P08 / Public Health Policy Success/Failure During the COVID-19 Pandemic

Topic : HEALTH POLICY, COVID AND PANDEMIC ISSUE

Chair : Zigmond A Kozicki (University of Detroit Mercy)

Second Chair : Stephanie Baiyasi-Kozicki (Central Michigan University)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Does Government Policy Matter in Responding to a Pandemic?

The political system of Canada is a constitutional monarchy and a parliamentary democracy, with three levels of government, each with their own responsibilities: (i) the federal government or the government of Canada, (ii) the provincial and territorial governments, and (iii) the municipal or local governments. No country is more similar to the United States of America (U.S.) than Canada, whose economy and culture are closely intertwined with the U.S. Yet faced with a life-threatening pandemic of historic proportions, Canada showed far greater success in protecting the lives of its people than the U.S. (Karabel, 2022).

The Canadian health system provides access to publicly funded health services to its entire population. Universal coverage is a strong principle and an objective of this public health policy. According to one of the main principles of the Canada Health Act (the federal legislation for publicly funded health care insurance), each person living on the country's territory is provided with public care insurance that covers all medical treatment considered necessary. Canada implemented public health measures, such as social distancing, when hospitalization and death rates due to the pandemic were still lower than in other countries; each province and territory adapted and implemented specific measures (Tchounwou,et al. 2021).

The United States is more accurately defined as a constitutional federal republic. "Constitutional" refers to the fact that government in the United States is based on a Constitution which is the supreme law of the United States. Under the US Constitution, Congress has the sole power to authorize funding out of tax revenue and may do so for those purposes enumerated in the Constitution, including to provide funding for the general welfare of the United States. (U.S. Constitution). Within Congress's is the power to respond to disasters and public health emergencies; however, during times of crisis, such as the coronavirus pandemic, many emergency powers have been delegated by Congress to the President. (Lindsay, & Webster, 2020, (U.S. Library of Congress, 2020).In the United States the coronavirus pandemic prompted a comprehensive government response from the federal, state, and local governments. The federal government enacted legislation to stimulate the economy and promote a robust public health response. The crisis response in the United States was generally organized from the ground up, with local governments taking the lead with the support of their respective state governments and, in larger emergency situations, the federal government.

Taiwan, Singapore and South Korea demonstrated best practices in managing the COVID-19 pandemic (Bremmer, 2021). The Government of the Republic of China (ROC), is the national government of the Republic of China whose de facto territory currently consists of Taiwan, Penghu, Kinmen, Matsu and other island groups in the "free area". Governed by the Democratic Progressive Party, the president is the head of state. Today, the ROC is the de facto government of Taiwan; whereas the People Republic of China (PRC) is the de facto government over Mainland China. However, each government claims to be the legitimate government of all China de jure (Chen et al., 2020).

The ROC State Council established a national, multisectoral, joint prevention and control mechanism and required all levels of government to establish corresponding prevention and control headquarters, with the head of local government as director, and heads of ports, health, transportation, public security, and information departments as members. Every school, work unit, and community established a working group against covid-19. Management was based on a grid: communities were subdivided with buildings as subunits and their managers responsible for ensuring strict fulfilment of control measures. Actively finding patients and their management means early detection, treatment of every patient in isolation, and identifying close contacts of patients for placement in 14 days of individual, mandatory quarantine with periodic PCR testing. Early detection and isolation of patients was the single most effective technique for containing the virus because it interrupted transmission chains before they could lengthen (Chen et al. 2021).

In Taiwan Central Epidemic Command Center (CECC) was assembled to combat the COVID-19 pandemic

on 20 January 2020. The commander of the CECC was the Taiwanese Ministry of Health and Welfare minister, and the organization's members included experts from various fields. The CECC executed several strategies to reduce disease transmission and its government-guided strategies may have contributed to mitigating the disease's spread (Chen et al, 2020).

In Singapore a unitary parliamentary constitutional republic, the dominant People’s Action Party (PAP) has been the only ruling party to form a government since independence. Singapore has established effective rule-of-law, low corruption and effective government. Singapore's approach to managing this pandemic can be summarised as follows; Establishment of a network of Public Health Preparedness Clinics (PHPCs) which are primary health clinics established in times of national need. Hospitalise and isolate the infected. Trace contacts rigorously. Make social messaging clear. (Tan et al., 2021).

