



IMPACT OF THE COVID-19 ON GLOBAL HEALTH POLICY

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Abstract. The COVID-19 pandemic has been a catastrophic event that has exposed flaws in governmental and healthcare systems worldwide. This study examines the impact of the pandemic on international health regulations. To understand the effect on the global healthcare system, this paper focuses on issues such as income inequality, limited vaccine access, and social marginalization. According to the findings, income inequality has become a major barrier to countries' access to vaccines, leading to unethical health policies that prioritize higher-income nations. The report also highlights the importance of technology, research and development, and public health infrastructure in delivering efficient healthcare services during pandemics. Ultimately, the study concludes that the COVID-19 crisis has shed light on fundamental flaws in global health policies, underscoring the need for equitable and ethical healthcare laws regardless of economic structures.

Keywords: COVID-19, global health policy, income disparity, vaccine access, public health infrastructure, technology,

1 Introduction

The COVID-19 pandemic is one of the major social crises in recent times, which has highlighted issues in both the political and healthcare administration of many countries. The COVID-19 pandemic has impacted global health policy by highlighting the standard of public health policy and global cooperation during crisis times^[1]. It is evident that during the COVID-19 pandemic, there was a serious disparity in access to healthcare resources between developed and underdeveloped countries. As a result, many underdeveloped countries in Africa and Asia suffered massively from a large group of populations infected with the virus. This pandemic also brought to light the improper healthcare infrastructure in many countries, which failed to treat the patients suffering from the infection primarily. Many countries suffer from higher morbidity due to less knowledge and healthcare resources^[1]. It was also challenging for healthcare professionals and workers to deliver effective services considering the nature of the infection^[4]. In this context, it has become important to address how the global health policy has been impacted by the presence of the COVID-19 pandemic. This report attempts to examine the impact of the COVID-19

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pandemic on global health policy. The issues of income disparity, improper access to vaccines and social marginalisation for proper healthcare services will be analysed to understand how the COVID-19 pandemic has impacted the existing global healthcare infrastructure.

2 Literature review

One of the crucial impacts of the COVID-19 pandemic on global health policy confirms the inequality in terms of providing vaccines for citizens. Scholar Blundell et al. (2020) argue that developing and developed countries with higher incomes have the ability to source COVID-19 vaccines in more quantity in comparison to underdeveloped countries with lower incomes^[3]. In this statement, the argument refers to income disparity becoming one of the pivotal issues in the access to vaccines for the countries. This income disparity and its relation to access to the COVID-19 vaccine are impacting global health policy as underdeveloped countries with lower incomes are facing issues in eradicating the virus. Scholar Casale (2020) argues that during the pandemic times, it has become one of the practical challenges for countries to provide vaccines to people irrespective of their geographic location and income. It has become so because of the ethical issues in the infrastructure of global health policy. In this argument, the scholar refers to the unethical health policy which benefits higher-income countries with better accessibility to vaccines^[2]. It is evident that the COVID-19 pandemic has highlighted serious problems related to global health policy. It has done so by confirming higher income countries to access effective and quick vaccination, whereas many low incomes underdeveloped countries are left without vaccines. In this regard, the economic infrastructure of the countries is prioritised as essential for giving them access to the vaccine, which confirms the impractical and unethical global health policy. It should be the duty of the administrators of the global health policy to ensure that during a crisis such as the COVID-19 pandemic, countries, irrespective of their economic structure, can have proper access to vaccines^[5].

The impact of the COVID-19 pandemic on global health policy has prioritised public health infrastructure. Scholars Cash and Patel state that during the COVID-19 pandemic initially, countries tried to control the infection through their primary healthcare infrastructure. In this statement, it is seen that countries had to rely on their existing healthcare infrastructure before the production of vaccines^[4]. With respect to this, governmental support and cooperation between the institutions and the public were crucial to mitigate the infection^[7]. It presented the value of proper healthcare infrastructure at the domestic level to ensure the prevention of further social crises. Scholars Danquah et al. highlight the importance of technology in the healthcare sector to deliver proper services during the pandemic times. The statement of the scholars helps in understanding the impact of COVID-19 on incorporating digital technology for effective healthcare services. Many doctors during the pandemic used technology like digital health tools, consultation through video conferencing and telemedicine to offer their services and ensure social distancing to mitigate infection

[7]. It revolutionised the existing healthcare facilities and also provided advanced infrastructure to treat patients in remote and underprivileged areas. It is evident that the use of technology provided effective results and desired outcomes within a limited time. Therefore, the COVID-19 pandemic impacted global health policy by addressing the importance of regional and public healthcare systems to treat the social crisis primarily.

