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Introduction

Public health policy or social policy refers to the policy within the political along with governmental setting consist of social services as well as the study of the welfare state. This report will discuss the background of COVID-19 or coronavirus in brief.

The strategies utilized to monitor, control, and measure the instances of COVID-19 by the UK along with Canada as the country will be explained in detail. The existing health policy methods adopted by the two nations to decrease or control the spread will also be demonstrated. Later, theories, models of health behaviour changes, the influence of policies and legislation on the wellbeing, health of the individuals within society along the healthcare setting will also be provided.

1. Background of coronavirus and more specifically Covid-19

Coronavirus is an infectious disease also known as (COVID-19) and was first discovered in the year 2020. When a person is infected with COVID, they will experience trouble breathing, along with respiratory illness. A COVID infected person recovers and heals without any special treatment. The COVID virus has led older generation people are more prone to catch serious illness if they had any internal medical condition before COVID, for example, cardiovascular or chronic disease, cancer, and diabetes. One can be safe and help in reducing the transmission of the COVID-19 virus by frequently washing their hands with soap or sanitizing their hands with alcohol-based sanitizer (Who. int, 2021). Also one should avoid touching their nose or face without washing their hands. The COVID-19 is a contagious virus that spreads mainly through a person's saliva or discharges from the nasal cavity through sneezes or coughs, hence it becomes mandatory that everyone practices respiratory etiquette.

In the UK, COVID-19 or coronavirus pandemic has created an adverse influence on the economy as well as social wellbeing. Thousands of business entities were closed, shut down and millions of people lost basic livelihood. In the informational economy, individuals or laborers have become vulnerable to inefficient social protection, availability of productive assets along quality health care (Who. int, 2021). The economic crisis has improved with the huge number of people who remained unable to work, earn, lost jobs and feed families. As an adverse social influence, coronavirus has led millions of human beings at risk of encountering extreme poverty and undernourished people's number has reached nearly 132 million within the end of 2020 (Who. int, 2021). The extreme challenge to healthcare management, the food system, and the working of the public has resulted in the loss of human beings in the majority of numbers.

2. Strategies used to measure, monitor, and control the incidence of coronavirus

The coronavirus pandemic has resulted in the death of around half of the million individuals worldwide and death trolls are consistent with increase cases on daily basis. Nearly, 3.3 billion global labour forces are found at risk to lose livelihoods (Who. int, 2021). The economic report by OECD highlighted around 13% declined in worldwide GDP, where several developed

countries noted entering in the recession period (Oecd.org, 2021). The COVID-19 pandemic has raised the problem of dramatic losses of human life across the world along with bringing unprecedented challenges towards labour, food and the public health system. Both Canada and UK have remained similar within their rationale for flattening the curve of COVID-19 spread along with saving as many human lives possible in context to social policies (Van Der Linden and Savoie 2020; Alamo 2020). The respective nations have adopted the measures of lockdown along with monitoring practiced based on reducing the transmission rate and control the coronavirus pandemic. The government of the UK and Canada has undertaken measures to recognize infected regions; people were isolated and close communication before they infect was avoided along with a restriction on stepping out in the community (Wu et al. 2020). The control and monitoring activity in context to quarantining, tracking has been similarly accomplished through continuous surveillance which remained possible during the lockdown times (Wu et al. 2020). The government of the two countries has used such duration to source ventilators, medicines, improve health infrastructure, and PPEs (Personal Protection Equipment) like masks as well as gloves for the person within need.

The differences in the strategies utilized to monitor, measure, and control coronavirus incidences are as follows

Monitoring, control, and measures	UK	Canada
Groceries	The self-service, convenience, and supermarket stores often remain open to operate. The other food outlets or stores were closed (Alamo 2020).	The specialist grocery shops, grocery including butchers, greengrocers, or others remained open.
Education- Each level	Each education of teaching institutes has been closed. Some home-based childcare options are made available for children of age 0 to 13 of	The caregivers along with parents have been encouraged to keep the students within their homes. The university remained

	essential or healthcare workers.	capable to be open with abiding by distancing regulations. Several students moved towards online study.
Workplace	The government closed all except some essential services. The non-essential individuals, employees, labour could not go to the office or factory unless the work could be performed from home.	Every labour, employees are motivated for operating from home as per the possibility (Van Der Linden and Savoie 2020). The factories, mines, and businesses not serving the customer have been functioning as normal. They are subjected to adopt the distancing rules.
Outdoor gatherings	Banned	Restricted for gathering more than 2 persons.
Retail shops or product outlets	Each premise has been closed. Work from homes has been conducted.	Retails allowed functioning with major shop closure due to poor demands along with incapability to abide by social distancing policy or measure.
Public transportation, ferries and airlines	Public transportation was restricted Air travel was restricted to the inter-state level and majorly reduced.	It was open for work reasons, legitimate, and education. Certain air and ferry travel are restricted for significant services.
Hospitality	Takeaways from the restaurants along with cafes permitted to operate.	Closed

