

Assessment 2

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Lecturer Name	Barbara Chinyani
Student Number	1916047
Student Name	Ronke Olomola
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Introduction

The global pandemic, Covid-19 has ravaged the world enormously. Greer et al (2020) state that the unfortunate global phenomenon, aptly said that Covid-19 has brought about major public health, economic and political crisis throughout a lot of countries in the world. This comparative report will evaluate the different approaches and strategies adopted in the United Kingdom and China, to monitor and control the pandemic. The report will critically examine the recent developments in health and social care policy, its impact on individuals' health and wellbeing in health and social care settings. It will also highlight the relationship between legislation, policy, and practice; priorities and approaches, strategies, systems, policies; life-style and behaviour. Finally, it will offer some recommendation on what could have been done differently in the management of the covid -19 epidemic.

Background

According to the World Health Organisation (2020), coronavirus refers to a large family of viruses, that causes illnesses, ranging from common cold, to more severe diseases such as Middle East (respiratory syndrome) MERS-Cov, and Severe acute respiratory syndrome (SARS-CoV). Before the covid-19 virus, there were two other viruses; the SARS and MERS viruses, similar in symptoms but yet different. The Covid-19 virus spread quickly, which made it difficult to adopt the same strategies to control and curb its spread. Yao et al (2020) explained that both the SARS and MERS lasted for less than a year. Covid-19 in its case has been ongoing for over a year and is still an issue in numerous countries.

The Covid-19 virus was believed to have started in Wuhan city, also described as the 'Chicago of China' in December 2019. Without restrictions on movement, people travelled from one part of the country to the other resulting in more cases reported around China by mid-January 2020. Ahmed et al (2020) supported this line of thought while stating that covid-19 started in Wuhan China.

Boulos et al (2020) explained that within 48 hours COVID -19 had affected about 1000 people, at a faster spread rate than both the SARS and MERS. In 2002 China experienced the SARS virus, where many lives were lost, and lessons learnt. No doubt the Chinese public health agency known as the Chinese Centre for Disease Control and Prevention (CDC) learnt some vital lessons as the SARS outbreak in 2002 clearly highlighted the weakness of China's public health agency which resulted in improved public health surveillance in China (Nkengasong, 2020). United Kingdom's first response to covid – 19 was for there to be a herd immunity, this plan was seen not to work hence more effective methods were decided. World Health

Organization (2020) explain that it supports herd immunity vaccination, but not for the disease to disperse through any section of the population.

Measurement and Monitoring of covid -19 in United Kingdom and China

These are the following steps:

Confirm there is an outbreak of covid – 19

Once China confirmed that there was an outbreak, it was easy for China to swing into action, as they had experienced a similar outbreak twenty years ago, this put them in a better position to fight the covid-19 virus than the United Kingdom, which had no experience of such an outbreak. The Secretary of State in the United Kingdom has a duty to protect the population, and through the Public Health England under the health and social care act established that there was a covid-19 outbreak. (Public health England, 2020), whereas in China, it was the Chinese Centre for Disease Control and Prevention 2020 that declared in January, for the first time that the pathogen was preliminarily determined as a new type of coronavirus (Zhu et al, 2020). Interview the cases of covid – 19.

Collect evidence and engage in laboratory analysis and result of covid – 19 cases

A retrospective study research was undertaken in China and concluded that predictors of a fatal outcome included age, also the presence of underlying diseases (Ruan et al, 2020). In the United Kingdom similar research were undertaken and the results were properly analysed. This was to help make sense of covid – 19. The United Kingdom and China attempted to give the patients that had already contacted the covid – 19 the best care possible in order for the disease not to spread thereby affecting the public service and, the economy. This assisted in fighting and working effectively to prevent further covid - 19 cases.

Carry out interviews where possible

In the United kingdom and China the covid – 19 cases interviews were conducted where it could be done, to have a better understanding of their symptoms, these individuals had felt in order to provide the right care and to gather more valuable data, such as age, sex and their home address.

Consult the experts in covid - 19

Public Health England (2020) explained that there is a network of health protection teams across the country, made up of scientists and experts to manage infection outbreaks such as the covid-19. In the UK, individuals who exhibit any covid -19 symptoms call NHS111 or reported to their GPs. There was also internet- based surveillance, which was able to track down internet searches of symptoms. In China, statistics were not readily available to produce a daily analysis of the number of individuals that had covid – 19 infection. Kang et al (2020) explained that before the spatial study carried out by themselves, statistics concerning the people who were infected with covid -19 were very few.