The COVID-19 pandemic has also impacted global health policy by increasing the attention to the infrastructure of public health systems. For example, Scholar Blundell et al. (2020) argues that during the COVID-19 pandemic, the effectiveness of the public health systems in individual countries was important in treating the patients primarily. There was a disparity in the treatment of COVID-19 patients because many countries did not have enough public health infrastructures to treat the patients primarily. This argument refers to the improper public health infrastructure in many countries, which is ineffective in handling serious crises like the COVID-19 pandemic. Lal et al. (2021) argue that after the COVID-19 pandemic, public health systems have been identified as crucial to addressing the requirement of effective healthcare infrastructure, trained and efficient workers and surveillance systems. This has prioritised research and development at the regional level to develop other treatment procedures and vaccines for the developed variance of the COVID-19 virus. This argument refers to the improper economic infrastructure in many countries, unable to afford proper research and development to improvise the existing public health infrastructure. It is seen that economic disparity has caused issues for many countries to have proper access to healthcare infrastructure and vaccines, which should be an ethical responsibility of the global health policy. One of the crucial impacts of COVID-19 on global health policy is improper access to the public health system and vaccines due to income inequality.

The COVID-19 pandemic has also addressed social inequality as a profound impact of the pandemic on global health policy. For example, scholars Shamasunder et al. (2020) argue that underdeveloped and developing countries suffered from the pandemic at a higher rate in comparison to developed countries because of the uncontrolled population. In the statement of the scholars, it is highlighted that countries with low-income or higher populations suffered massively because of the COVID-19 pandemic as these populations could not afford social distancing and other means of prevention policy to stay safe from the infection. It is evident that continents like Asia and Africa suffered massively because the majority of their population could not afford to maintain social distancing or complete lockdown due to improper economic infrastructure. Liu et al. (2020) also argue that during the coronavirus pandemic, students in under-developed and developing countries had to suffer more because of the improper infrastructure, limiting them from fulfilling their educational purpose. This statement refers to the countries unable to provide online learning systems and assessments for students during the COVID-19 pandemic. As a result, many students were forced to continue with their traditional learning method, which increased the possibility of infection. Many students were also forced to stop their education primarily till the crucial times of the pandemic were over, which impacted their future prospects. The presence of the COVID-19 pandemic helped to understand

the disparity of infrastructure between the countries to deal with social crises like the COVID-19 pandemic.

The presence of the COVID-19 pandemic helps to navigate its impact on global health policy by pointing out the improper infrastructure in many countries that express social and economic inequalities. For example, sociologists argue that the impact of the COVID-19 pandemic was not evenly distributed as small business owners and workers with low income lost their employment and faced income insecurity (Danquah et al. 2021). This argument highlights that the COVID-19 pandemic impacted social groups differently. It is also because countries with higher incomes provided economic help to their citizens to fight against the pandemic. Countries with lower populations were also able to economically help their citizens to mitigate the pandemic crisis, which was not possible for countries with lower income and higher populations. Consequently, the rate of infection was higher among the population coming from socially marginalised groups and underdeveloped countries with lower incomes. Scholars Shamasunder et al. (2021) address multifaceted policy to identify such social inequalities in the global health policy. This policy tries to take both short-term and long-term measures to economically support affected and vulnerable populations with skill development and public health infrastructure. In this argument, scholars try to identify the responsibility of the global health policy to ensure health infrastructure and economic sustainability among all the social groups to mitigate the COVID-19 pandemic at the global level. This also needs to address the importance of interconnected healthcare facilities so that countries can cooperate and perform with unity to mitigate the COVID-19 pandemic. Altogether, the COVID-19 pandemic has impacted global health policy by addressing social inequality and infrastructural disparity among countries^[6].