Weddings and funerals	Closed	Limited to nearly five-person attain wedding and around 10 to 15 people allowed for the funeral.
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Table 1: Difference in measures, monitoring, and control actions taken by UK and Canada

Source: Alamo 2020; Van Der Linden and Savoie 2020

3. Current public health policy approaches to reduce or control incidence

The present public health policy methods adopted by the UK to decline or control the adverse impact of COVID-19 has CBILS policy (Coronavirus Business Interruption Loan Scheme), CCFF (COVID-19 Corporate Finance Facility), National Lottery community fund policy, and others (KPMG 2021). For the economic stimulus, within the CBILS policy, the companies with a yearly turnover of £45 million are likely to borrow around £5 million interest-free for nearly 12 months under the BBB scheme (British Business Bank). About the CCFF policy, the large businesses would be funded through the purchase of corporate debt for the short term within the form of commercial documents (KPMG 2021). The government of the UK has announced funding of £750 million for frontline charities amongst UK regions involving hospices along with individuals supporting domestic abused victims. To help innovative firms affected by the coronavirus pandemic, the government offering £750 million to help medium and small-sized companies emphasizing R&D (research and development). Within the Green Stimulus policy, UK is going to offer £3 billion packages for environmental initiatives (KPMG 2021). This involves a £1 billion dedicated to decarbonizing public industry buildings like social housing, hospitals, and schools through retrofitting. As the customs measures, the Self-Employment Income Support scheme or policy has been in effect to offer an 80% taxable grant to the self-employed individuals impacted by COVID-19 on the average monthly profit. Within the recovery strategy to ease the lockdown,

UK is encouraging the public to return to offices, work, and provided social distance within the workplace is maintained (KPMG 2021). In addition, the accommodation, leisure, and hospitality businesses within the Local Restrictions Support Grant policy of Tier 2 becomes capable to apply for grants value at £2100 monthly. The government has also committed £1.57 billion to help the arts and culture industries of the UK.

In context to the existing public health policy of Canada in response to the decline COVID-19 impact, Canada Health acts 1984 and Royal Commission 2002 has been supportive of publicly funded healthcare (Martin et al. 2018). They have remained a fundamental value that confirms national healthcare insurances is made available for all living within the nation. As an effective communication policy, the Canadian government has taken vital public education and communication on coronavirus to support making an informed decision and allows undertaking actions to safeguard health as well as the community on large (Canada, 2021). The Public Health Agency has been created to monitor outbreaks and creating a better health system. As per the Canadian Pandemic Influenza Preparedness policy, the government has planned guidance for the health sector and outlined directions to prepare as well as respond effectively to COVID-19 (Canada, 2021). The subsidy policy has been introduced to support companies in retaining a workforce with a budget deficit aiming to reach above £167.96 billion (Bhattacharyya, 2021). The Canadian government has committed around £0.67 billion towards public health measures to confirm the health and safety of the public. Around, £41.72 million was assigned to support the initial actions or practices (Canada, 2021). The Canadian government has undertaken major steps for addressing the negative impact of coronavirus within compliance to flexibility, precautionary methods, collaboration, and instance informed decision making. Along with this, the nation implementing systems and ethical considerations (Canada, 2021). In similar to the UK government, Canada has also undertaking critical communication and public education on coronavirus to inform varying actions, supporting them to undertake practices of protecting the public health as well as the community.

4. Models and Theories of health behaviour change

Health belief model (HBM): The model has been introduced in the year of 1950s to set up a guide to measuring as well as screening tuberculosis. The model has been used to measure the symptoms of tuberculosis in the human body. The core use of this model is to evaluate the cholesterol density of the human body that constructs healthy diseases in the human body

(Rejeski and Fanning 2019). The model is even used to measure the decisional balance of the body in which the reciprocal between the weight and the behaviour of the body towards the weight is measured.

Socio-ecological models: The model has been defined from the perspective of the ecological demand of the body that is capturing the interplay between the environment and the organism. It has been seen that a human accepts changes that occur in the ecological system in the environment (Rejeski and Fanning 2019). Hence, the model is used to record all those ecological changes that take place in the human body to identify the density of the human body that is also reflected by the human body weight. The model helps to note down the behaviour of the body to maintain the weight and the eating habit of the human body.

Social cognitive theory (SCT): This theory conceptualizes a person as the rational factors or actors (Rejeski and Fanning 2019). There is a consistent focus on the aspect of expectancy-value, whereas the main advancement of social cognitive theory has remained is concentration on personal agency along with significant reference as the determinant of health behaviour. In the case of decreasing COVID-19 incidences, the application to theory becomes critical for both the government to understand the factor that motivates the public to perform precautionary health behaviour within the community and protect others from infections. Self-efficacy needs to be promoted which acts as the facilitator of practices or behaviour towards maintaining strict social distancing rules, wear masks and gloves to avoid the spread of coronavirus.