The Government of South Korea is the union government of the Republic of Korea, created by the Constitution of South Korea as the executive, legislative and judicial authority of the republic. The president acts as the head of state and is the highest figure of executive authority in the country, followed by the prime minister and government ministers in decreasing order (World Atlas, 2019). The basic principles of the South Korean government's response to COVID-19 are transparency, openness, and democracy. The government has attempted to minimize all restrictions on citizens through transparent public disclosure of all information and maintaining the borderline without closure. As the number of patients gradually increased, the Korea Center
for Disease Control and Prevention declared these outbreaks a Public Health Emergency and raised the national crisis warning level to “serious (red).” (Kang, 202).

CALL FOR PAPERS

Consider that government policy can determine public health success or failure in responding to a health emergency. Develop your paper to include the aforementioned countries (United State, Canada, Peoples Republic of China, Taiwan, Singapore and South Korea,). Other courtries can be considered and included in your presentation.

How does the type of government and the policy that it creates impair or promote public health response to epidemics?

What did we learn from the COVID-19 pandemic that will guide us to be more successful in the future?

Consider that globalization and climate change has changed the paradigm used in the past to anticipate and respond to epidemics.

List the benefits of an effective public health policy in promoting population health.

Consider other examples of success or failure in responding to the COVID 19 pandemic.

Please submit your manuscript in APA format.

Panel onsite is preferred.

Consideration for online presentations.

PowerPoint presentation is also required.

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Session 1Public Attitude and COVID-19 Management

Thursday, June 29th 08:00 to 10:00 (KHE321A)

The Quantitative Cost of Covid-19. A comparative economic analysis.

Zigmond Kozicki (University of Detroit Mercy)

Stephanie Baiyasi-Kozicki (Central Michigan University)

Thomas Fockler

The Quantitative Cost of Covid-19. A comparative economic analysis.

Zigmond Kozicki, DHA, MSA, MA University of Detroit Mercy, Stephanie J.S. Baiyasi-Kozicki, DVM, MPH, HSAC, Saginaw Valley State University, Thomas Fockler, DHA, MBA, University of Detroit Mercy,

Abstract

The economic cost of the SARS-CoV-2 pandemic is still being calculated. The threat and economic impact of the SARS-CoV-2 pandemic will likely persist for years to come. Putting a value on a given human life is probably impossible. However, “economists have developed the technique of valuing ‘statistical lives’; that is, measuring how much it is worth to people to reduce their risk of mortality or morbidity. This approach has been used as a standard in US regulatory policy and in discussions of global health policy” (Cutler & Summers, 2020). Global experience clearly shows that countries which moved quickly to isolate cases of infected individuals, locked down communities and certain regions, and invested heavily in contact tracing were able to control the virus reasonably well (de Bolle et al., 2021). There are five recommended prerequisites for easing COVID-19 lockdowns and restrictions: knowledge of infection status, community engagement, adequate public-health capacity, adequate health-system capacity, and border controls (Han et al., 2020). Many infections could be prevented by wide-scale population testing, contact tracing, and isolation (World Health Organization, 2020).

Introduction

“As economies around the world locked down in the face of the potentially deadly but completely novel SARS-CoV-2 virus, stock markets fell, firms and governments scrambled for cash, liquidity strains emerged even in the market for US Treasurys, and capital flows to emerging-market and developing economies (EMDEs) reversed violently” (Obstfeld, 2022). In March of 2020, international markets stalled. At least 186 countries had implemented varying degrees of restrictions on population movement to slow the spread of the severe acute respiratory syndrome coronavirus 2 and prevent health systems from becoming overwhelmed; these restrictions have amounted to lockdowns in at least 82 countries (UNICEF, 2020). Increased investment in testing and contact tracing could have had economic benefits that are at least 30 times greater than the estimated costs of the investment in these approaches (Cutler & Summers, 2020). Global experience clearly shows that countries that moved quickly to isolate cases of infected individuals, locked down communities and certain regions, and invested heavily in contact tracing were able to control the virus reasonably well.