As the United Kingdom and China were keeping a close eye as regards covid – 19, if need be, more investigation would be undertaken Pan et al (2020) undertook a research to see if there was an association of public health interventions with improved control of covid- 19, outbreak in Wuhan China. The result showed that various of multi-faceted public health, and interventions were temporarily connected with better management of covid- 19 outbreak in Wuhan China.

Form outbreak team consultants

In the United Kingdom experts on covid – 19 considered further investigations, the review of surveillance data from an outbreak team-consultant in communicable disease (Fraser and Briggs, 2021). This was also the same approach that China took. (In class lecture 1/3/21). The (Department of health and social care, 2020) explain that for effective measurements and monitoring of a disease like covid – 19, these five factors need to be considered: contain, delay, research, mitigate, and minimise.

Strategies approaches, current public health policy to reduce and control the incidence of covid – 19 in China and United Kingdom

a). Surveillance

There were rapidly increasing numbers at the genesis of the covid-19 pandemic. In China, online questionnaire research carried out with 18,161 participants aimed at investigating if an online survey can produce population level information for noticing prevalence trends during the early phase of an epidemic and identify possible causes of covid-19. The result of the research demonstrated the usefulness of an online questionnaire for the surveillance of outbreaks like covid -19 by producing trends of the disease and the identification of possible risk factors. (Luo et al, 2020). The United Kingdom also made sure that daily figures of those infected and areas where the covid – 19 was mostly affected were transmitted on the news and also online for individuals to follow the trends. The Epidemiologists were also keeping a

close eye on the figures and reporting back and advising the United Kingdom government, who could then take necessary actions.

b). Monitoring and reporting

There was also continuous monitoring of the numbers of infected people with covid – 19. Chinese Centre for Disease Control and Prevention has given China the right information needed, and the public health of England was also advising the United Kingdom accordingly, as these were the experts in these fields.

c). Screening

In the United Kingdom, covid – 19 test kits were available especially for healthcare workers and had to be undertaken regularly. In China, the screening was undertaken for their people at the late stage of the covid- 19 pandemics (Gong et al, 2020).

d) National Lock down

Huang et al (2020) stated that the Chinese government stated that all people should stay at home, for quarantine until further notice to reduce the spread of COVID-19. Except for healthcare workers, in China, the government took very tough and harsh decisions on the management of the COVID-19. The firmness of the Chinese Government resulted in stiff penalties put in place. It was however easier for the Chinese people to comply with the laws passed as the people were used to this kind of living because of the type of government structure in place in China. Keogh-Brown et al. (2020) stated that COVID 19 changed the methods of policymakers and resorted to unprecedented advice, legislation and impact on the lives, individual businesses and organisations.

The situation in the United Kingdom was similar as regards government policies on Covid-19 put in place in March 2020 . Prime Minister Boris Johnson Instructed that everyone must stay at home except the essential workers, which are the health care workers, those working in supermarkets, also the transport workers. Cairney (2020) stated that Prime Minister Boris Johnson's 'stay- at – home' policies were to decrease the spread of the COVID -19 virus. This posed a bit more difficult for the United Kingdom population to comply as the government is different to China's governance and the people have more freedom than the Chinese people. In the United Kingdom , there were seven phases to the lock down which were as follows first national lockdown, minimal lockdown restrictions, reimposing restrictions, second national

lockdown,, reintroducing a tier system, third national lockdown, the steps out of lockdown these phases were from March 2020 to March 2021. (House of commons library, 2021).

e). Social Distancing

In the United Kingdom social distancing was enforced. Clanan (2020) stated that the social distance, social isolation in the national government policy in reaction to covid-19 placed an increased public reliance on social media for sources of information. In January 2020, also similar laws were passed in China in response to the fast, growing epidemic where China came to the conclusion of enforcing a strict social distancing law.

f). Wearing of face covers or face masks

According to Zhu et al (2020), it was not until January 2020 that the Chinese Centre for Disease Control and Prevention announced for the first time that the pathogen was preliminarily determined as a new type of coronavirus. This was not early enough. In China, there were people that did not take the COVID -19 serious. Wang and Wang (2020) explained that some of the Chinese indigenes, behaviour were defiant as regards the COVID -19, as some of the people refused to wear face masks, others believed it was the duty of the epidemic prevention, control department to sort out the covid – 19 pandemic.

