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1. Introduction/ Background

1.1 Contextual information

WHO (1998) defines Health is characterized as a circumstance of whole physical, psychological, and social well-being, rather than simply the exclusion of sickness. Therefore, every health and social service within every country aims to ensure the people enjoy their right to health care service in the highest attainable standards (C.D.C. foundation, 2022). This is achieved through encouraging healthy living awareness, doing research into sickness and injury avoidance, and discovering, avoiding, and responding to contagious illness (C.D.C. foundation, 2022). However, recently the emergence of covid-19 has developed into a pandemic, setting treats on the health and well-being of people.

COVID-19 (coronavirus) is a contagious illness originating from acute respiratory syndrome (WHO, 2020). In December 2019, a pneumonia outbreak was detected in Wuhan, China, with the sickness spreading throughout the city. The disease was linked to a new strain of Coronavirus in December 2019 and has expanded internationally, culminating in a pandemic (WHO, 2020). Approximately 3.58 million cases have been documented in 187 nations, including the United Kingdom and the United States, resulting in more than 251,000 deaths as of May 2020 (WHO, 2020). Elderly people and those who have chronic medical diseases like diabetes and heart disease appear to have a high risk of having severe symptoms (WHO, 2020).

1.2 Rationale of the research

The huge surge of confirmed cases globally made preventing and controlling COVID-19 a significant challenge on both a national and global scale. This is vital research because this health issue has jeopardised the economy of many countries and an increase in health expenditure in catering for infected patients. Therefore, it is the primary aim of health policymakers to ensure that strategies and actions are put in place to avoid spreading the disease. This paper compares differences and similarities found in health and social services policies and strategies of the U.K. and the U.S.A. and the connection between the impact of these policies and strategies on the health and well-being of their population. The two nations have theories and models explaining health behaviour and behavioural change concerning covid-19 measures.

2. Strategies

During the covid-19 epidemic, the United Kingdom and the United States were among the nations that made significant efforts to ensure that people's health and safety were protected and maintained (McNerthney, 2020). America's President Donald Trump issued a travel ban

on Chinese and Iranian nationals to the United States in January 2020, as one of the strategies to avoid diseases from expanding to the country's population (McNerthney, 2020). President Donald J. Trump issued a declaration suspending the immigration of certain specific individuals as immigrants and non-immigrants who present a risk of spreading the Coronavirus (the white house, 2020). The U.K. health and social services, likewise, tends to manage the sickness internally, while the U.S. health care system deals with external tactics to limit the spread and monitor the disease (O.N.S., 2020). In May 2020, U.K. Prime Minister Boris Johnson outlined the health and social care plans for the second stage of England's reaction to covid-19 (O.N.S., 2020). This includes adjustments to social distancing laws, such as Injection of the Covid-19 vaccination as a new technique for protecting citizens' risk of getting the virus, compelling persons to come back to work if they have difficulties working from homes (Alderwick and Dixon, 2020). Emergency regulations, lockdown, and the work retention program were put in place by the U.K. government as a recovery strategy for the harm the disease has caused to the people (Alderwick and Dixon, 2020).

Furthermore, during the Covid-19 crisis, the U.K. government took extraordinary steps to secure people's well-being (O.N.S., 2020). As the nation emerges from quarantine and settles into its "new normal," the N.H.S., which is the critical organ for the healthcare systems in the U.K., increased social safeguards and measures to address structural disparities as component of their prolong plan to preserve citizen well-being (Department of Health and Social Care, 2020). The government provided sufficient funding for social services. On April 2020, a coronavirus "action plan" for social care was released (Department of Health and Social Care, 2020). The proposal offered additional assistance for social workers, more testing, and a commitment to hiring 20,000 more people. In March 2020, the N.H.S. supplied councils with extra cash of £1.6 billion for all local authority services, plus £1.3 billion for care packages for patients discharged from hospitals, followed by another £1.6 billion in April (O.N.S., 2020). In the United States, during this covid-19 crisis, some organisations like healthcare professionals, Military services, first aid rescuers, and the U.S. Military Department of Engineers have all come together to provide social and health support for people who are infected with the illness through offering health services (Vergun, 2020).

3. Public health policy

Several strategies have been used by health and social services to safeguard patients' rights and privacy throughout the covid-19 season (Rice et al., 2020). The United States has also implemented several healthcare laws to protect public health, Including former President Barack Obama's signature on the Healthcare Quality Improvement Act (1986) and the Affordable Care Act (2010) (Stolberg and Stack, 2011). In addition, the National Emergencies

Act was enacted by the United States federal government (Struyk, 2019). Ex-President Donald Trump issued a moment of public crisis to help in the combat against the spreading coronavirus pandemic, as an example of how this law may be used in health care (B.B.C. News, 2020). In addition, some states in the United States have enacted regulations to reduce infection rates, such as shutting schools and prohibiting athletic activities and big gatherings (B.B.C. News, 2020).