The Association between Pandemic Cases plus Inflation and Expressions of Positive or Negative Emotions: Analyzing Twitter Sentiments in an era of Covid-19 and Economic Turmoil

Hawa Swaray (African Methodist Episcopal University)

Kalu Konneh (University of Liberia)

Sekou Jabateh (New York University, Abu Dhabi)

The global economy was hit hard by the COVID-19 pandemic between 2020 and 2021. Countries

experienced destructive recessions, a significant number of businesses and firms scaled down severely, individuals lost jobs, and unemployment went at its peak globally. Around the world, governments sought to implement national strategies to lessen the impact of the pandemic and to uplift citizens affected by the COVID-19-induced economic climate. Fiscal stimulus became an important policy tool as seen especially in the United States. However, the impact of unsustainable expansionary fiscal policies that lacked corresponding market regulation were high inflation rates. In this study, we examine the effects of inflation rates and the number of COVID-19 cases, two of the prominent features of the pandemic time, on people's expression of positive or negative emotions. We use the Twitter Sentiment Index, which has become an important way to solicit real-time beliefs, as a measure of emotional wellbeing. With country-level monthly covid-19 confirmed cases data from The Humanitarian Data Exchange (HDX) and monthly inflation data from the World Bank Open Data, we explore the potential relationships between the pandemic cases and inflation levels and expressions of positive or negative emotions. We use simple and multivariate Bayesian regression models and iteratively build our statistical model by including one variable in the model at a time. We find that for both independent variables, the direction of their associations with sentiment scores were in line with our hypotheses—i.e., higher inflation rates and covid-19 cases were associated with more negative sentiment scores. However, the magnitude of the effects of our findings were infinitesimally small and we found low precision and confidence in our models' predictive capabilities, evidenced by the wide ranges of the uncertainty intervals. Additionally, although not part of our two key explanatory variables, we tested for variations in sentiment scores as a function of the number of tweets and found a counter-intuitive positive association. We argue that one plausible explanation for this positive sign could be that the presence of more pandemic-related expressions on Twitter gave people the opportunity to share each other's pain, thereby leading to more positive sentiment scores.

(Virtual) Public health interventions to mitigate COVID-19 pandemic in Poland - public policies and their social acceptance.

Mateusz Jankowski (School of Public Health, Centre of Postgraduate Medical Education, Warsaw, Poland)

Poland is a country in Central and Eastern Europe, where over 6.4 million COVID-19 infections and 119,000 related deaths were recorded within 3 years of the outbreak of the COVID-19 pandemic. Public policy aimed at public mitigation of the COVID-19 pandemic changed significantly at different stages of the pandemic. Social behaviors and acceptance of public policies aimed at mitigating COVID-19 also had a significant impact on anti-epidemic measures.

This study aimed to characterize public health interventions to mitigate the COVID-19 pandemic in Poland, with particular emphasis on public policies and their social acceptance.

Poland reported the first laboratory-confirmed COVID-19 case on March 4, 2020. Within the next few days, all mass events in Poland were banned, all schools and universities were closed, and significant travel restrictions and the 14 days self-quarantine obligation for travelers were introduced. In Poland, compared to other European countries, far-reaching solutions were implemented relatively early to reduce the spread of infection. The first anti-epidemic measures were well-accepted by the public and led to a relatively low burden of the first COVID-19 wave (March-June 2020). In September 2020, when the second wave started, significant public skepticism toward the implementation of anti-epidemic measures was observed. The effectiveness of anti-epidemic measures in the next waves of the COVID-19 pandemic was lower, mostly due to limited public support. On January 2021, a National COVID-19 Vaccination Program was launched. Despite the widespread promotion and free access to the vaccines, the COVID-19 vaccination rate in Poland (60%) is lower compared to other European Union member states (73%).

Analysis of social attitudes towards public policies related to COVID-19, in the example of a former communist country like Poland, may inform public policy researchers on factors determining the effectiveness of public policies in response to public health emergencies.