In the United Kingdom, it was also stated that people wear face masks when outside and it was compulsory that face masks or face coverings were worn when entering public transports, such as trains and buses. Public health England (2020) in supporting this line of action explain that the facemasks or face covering across the United Kingdom endorsed, social distancing and hand hygiene

g). Vaccination

In both the United Kingdom and China, vaccinations were introduced, the attitudes of both countries were apprehensive, as the efficacy and its safety were questioned. In China during the covid -19 epidemic individuals, were ready to take the chance and take the vaccination. Wang et al (2020) supports this line of thought and stated that within the pandemic a higher request and approval of the covid – 19 vaccination has been demonstrated within the Chinese populace. It was stated that the covid-19 vaccination is very effective in limiting the spread of covid-19. Leng et al (2020) explained that vaccinations are an efficient choice to put an end to the disease outbreaks including covid-19. Individuals needed to be educated on the use and benefits of the covid – 19 vaccination.

In the United Kingdom, there was a lot of advertisement concerning the safety of the covid-19 vaccination and the benefits of the vaccination. Although some individuals especially the healthcare workers took the vaccination, there is still a lot of scepticism with respect to its safety and efficacy. Paul et al (2020) undertook research on the embrace of the covid-19 vaccine; the findings of the research was that 16% of the participants demonstrated high levels of mistrust about the vaccine, 14% refused to receive the covid-19 vaccine and 23% of the participants were unsure. Those in a low, income group that earned less than £16,000 per year were either uncertain or refused.

h). Track and trace

In the United Kingdom, there is the National health service test and trace (NHSTT) system to control covid – 19 in England (Fraser and Briggs, 2021). In China, there were reports that the Chinese population were under electronic surveillance by the government. (Kupferschmidt and Cohen, 2020).

China was very vigilant in looking out for the risks and symptoms of the covid-19. Burki (2020) explained that the Chinese individuals were alert to what can happen in a coronavirus crisis. When comparing the number of people that contacted covid – 19 to those living in United Kingdom, it was much less, even though China has a bigger population. Burki (2020) states that, the United Kingdom is twenty times smaller than China yet the United Kingdom has seen five times more cases of covid -19 cases.

Models and Theories of health behaviour change

The health belief model is one of the theoretical models that are used to prevent diseases. The model is divided into five steps which are perceived susceptibility, perceived severity, perceived benefits and perceived barriers to action. An example of the application of this is theoretical model as regards covid -19 in the United Kingdom would be a health care worker that works as a health care assistant, in a hospital could be asked to take the covid-19 vaccination, as health care workers are deemed to be at risk for contacting the covid -19.

The perceived susceptibility is that the health care assistant working in a high-risk area can be infected with the covid -19 virus. The perceived severity is that if the health care assistant is infected by the covid -19 virus, she will not be able to work and will have to stay at home, which could lead to loss of earnings. The perceived benefits are that if the healthcare assistant gets the covid -19 vaccination, she is better protected from being infected with the covid -19. The perceived barrier is that the health care assistant is hesitant to get the vaccination as she does not believe it will work, also she believes it will have an adverse effect on her. It is not only the belief of the healthcare assistant that has an influence on her choice but also

other factors such as, her age, peer pressure, also where she comes from. Appendix 1 has a picture of the health belief model.

The Impact of Legislation and Policies on the Health and Wellbeing of Individuals in Health Care and Social Care Settings

In China and the United Kingdom, the elderly was one of the groups that were affected quite badly as those in nursing homes were not allowed to see their loved ones Bench (2020) states that covid – 19 not only a significant public health issue but is a universal peril to the less underprivileged and unprotected social category. This was why both China and the United Kingdom had to initiate legislations and policies. In China, within two months there was a noticeable reduction of the numbers of people with covid – 19. Yu et al (2020) explain that the implementation of public health measures such as reduction of the flow of people and centralized isolation during the early stages of the pandemic, assisted in the attainment, in controlling the explosive growth of covid – 19, in China within two months.

The United Kingdom also reported positive results after the legislations and policies were, implemented. Patients admitted to the hospital were also not allowed to have visitors which negatively impacted their mental health. The rules and regulations were put in place, in both countries were to decrease the spread of covid -19. Venenkatosh (2020) stated that social distancing has potential mental health complications, isolation and quarantine have caused depression and anxiety, also this could contribute to frustration, boredom, disappear and potentially depression.