Similarly, the United Kingdom's England public health has well-established regulations to ensure public health (The King's Fund, 2021). In England, health care regulation is divided into two parts: medical care quality and safety regulation, they have ensured during the covid-19 period, managers of the various healthcare settings are respecting the national protocols and inculcating it in the practice of healthcare practitioners (The King's Fund, 2021). These two organs ensure that schools with a record higher percentage of infected students are made to have self-quarantine while the school is shut down temporarily (The King's Fund, 2021).

Like the U.S., health and social services have utilized emergency parameters to stop the expansion of Coronavirus infection within care homes and hospital settings (Dunn et al., 2020). Emergency authorities are government authority used to respond quickly to the covid-19 national crisis by establishing rules without the need for a parliament act, per the Institute for Government (2020). Similarly, the major part of the British health governance authorities are centered on two fundamental pieces of legislation: the Corona Virus Act (2020) and the Control of Disease Act (1984). (Institute for Government, 2020). As a result, they gave the health and social authorities more options for dealing with the Covid-19 epidemic. In addition, during the Covid-19 crisis, the U.K. government passed legislation imposing limitations on the general population (Dunn et al., 2020).

Nonetheless, United Kingdom various laws have been enacted by the U.S. government to guarantee that health systems efficiently and adequately fulfil customers' demands. Using emergency powers to stop the spread of Covid-19 infection was the most recent and crucial piece of health legislation (Institute for Government, 2020). In exercising these authorities in the United Kingdom, the 2020 Coronavirus Act was implemented by the government, whereas the National Emergencies Act was used by the United States (Dunn et al., 2020). Furthermore, the United Kingdom is a country in Europe. Similar measures were enacted by the Canadian and U.S. health and social services, which included the closure of events, schools, and meetings in order to carry out these activities (U.K. government, 2020). To summarize, both the United Kingdom and the United States have identical legislation contributing to their healthcare settings; however, the operation and distribution vary.

4. Theories

Many people have embraced the initiatives by the U.K. and U.S.A. health care services. However, many people have difficulty adhering to social distancing strategies and policies. Therefore, to understand why there are differences in the conformity to these strategies, public health specialists have studied various behaviours in prevention. This section will discuss two theories and models concerning the covid-19 measures, specifically social distancing. These models and theories include; the health belief model and the theory of reasoned action.

Among the most extensively utilized models for awareness and predicting behaviour transformation is the Model of Health Belief (H.B.M.) (Rosenstock, 1974). It has been utilized in HIV/AIDS prevention, seatbelt drives, and mammography screening campaigns, among other health preventative programs (NICE, 2006). The concept emphasises the relationship between a person's thoughts and attitudes and adopting a healthy habit. Perceived susceptibility, severity, advantages, limitations, and self-efficacy are among the H.B.M.'s particular components (NICE, 2006). Concerning covid-19, the likelihood of catching the virus is tied to one's perception of susceptibility. The perceived severity of a virus is determined by one's perception of the virus's severity as well as the possible repercussions of catching it (Rejeski and Fanning, 2019). The concept of perceived advantages refers to how an individual understands the advantages of embracing the social distancing and the wearing of mask habit (Rejeski and Fanning, 2019). Perceived barriers examine the disadvantages or disadvantages of following the practice of physical separation and the mental and emotional costs. Self-efficacy is known as an individual's confidence in their capability to adapt and effectively apply physical separation (Rejeski and Fanning, 2019). Individuals need to recognize the covid-19 as a risk to their wellness and comprehend embracing the new behaviour (social distance); this would lead to better results in order for behaviour change to occur. (Rejeski and Fanning, 2019).

The Theory of Reasoned Action (T.R.A.), similar to the H.B.M., is utilised to interpret and forecast a range of health-related behaviours, such as contraception usage, tobacco misuse, and drug use (Marcus and Simkin, 1994). According to this theory, the most important determinant of behaviour change is intentions. Individual attitudes and subjective norms are among the T.R.A. theoretical ideas that sustain and foster intention (Surina et al., 2021). The appraisal, both excellent and negative, of the specific conduct in issue determines an individual's attitude (Driskell, 2020). Concerning accepting or disapproving of given conduct, subjective norms are tied to an individual's social network (Driskell, 2020). It is more probable that individuals will be encouraged to practice social distance if their social group believes it is necessary to protect their health from the covid-19 (Surina et al., 2021). To conclude, for the U.K. and the U.S.A. to implement effective social distancing measures, the people within the

nation must have a strong desire to do so (Driskell, 2020). The effect of subjective norms and people's attitudes concerning the new conduct are two components that increase these intentions and affect the effectiveness of the prevention control measures and policies (Surina et al., 2021).