Initiatives in the United Arab Emirates to Raise Awareness and Confidence in the Use of the COVID-19 Vaccine

Immanuel Moonesar (Mohammed Bin Rashid School of Government)

The United Arab Emirates (UAE) is currently in the lead among many countries worldwide to combat the pandemic caused by the COVID-19 virus. This involves carrying out an adequate amount of preventative measures, beginning a free vaccination push, and coming up with an efficient plan for the population's

general health. As of the 11th of January 2022, the United Arab Emirates (UAE) had significantly reduced the number of cases by a significant margin, had successfully administered 22.9 million doses, and had reached complete immunization status for 9.16 million of its population. When January of 2023 rolls around, the total number of dosages will have reached 24.9 million. In addition, efforts and plans are being undertaken to provide the third dose to high-risk persons three months after they have completed the second dose, and to other individuals six months after they have completed the second dose. Over ninety-nine percent of the population in the UAE is currently completely vaccinated, which is a step in the right direction toward obtaining herd immunity and making the United Arab Emirates one of the world's leaders in the field of COVID-19 vaccinations for individuals who are considered to be "medically eligible." In the United Arab Emirates (UAE), immunization efforts are continuing according to schedule, and they have already touched a large section of the population. It was vital for the active engagement of the general people in the success of the National Vaccination Program, which was why tremendous efforts were put in to roll out the program, which the government of the UAE made in addition to several health authorities and stakeholders.

Keywords: UAE, Vaccination program, COVID-19 Vaccine, Vaccine Hesitancy, COVID-19 response

India’s COVID-19 vaccination policy-an analysis of problem, politics and policy

Devasheesh Mathur (International Management Institute)

India is known as the ‘Pharmacy of the World’ as it is the second largest exporter of generic drugs along with an impressive contribution of 60 percent of vaccines to the world. The country possessed the capacity to manufacture 3 billion Covid-19 doses and vaccinated its population in under a year’s time. However, we need to critically analyze the policy decisions taken and executed during the pandemic vis-à-vis vaccine development, procurement, and distribution.

The paper adopts Kingdon’s Multiple Streams Framework (MSF) to anchor the exploration of the Covid-19 vaccination drive in India within the three streams of problem, politics, and policy. A directed approach to content analysis is employed to conduct the analysis using 20 artifacts which included research papers, government documents, WHO reports, and newspaper and magazine articles.

The paper highlights that an improper capacity and needs assessment was done at the beginning of the pandemic resulting in only a fraction of doses being ordered. The timing of ‘vaccine diplomacy’ is questionable too as India exported 66 million doses for a noble cause, but at the time when only 3 percent of Indians were vaccinated.

Under politics, the largest problem that emerged was the governance ‘seesaw’ between adopting a centralized and decentralized approach, which essentially created a fractured market where affluent patients paid high costs and got vaccinated while poor patients were left to queue up for free doses. In addition, the states were left on their own during the second wave of Covid-19 to negotiate directly with the manufacturers, again leaving the poorer states to divert significant state funds toward vaccine procurement.

The policy stream suffered due to the absence of a coherent policy response. The value acceptance of vaccination was low as vaccine hesitancy was high. Despite possessing technological capacity, both in the medical as well as in IT fields, the poor implementation made matters worse when citizens between the age of 18 and 45 struggled to book slots for vaccination.

The analysis provides a comprehensive image of a complex and ever-changing situation, which would help countries to better prepare for anything similar in the future.

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Session 2

Thursday, June 29th 10:20 to 12:20 (KHE321A)

(Virtual) Responding to Omicron Lockdown in China —— Compare Beijing, Shanghai and Shenzhen's implications on public policy and public management theory.

Hanzhi REN (Hong Kong University of Science and Technology)

Mingxi Zhang (Hong Kong University of Science and Technology(Guangzhou), China)

The mass dissemination of the Omicron virus in China since March 2022, especially in the big cities in China. Both Beijing, Shanghai and Shenzhen responded quickly to deal with the spread of the virus. The paper uses semi-structured interviews with local public servants, residents and some public opinion leaders to see how people's normal life is influenced during the lockdown period. The paper discusses the administrative and legal measures taken by the local governments in these three cities, how state and non-state actors work together in consultation and decision-making to deal with the issues that appeared in the lockdown process, and how the lockdown policy challenges the current organizational management of infectious diseases in China.