Self-determination theory (SDT): The significant needs outlined within the self-determination theory have been placed being innately valued and for increasing public healthcare, the alignment of behaviour or content of one's objective or goals within the person's core requirement becomes critical. Rejeski and Fanning (2019) added that SDT produces self-determined and self-motivated behaviour which is likely to last long. In the case of decreasing the instances of the COVID-19 within the nation, healthy practices must be encouraged by factors regardless of the merits of practices themselves. The respective highly 'controlling' form of encouragement is expected to certainly regulate short-duration behaviour, however, has a low likelihood of offering behavioural maintenance. The government decisions made in context to the SDT for controlling the spread of COVID-19, the theory becomes critical developing behaviour which produces positive bodily results as the enjoyment. Moreover, it facilitates a useful approach for considering adequate incentives.

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

Legislations or regulations are made by the judiciary bodies to protect the interest of the human being in the living society. All these legislations are viable to provide health security to the people. In the respect to this, the UK government has framed few provisions by framing different acts to provide health safety to the citizens of the UK. Health and Safety at Work etc Act 1974 has been defined in the favour of the employees and employers working in an organization to provide them safe during their jobs (HSE 2021a). The law has defined that every working place in an organization should be safe for the individuals working in that environment. Along with this, Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 has been framed to record the reports registered by any employee or employer in an organization that they if seen or noticed at the workplace (HSE 2021b).

Along with this, Social Care Act 2012 amended in 2013 has been defined in favour of the public who are living in the society. The Health and Social Care Act 2012 has changed the process of healthcare in the UK for the public. In April 2013 few changes have been made in the Act that makes the provision far better for the people. The changes are strategic health authorities are abolished at the end of March 2013. The PCT's were abolished at the end of March 2013 (Peckham et al. 2015). The reason behind these changes is to fasten the process of health care in society so that people could not wait to get the right treatment at right time (Full Fact 2021). The legislation and policies are prepared by the respective body to provide fair healthcare treatment to all living in the society or the community. The reason is everyone has the right to get proper treatment as well as medication after fall ill or facing any health diseases.

6. Ethical considerations

The medical professionals abide by the strict ethical code of conduct, where violation of any principle is likely to result in disciplinary penalties from the designated council. The ethical consideration within spreading awareness about COVID-19, its control, measures, and

monitoring processes needs to rely on respect for the autonomy of the patient, maintaining their confidentiality and probity (Bakewell et al. 2020). The reason for having informed consent is that it prevents complaints and claims because doctors have not been negligent. The public in the process of stopping coronavirus spread must be involved in the decision making and more alternatives with similar potential results need to be made available. Rao (2020) added that patient has the right to autonomy as promoted within the constitution of the nation, thereby an ideal which carries the law force. This means that the hospital within the UK and Canada supporting to tackle COVID-19 crisis must abide by the ethical consideration of informing every risk, obligations, implications, costs, benefits, and consequences applied within the treatment. The healthcare providers of both nations need to inform the users within the language they understand and within the way which undertake into account the customer's literacy level. Patient consent becomes important and they need to be free of any undue coercion or pressure within making their decisions. Bakewell et al. (2020) added that while offering healthcare services for coronavirus cases, healthcare professionals must perform their best to recognize every patient's specific priorities and needs. It is significant ethical considerations has every patient is likely to undertake varying views on COVID-19 treatment on the implications of related benefits, risks and based on their priorities. The government or healthcare commission of the UK and Canada needs to promote ethical consideration to treat as well as take care of the public in a fair along with transparent manner.

7. Recommendations

The certain recommendation that the UK and Canadian government could engage in to reduce the adverse impact of coronavirus on the public, as well as the economy overall, are as follows-

Improve testing and gather citizenship data: The initial step to mitigate disparities within the coronavirus is to gather nativity or citizenship data (Langellier 2020). The federal government needs CDCs (Centre for Disease Control and Preventions) intake forms and as optional local agencies could gather as well as report citizenship data. Certain categories of non-citizen people, especially undocumented immigrants need to be considered as they largely remained under-tested and received poor access to healthcare.

Eradicate public assistance limitations- Every undocumented immigrant noted ineligible for public assistance policies, programs as authorized by the federal bodies. The programs mainly included federally funded housing assistance, Medicaid, SNAP (Supplemental Nutrition Assistance Program), Temporary Assistance for Needy Families (TANF), and Supplemental Security Income or SSI (Langellier 2020). The non-citizens facing barriers towards the treatment of COVID-19 need to be offered better access to the healthcare facilities as offered by the UK and Canada.

Conclusion

In confirmation of the above discussion, the UK and Canada have made significant efforts, undertook similar and somewhat different control, measures along with monitoring to decline the instances of COVID-19. The government of Canada has improved infrastructure for addressing COVID-19 concerns along with well-prepared in collaboration with provincial, territorial government, and international partners. The UK government has published the recovery strategy and effective public health policy to encourage people to return to the job, work and offered social distancing within the workplace is continuously maintained. The theories and models of health behaviour change explained the significant aspects of managing public health-related issues in an effective along efficient manner.

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