Both in China and the United Kingdom, there was the issue of people having to social distance and anyone that was tested positive for the COVID - 19 had to be in isolation, this brought about people not being able to see extended families for months, human beings being social beings found this very depressing and loneliness sets in. Bu et al (2020) argue the stay- at - home orders because of the covid – 19 outbreak in the United Kingdom could cause loneliness which is a great public health issue.

Ethical Considerations

Townsend et al (2020) explain that the rapid change worldwide due to covid – 19, causes anxiety, social isolation, and financial pressure. It could be argued ethically that the, laws enforced in both United Kingdom and China to manage the covid-19 pandemic were against peoples human rights, and could be seen as not fair and just, however weighing the rights and freedom of individuals to the spread of the covid – 19, it could be debated that the safety of the public came first. Williams et al (2020) stated that social distancing and quarantine have affected much needed social connections, negatively affecting mental health by increasing levels, of loneliness and psychological problems.

Another ethical issue was due to the pressing issue of the covid – 19 unprecedented steps were undertaken in the United Kingdom to intentionally infect volunteers with the covid – 19, virus for the purpose of creating an effective vaccination for the fight against covid – 19. Calina et al (2020) explain that the deliberate infection of volunteers with covid – 19, was initially seen as unethical, however, due to the current epidemic, it was later considered very ethical, but the volunteers meet the criteria, which included being relatively healthy.

When considering China, the government had an app in which all the people in the country were monitored, a colour code system was put in place with the colour red representing the individual had covid – 19. Chinese individuals carried smartphones on them, and an alert was sent to them to say they were infected with covid – 19 and needed to be isolated. Pan (2020) agrees with this thought and emphasizes that not only are individuals monitored by the government, to make sure that people are not infecting other people with covid-19, also information technology was widely utilized for the possible prevention and control of infectious disease by reporting epidemic surveillance and monitoring of planned immunization. This shows that the safety of individuals is more important than ethics.

Recommendations

China and The United Kingdom could have reacted faster to the covid -19 pandemic outbreak. China had experienced a similar outbreak twenty years earlier but did not react early enough. Also, United Kingdom was undecided as to how they were going to tackle the issue, warning had been given to the United Kingdom by other countries such as Italy. Guerrera (2020) highlights that many in Italy are still wondering why the United Kingdom did not act immediately against covid – 19. In China, there are suggestions that their public health systems need to be improved so that when such a pandemic as covid – 19 happens again a better response would be achieved. Song et al (2020) express that the world has witnessed the devastation of covid – 19, hence it is paramount that the public health and healthcare systems of countries should be more effective during pandemics.

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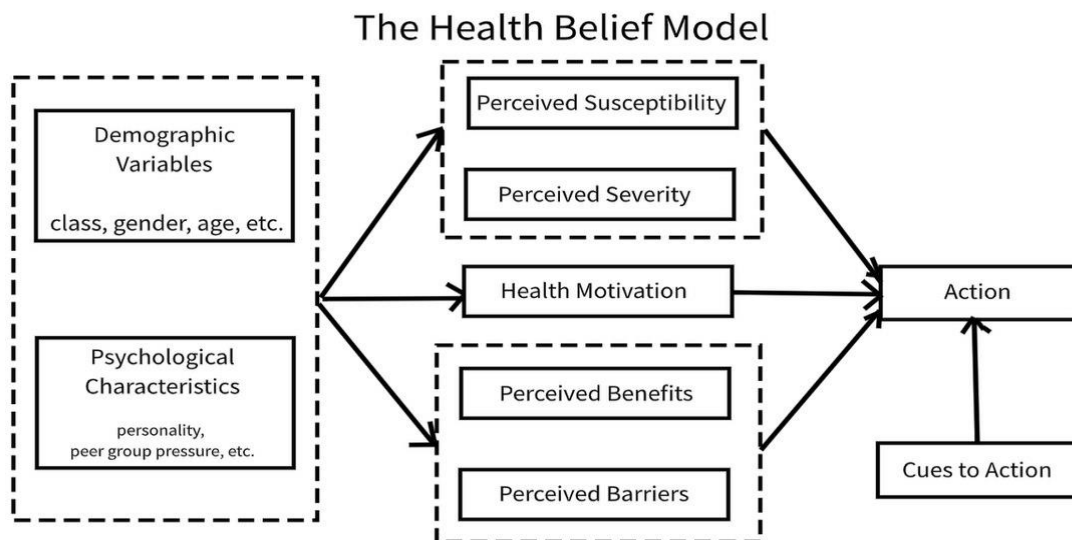
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Appendix 1



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