5. Impact of legislation and policies

Many people in the U.K. and the U.S.A. have collaborated nicely and willingly followed the social-distancing recommendations and other COVID-19-prevention measures. According to a survey conducted by the Centers for Disease Control and Prevention in the U.K. and the U.S.A., residents already were restricting their travels beyond their homes already when the government declared a stay-at-home directive (Lasry et al., 2020). The regular rates of fatalities reported infections, and coronavirus related admissions in New York City, London, and several other locations of the two nations were dropping as of May 2020. (Higgins-Dunn, Breuninger and Mangan, 2020). While every innocent life lost is terrible, the deliberate actions of millions of Americans and U.K. residents who practice greater hygiene and follow social-distancing norms have avoided more fatalities than would have happened differently over the same period (Dayaratna and Norbert, 2020). These sorts of measures successfully lower the virus's R0 value, limiting the virus's transmission and death. In the United States, President Trump issued recommendations to reopen the economy in April 2020, encouraging health and social services to form information-driven policies in three stages to open parts of their businesses (Restuccia and Lucey, 2020). Similarly, social care leaders in the United Kingdom claim that the N.H.S.'s procedures have sufficiently safeguarded workers and service customers (Alderwick and Dixon, 2020). Working remotely has aided many businesses in identifying and recognising the relevance and benefits of embracing new methods of working and utilizing technology (Elassar, 2020). These two countries' health policymakers and governments have made significant contributions to combatting the Covid-19 and securing the well-being of people.

6. Ethical considerations

The ethical repercussions of inadequate resources are particularly severe in this coronavirus outbreak. In some parts of the world, like U.S.A and U.K., the demand for critical care services far outstripped the supply (Chamsi-Pasha, Chamsi-Pasha, & Albar, 2020). Intensive care unit (I.C.U.) experts have to make difficult decisions about individuals who need get ventilators and those who do not need them, recognising that individuals who are not transferred to

I.C.U.s are practically guaranteed to death (Mannelli, 2020). Health Practitioners must concentrate on patients who have the best chance of surviving above individuals having a slight chance of surviving. This technique has raised arguments about individual's right to access quality health care service (Mannelli, 2020). Again, the absence of proper P.P.E. in most nations increasing the danger to contracting the virus, is a critical ethical concern in this pandemic (Arora and Arora, 2020). This imposes huge pressure on healthcare practitioners to perform appropriately while adhering to ethical values (Angelos, 2020).

Doctors are society's most important asset in the current epidemic, and putting a clinician's life in danger without comprehensive P.P.E. is certain to be seen as careless (Angelos, 2020). Unfortunately, many physicians and other healthcare professionals in Italy, the U.K., Egypt, and other countries died due to the epidemic (Chamsi-Pasha, Chamsi-Pasha, and Albar, 2020). Lastly, there were several ethical medical concerns about the safe covid-19 vaccine. Many researchers argue the vaccine's effectiveness, while this puts a significant burden on vaccine manufacturers to prove to academic experts that the covid-19 vaccine is superior to the current medicines in terms of benefits and side effects (Chamsi-Pasha, Chamsi-Pasha, and Albar, 2020). Many experts question the vaccine's efficacy, putting a heavyweight on vaccine makers to persuade scientists that their new vaccine is superior to the present in terms of benefits and adverse effects (Chamsi-Pasha, Chamsi-Pasha, and Albar, 2020).

7. Recommendations

7.1 Conclusion

To conclude, the report did a comparative analysis of the policies and strategies of U.K. and U.S.A. health and social service in the monitoring, controlling, and stopping the spread of covid-19. It further discussed two theories and models of behaviour change, such as the health belief model and the theory of reasoned action. Again, it discussed the impact of the strategies and policies on the health and well-being of the people and ethical consideration of covid-19. Lastly, recommendations like Adopting straightforward to use technologies in health care and initiating public-private Partnership health care services were suggested for U.K. and U.S.A. health care services to improve the measure and policies for controlling and monitoring the spread of covid-19.

7.2 recommendations

The U.K.

One controversies identified during research was the U.K. government's use of complicated technology during the covid-19 crisis, per the multiple healthcare responders, is the use of sophisticated technology during the covid-19 crisis (Deloitte U.K., 2019). As a result, the government must guarantee that technologies are simple to use and incorporate into healthcare procedures in order for innovation to be universally embraced and assist people's well-being during these times (Deloitte U.K., 2019). These findings are backed up by a peer-reviewed study from 2016, which found that health informatics treatments that are interesting to users and easy to incorporate into daily practices are more successful and generally recognised (Deloitte U.K., 2019).

The U.S.A.

Again, during the study, it was shown that because most health services in the United States are private, many people could not obtain proper treatment during the Covid-19 crisis. Therefore, this research suggests that the U.S. government form a public-private partnership to address the issue of rising healthcare expenses during this pandemic (Hsiao, 2011). An independent board will lead the collaboration, which will include representation from key health payers as well as primary beneficiaries and reimbursement recipients, ensuring that some services will be made available for free for a limited time to treat coronavirus disease (Hsiao, 2011).

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