"One Country, Three Systems": Covid Restrictions and Policies in China and its Special Administrative Regions of Hong Kong and Macao

Rami Hin-yeung Chan (The Hang Seng University of Hong Kong)

With their own health policy, legal system and border control mechanism, Mainland China and its two Special Administrative Regions (SAR) (i.e. Hong Kong and Macao) are three legal jurisdictions within one country. Given the close economic and social ties of these three societies prior to the outbreak of the pandemic, COVID has brought unpredictable challenges in mainly two aspects. First, from a public health perspective, COVID as a highly contagious decease which has imposed serious pressure on border control policy as the decisions for when and how to close and open the border become a highly political issue. Second, all COVID restrictions, as in many countries, are legally based rules and regulations. Since the three societies are under different legal jurisdictions, this allows them to carry out very different approaches to tackle the pandemic despite they are "neighbours" geographically and belong to the same sovereign state of China politically. Closure of the border would physically cut off the linkage between the SARs and their motherland. This paper aims at comparing the three societies in terms of how they respond and manage COVID with a special focus on social restrictions and border control policies throughout the pandemic outbreak from early 2020 to early 2023. By reviewing government papers such as policy documents, public speeches and press releases, this paper starts with picturing their early attempts on tackling the pandemic while taken into consideration of maintaining necessary ties with the Mainland. This paper would argue that the two SARs were struggling between cling to or separate from Mainland China's general directions on COVID management. In general, Macao is always keeping align with the Central Government directions whereas Hong Kong is moving a bit far away especially at the later stage of the pandemic. This study would contribute to the discussion of public health policy especially on the interactions between health decisions and political considerations in a "Central-SARs" context. This study also attempts to investigate why the two SARs (Hong Kong and Macao) given similar political status would eventually adopt a very different pathway towards keeping the border open (or close) towards Mainland China as well as what would be the consequences (internally) on maintaining such connection.

Information Framing and Citizens Collaboration Willingness to the Government Policy: Survey Experiment on Non-Coercive Policy Measures of COVID-19 in Japan

Masao Kikuchi (Meiji University)

Sachitoshi Isago (Tokiwa University)

This paper tries to identify the influents of information framing by the government leaders on the citizens willingness for collaboration in public health response in Japan. In other words, it tries to understand the effects of how the information is presented on the citizens' preventive behavior.

In dealing with the COVID-19 pandemic, wide variety of policy instruments have developed, and among them, we focus on the non-coercive policy measures to examine the information framing of local government leadership. In non-coercive policy measures, how to gain citizens' acceptance and voluntary compliance is far important than the coercive policies, as the leaders can only urge to ask citizens to cooperate with them, and the effective policy implementation relies on the citizens' acceptance and willingness to cooperate.

Unlike hard lockdown as a coercive measure implemented by many countries during the COVID-19 pandemic, Japan was one of a few countries only rely on voluntary "lockdown" based on "requests" by prefectural governors in accordance with the declared states of emergency. Understanding these framing effects is thus an important consideration in the design and implementation of public health response that require citizens collaboration. Without an understanding of framing effects, the design of policy might result in misguided policy and citizens incompliance, or even adverse behavior.

A number of studies have examined the information framing and behavioral change among citizens as well as government officials. There is recent evidence to suggest that framing effects matter in the interpretation of government information and message. Nonetheless, influences and effects of information framing on citizens behavior and collaboration will are not well examined.

Based on this recognition, we employed the survey experiment design with randomly assigning the different governor's message framing. Commissioned to the online survey company, data was collected in February 2022 through the stratified sampling of the Japanese population. Our study provides evidences in support of information framing effects. Our findings have potentials to contribute to a better understanding of effects of information framing in time of crisis, as well as successful non-coercive policy measures in the possible future pandemic.

(Virtual) 'I do not trust Edgar Lungu's government, we will see after the elections': COVID – 19 and vaccine hesitancy in Zambia

Cleopas Sambo (University of Zambia)

Monimala Sengupta (Lingnan University, Hong Kong)