The impact of the COVID-19 pandemic on global health policy also highlights the barriers of culture and language while providing healthcare infrastructure to the citizens. For example, Casale (2020) argues that the rates of mortality and infection during the pandemic were not equal among the countries. This was so as the socially marginalised groups faced improper access to the required help because of cultural and linguistic barriers. The author discusses the presence of higher mortality and infection in the BAME communities as an example to show how economic disadvantage or linguistic barriers can marginalise or discriminate against social groups. This argument helps to understand the marginalisation of the communities during the COVID-19 pandemic with special suckers to one community. Despite infrastructural marginalisation in the community, it was evident that the community workers collaborated to help themselves for fighting against the pandemic crisis^[8]. The efforts of the BAME Communities highlight the effectiveness of a collaborative approach and community-led programmes to achieve desired outcomes in such a healthcare crisis. It is argued that the efforts of this community address the need for a collaborative approach from all the countries to help each other fight against the COVID-19 pandemic ^[10]. This highlights how focused groups or community agendas can address healthcare crises during pandemic times and also produce effective results in helping the community to survive. It is evident that during the pandemic times, socially marginalised communities faced troubles because of the improper

administration of the domestic government in addressing the pandemic Issues. It also represents the discrimination practised against socially marginalised groups by limiting their access to medicines, Vaccines and rehabilitation^[9].

The COVID-19 pandemic highlighted the political issues of the countries to navigate its impact on global health policy. For example, the manifesto provided by the World Health Organization (2020) states certain pillars confirming the need of citizens to fight against the COVID-19 pandemic. However, the execution of this manifesto requires socio-political cooperation from the countries with a strict commitment to ensure global solidarity during pandemic times. However, it was seen that during the COVID-19 pandemic, mini countries in Africa and Asia could not implement the healthcare framework provided in the manifesto of the World Health Organization. Scholars Lal et al. refer to overpopulation and low gross development production as two crucial markers limiting the prospect of underdeveloped countries^[10]. They were unable to perform according to the manifesto of the World Health Organization for saving their citizens. It is evident that the manifesto contains a proposed healthcare plan based on criteria which can only be implemented by countries with higher healthcare infrastructure and resources. This infrastructural need also requires proper research and development by highly qualified scientists to not only present prevention policies but produce medicines for the citizens. If this manifesto does not contain healthcare proposals which can be afforded by countries irrespective of income groups, then it presents the conscious disparity between countries addressing the impact of the COVID-19 pandemic on global health policy^[7].

Many proposals have been addressed to ensure that the impact of the COVID-19 pandemic on global health policy can be mitigated. For example, scholars Cash and Patel mention the need for an interconnected healthcare system and international cooperation as two immediate and viable solutions to ensure that all countries can access proper treatment facilities and vaccines to fight against the COVID-19 pandemic. In this approach, the scholars address that countries with better healthcare infrastructure and economic resources can collaborate with underdeveloped countries. This collaboration can ensure an established public healthcare system and community lead approaches to deal with pandemic situations. It is evident that if developed countries provide resources, then it is easier for underdeveloped countries to implement social distancing and other prevention policies to fight against the COVID-19 virus. In this statement, the developed countries are addressed to ensure support for the developing country so that they can build resilient economic and healthcare systems to prevent such pandemic crises in the future. Casale has also assessed the positive benefits of community engagement and education to avoid crises in the public health spectrum^[8]. In this argument, scholars represent that it is vital for countries to educate communities in terms of public health and hygiene. Such education helps communities to offer better collaborative work and help during crisis times. It also helps in preventing infectious diseases, primarily at the community level. For example, the targeted programs to increase knowledge regarding public health and community engagement for the individuals in BAME Communities have helped them to mitigate the pandemic crisis through information sharing and resources ^[4]. Despite limited help from the government, this community was able to

primarily reduce the impact of the pandemic through their community effort. Therefore, these policies can be seen as helpful in mitigating the impact of Covid-19 on global health policy.

