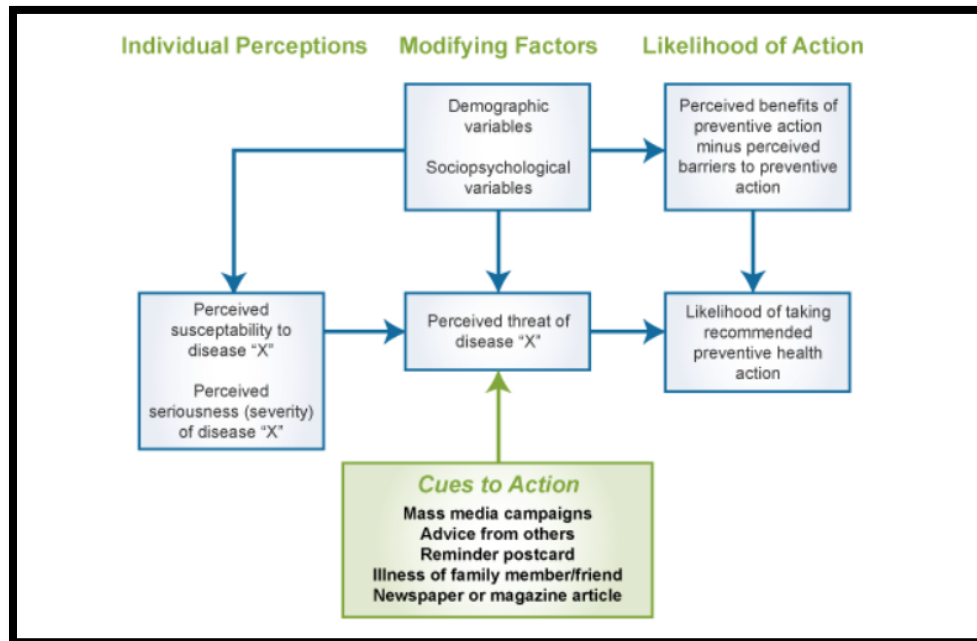


Figure 1: The health Belief Model

(Source: Becker, 1975)

Impact of legislation and policies on the health and wellbeing of individuals in health or social care settings:

COVID-19 has drastically affected the economies of the world, it has shifted business priorities. In the pandemic created by the virus the business have started preserving their cash, have moved towards mounting financing pressures and are involved in dealing with business continuity issues. Where businesses have taken the right actions, government has imposed measures and policies to protect the well-being and health of the individuals in social and health care settings.

In the same span the medical facilities and organizations such as NHS and United Nations Committee have on the basis of economic social and cultural rights devised policies for the benefit of social health and well-being of individuals (Avenueue, 2020).

It has been stated by UN that health facilities such as goods and services should be :

1. Made available in sufficient quantity to everyone in need
2. These facilities should be accessible without any difference and discrimination to all groups and they should be affordable.
3. Medical ethics should be culturally appropriate
4. All the services provided should be scientifically approved and should be of good quality

The government policy response to COVID in England was defined as reactive which was slower with respect to other countries. The government's response to COVID was divided into three phases (Calnan, 2020)

1. Containment this was the first policy to be implemented in the form of tracing screening and isolation
2. Delay The second policy was delay, the government moved from containment to delay to flatten the peak of outbreak and protect the NHS and provide ample time for research of treatments and needed vaccine.
3. Mitigation this was the final policy to mitigate the virus by building up immunity to allow to run the course of action to build the population's resistance.

However in South Africa the effect of COVID-19 was unprecedented and catastrophic as it affected the society and economy. The continued policies and legislations affected the GDP of the country and it has made it difficult for the government to reassess the effects of lockdown with the unfolding of the pandemic (Mbunge, 2020).

The government implemented

1. Awareness campaigns
2. Disinfection and environmental campaigns
3. Infection prevention and control systems
4. Case management programs

All these preventive measures were taken to avoid the spread of the virus and work towards the well-being of human health but the increased lockdown affected the GDP of the country. It

increased the cases of gender-based violence. Mental health was disoriented and much more. COVID has impacted the well being of individuals in a vicious way.

Ethical Considerations:

Healthcare providers all over the world are working towards rapidly responding to the social legal and medical challenges enforced by the Pandemic created by COVID 19. With respect to the pandemic a number of ethical considerations have been taken into account. Communities together with health care professionals are working together to combat the virus. However the society and decision makers are being forced to re-examine the fundamental assumptions (Kramer et al, 2020).

1. The first ethical consideration is the responsibilities of the healthcare workers in treating their respective patients against the virus. Are they demonstrated of the high risk of becoming a victim to the virus?
2. Do the health care workers have the right to deny the treatment of the COVID-19 patients
3. With effect to the virus is privacy of the patient being prioritized or is it becoming a challenge.
4. How is the government or individuals on their own report positive cases to the staff of the hospital?
5. If the available tests are limited which members should be screened and tested.
6. Are the patients suffering from COVID-19 being given beds in the ICU?
7. Are their available spaces and ventilators within the health care center.
8. Increased need of tracheostomy
9. If the patient is not responding to the life sustaining treatment, patients history clinical course should be available for the analysis

Recommendation:

Ethically and morally when health care professionals are being asked to risk their lives and look after the COVID infected patients they should be provided with appropriate protective gear. Secondly it is the duty of clinicians to provide the needed care not only for patients but also for health care workers.

Compared to South African policymaking UK is lagging way behind. Their data and statistics show a delay in responding to the effect of the virus being spread drastically. The government needs to aggressively work towards bringing in policies that can prevent the spread of virus at a fast pace.

The already challenged staff should be warned by the hospitals about the positive status of the patients. Screening and testing should not be taken lightly these processes should be taken very seriously and should be implemented accordingly. All the patients whether high at risk or low at risk should be treated equally without any discrimination on any basis.

Patients who show slight or acute symptoms should be treated at their earliest as early diagnosis and treatment can help in the spread of the virus in the long run. Moreover it can decrease the fatality of the patient in response to the high risk.

UK as compared to South Africa is lagging behind in the race to prevent the spread of the virus. UK and its government need to address the virus in its seriousness.

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