The novel corona virus - COVID – 19, has had varied yet devastating effects on wellbeing across the globe. In low-income countries where health systems are already under extreme pressure from a double disease burden and livelihoods are threatened by increasing inequality, and vulnerability to social risks amidst weak social protection systems, the effects of the pandemic on wellbeing have been even more deleterious. Within this context, scholars argue that achieving maximum vaccination rates alongside prevention strategies such as quarantines for patients and spatial lockdowns of hotspot areas are the best forms of pandemic response. Despite this recognition 'vaccine nationalism' has defined the global pandemic response, exposing structural inequity between low- and high-income countries leading to dismal availability of vaccines in low- income countries. In the Zambian case, a low vaccination rate has been linked to anecdotal evidence of vaccine hesitancy among citizens. This paper examines this phenomenon, to explain why vaccine uptake is low in Zambia through an interpretive comparative case study methodology of five districts across rural and urban Zambia. It argues that comparatively lower infection rates, misinformation about COVID – 19 significantly affect vaccine behaviour but more importantly lack of 'public trust' in political elites and by extension the government and national health system as well as overly technical campaign messaging explain the negative public attitudes and behaviours towards vaccination. Broadly, it points to the greater role of generalised trust as a currency for mobilising public support in emergency pandemic response.

Keywords: COVID – 19, vaccine hesitancy, public trust, wellbeing, rural-urban, politics, Zambia

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Session 3Structural Policy and COVID-19

Thursday, June 29th 15:45 to 17:45 (KHE321A)

(Virtual) Detecting and Disrupting Illicit Supply Chains of Personal Protective Equipment (PPE) and Pharmaceuticals

Layla Hashemi (George Mason University)

The author will share findings from the first two years of a five-year National Science Foundation (NSF) grant titled Collaborative Research: An Interdisciplinary Approach to Understanding, Modeling, and Disrupting Drug and Counterfeit Illicit Supply Chains. Global illicit supply chains in the open and dark web are analyzed using rich corporate data focusing on counterfeit PPE and counterfeit pharmaceuticals. Research reveals a rise in counterfeits during a surge in e-commerce and the convergence of these operations with other transnational crimes. Advanced data analytics are used to map the global illicit supply chains. This effort has contributed to the seizure of over 59 million counterfeit masks worldwide and has been awarded prizes for saving lives and improving public health.

UAE efforts in promoting COVID-19 vaccination and building vaccine confidence

Duaa Suliman (Mohamed Bin Rashid School of Government)

The United Arab Emirates (UAE) is leading globally in many indicators for tackling the COVID-19 pandemic. This ranges from taking adequate preventive measures to the free vaccination drive and viable public health strategy. As of 18 August 2021, the UAE has significantly reduced the number of cases and successfully administered 17,454,250 doses. Furthermore, efforts and plans are underway to provide the third dose to high-risk people three months after completing the second dose and six months later to others. The UAE is considered one of the leaders globally for vaccinating “medically eligible” residents against COVID-19, with over 70% of the population currently fully vaccinated in the drive towards achieving herd immunity. The UAE's vaccination program is on track, covering a significant part of the population. The massive efforts of the National Vaccination Program's roll-out made by the UAE government and the various health authorities and stakeholders were vital for the general public's active participation in its success.

Pandemic-Time Active Transportation Planning – Exploring Shifts in Policymaking in the Toronto Region

Remington Latanville (Toronto Metropolitan University)

Raktim Mitra (Toronto Metropolitan University)

The COVID-19 pandemic warranted extreme public health measures including masking, physical distancing, and periods of “lockdown”. These drastic restrictions on individuals’ daily lives disrupted society’s neoliberal ideals of individualism, autonomy, and freedom. At the same time, this disruption presented an opportunity to re-think how urban policy and planning can address public needs. Particularly in the urban transportation sector, the promotion of automobility has long dominated policymaking, protected by combative political will. The pandemic represented an opportunity to re-allocate some road space to allow outdoor recreation and physically distanced transportation options, such as walking and bicycling. While an emerging literature focuses on the effect of these transportation planning initiatives on the uptake of cycling, walking and improved health outcomes, little research has addressed the decision-making process behind such changes.

We used Punctuated Equilibrium Theory to explore how urban transportation policy may have changed in

response to the pandemic. We interviewed 12 municipal employees directly involved in the pandemic-time active transportation developments in the Greater Toronto and Hamilton Area (GTHA) and surrounding region. Thematic analysis of our interview findings revealed several interesting dynamics. Participants highlighted the power of a crisis, such as COVID-19, to disrupt the policymaking status quo. Councilors became more aware of the little space available for walking and cycling. Most interview participants also noted their city's felt need to compete with other GTHA municipalities in promoting and implementing progressive policy measures. Against precedent, councils delegated new authority to their city's transportation departments to design and implement new infrastructure in record times. Most informants discussed their use of temporary materials such as construction barrels given that they could be quickly and easily implemented. Importantly, participants also highlighted their city's pre-existing transportation master plans as a key to success, allowing them to capitalize on already identified locations of need. These findings offer novel contributions to our understanding of how in the face of a disruption, major shifts in transportation policymaking approaches were achieved and present an opportunity to learn from the policy 'punctuations' to extend their impact in the long-term.

The Intersections of Pandemic, Public Policy and Social Inequality in the United States

Lorraine Frisina Doetter (Collaborative Research Centre 1342, Global Dynamics in Social Policy, University of Bremen)

The COVID-19 pandemic placed the United States of America (U.S.) under enormous strain, leaving it with higher deaths during the first wave of the outbreak (per 100,000 of population) compared to all other advanced economies. In addition to the elderly, Minorities across all age groups in the U.S. are amongst those hardest hit by the virus. The disparate impact has been attributed to various enduring problems related to the social determinants of health adversely affecting Minorities. The present study explores the relationship between the pandemic, public policy, and race/ethnicity-based vulnerability, as the three have fused to disproportionately impact Minorities. We ask, does greater stringency of state measures aimed at controlling the spread of the virus lead to improved mortality rates for Blacks, Hispanics, and Whites equally? And, if not, to what extent does the role of pre-existing and COVID-specific vulnerability play in determining outcomes observed between groups? To answer these questions, we rely on a mix of correlational and regression analyses. Our findings point to the highly divergent impact of public policy and vulnerability on COVID-19 mortality. This suggests that state-led policy to address both the short-term and long-term consequences of the pandemic needs to account for the particular nature of vulnerability affecting Minorities in the U.S.

Consonance and dissonance of the State and Citizens during Covid-19 in Senegal

Elhadji Mbaye (Université Gaston Berger Saint-Louis)

Mame Adama SARR (Université Gaston Berger Saint-Louis)

The study is part of an analysis of the relationship between the state in Africa and its citizens. In the context of the Covid-19 pandemic, the State of Senegal, like other States in Africa, has imposed on its population barrier measures to fight against the pandemic (wearing of masks, confinement, prohibition of travel...). However, despite the risks incurred in the face of the disease, the good knowledge of the barrier measures by much of the population, it did not wish to respect the public measures to control the pandemic. We are thus witnessing a popular distrust of the state that began in the health sector, a sector that once symbolized popular adherence to institutional directives.
The central question is: How can we analyze the dissonance between the directives issued by state authorities based on a science under construction in the field of Covid-19 and the recalcitrant behaviors of the population in the face of barrier measures?
We mobilized both quantitative and qualitative methods. The quantitative method consisted of a questionnaire administered to 9054 people. Among them, 2327 people, i.e. a quarter (25.7%) of the interviewees who had 100% correct answers on the knowledge of the disease. Qualitatively, we conducted observations and individual interviews as part of the One Hundred Thousand Students Against Covid-19 project, which allowed for immersion in the field of public action against Covid-19 for six months. A media watch during the first wave of Covid was also conducted.
The Covid-19 pandemic has led to a reconfiguration and repositioning of the actors in charge of public health in Senegal. An institution such as the Health Emergency Operation Center (COUS), in charge of epidemic response, found itself removed from the leadership of the response against Covid-19 as the situation became more serious (increase in the number of cases, deaths and vaccine resistance). This led to a re-centralization of the response in favor of the Prevention Department within the Ministry of Health. The confidence of the population in the health system has declined sharply, marked by rumors and a lack of transparency of the public authorities in the management of the Covid-19. It then affected popular

confidence in the State. These dissonances and consonances are also linked to the mobilization of the sciences of government (Ihl et al, 2008) particularly biomedical science. In a context marked by multi-actor and multi-level discursive productions, public authorities have tried to base their decisions on science. However, the professionalization of political actors and the politicization (Lagroye, 2003) of the response have directly affected the use of science in public decisions against covid-19 in Senegal. Science is marked by uncertainties, particularly concerning the relatively low number of cases in Africa. The magnitude of the pandemic and its impact on the entire health system have led to a rethinking of the health system towards more health democracy (Arveiller, Tizon, 2016) and more communication and community involvement in responses to health emergencies.