3 Conclusion

It can be concluded that the covid 19 pandemic has impacted global health policy by addressing the issues of social disparity. It is observed that the countries with higher income populations received access to vaccines and other healthcare infrastructure better in comparison to the countries with lower income populations. It is seen that such disparity impacts the rate of morbidity and infection in underdeveloped and developing countries. Secondly, the impact of the COVID-19 pandemic addressed the vulnerability of social marginalisation during the pandemic times. It is seen that socially marginalised communities did not receive enough support from the government to create proper prevention against the COVID-19 virus. Healthcare professionals from socially marginalized communities faced significant trouble in preventing the infection while offering their services to the public. It was seen that socially marginalised groups lost their employment, Educational opportunities because of the unaffordable infrastructure needed to maintain social distancing. Fourthly, this situation brought attention to the importance of public health infrastructure for treating such social crises. It is seen that countries with better public health infrastructure were able to handle the crisis effectively in comparison to the countries with improper public health infrastructure. Fifthly, this situation brought attention to the importance of community-led programs and education to build knowledge about health and hygiene. The example of the BAME communities represents effective community collaboration to seek favourable outcomes in a healthcare crisis. Finally, the impact of the COVID-19 pandemic expresses the need for global cooperation and international administration to monitor healthcare needs so that all countries can be provided with a healthcare manifesto and resources to deal with such social crises.

References

1. Blundell, R, Costa Dias, M, Joyce, R and Xu, X 2020, 'COVID-19 and Inequalities,' *Fiscal Studies*, vol. 41, no. 2, pp. 291–319, DOI: <https://doi.org/10.1111/1475-5890.12232>
2. Casale, M 2020, 'COVID-19: Can this crisis be transformative for global health?', *Global public health*, vol. 15, no. 11, pp. 1740–1752, DOI: <https://doi.org/10.1080/17441692.2020.1811366>.
3. Cash R and Patel V 2020, 'Has COVID-19 subverted global health?', *The Lancet*, vol. 395, no.10238, pp. 1687-1688, DOI: [https://doi.org/10.1016/S0140-6736\(20\)31089-8](https://doi.org/10.1016/S0140-6736(20)31089-8).
4. Danquah JA, Opoku A, Gyamerah TB, Bernard MP, Twene P and Kuma R 2021, 'Inequalities in COVID-19 Vaccination; a Call for Global Community Concern', *Asian Journal of Immunology*, pp. 1-6. Retrieved from https://www.researchgate.net/profile/Thomas-Gyamerah/publication/352438239_Inequalities_in_COVID-

- 19_Vaccination_a_Call_for_Global_Community_Concern/links/60c99026299bf108abdd37f2/Inequalities-in-COVID-19-Vaccination-a-Call-for-Global-Community-Concern.pdf.
5. Lal A, Erondy NA, Heymann DL, Gitahi G and Yates R 2021, 'Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage', *The Lancet*, vol. 397, no.10268, pp. 61-67, DOI: [https://doi.org/10.1016/S0140-6736\(20\)32228-5](https://doi.org/10.1016/S0140-6736(20)32228-5).
 6. Liu Y, Lee JM and Lee C 2020, 'The challenges and opportunities of a global health crisis: the management and business implications of COVID-19 from an Asian perspective', *Asian Business & Management*, vol. 19, no.1, pp. 277-297, DOI: 10.1057/s41291-020-00119-x.
 7. Otu, A, Ahinkorah, BO, Ameyaw, EK, Seidu, AA and Yaya, S 2020, 'One country, two crises: what Covid-19 reveals about health inequalities among BAME communities in the United Kingdom and the sustainability of its health system?', *International journal for Equity in Health*, vol. 19, no.1, pp.1-6, DOI: 10.1186/s12939-020-01307-z.
 8. Shamasunder S, Holmes SM, Goronga T, Carrasco H, Katz E, Frankfurter R and Keshavjee S 2020, 'COVID-19 reveals weak health systems by design: why we must re-make global health in this historic moment', *Global Public Health*, vol. 15, no.7, pp. 1083-1089, DOI: <https://doi.org/10.1080/17441692.2020.1760915>.
 9. Shen, YT, Chen, L, Yue, WW and Xu, HX 2021, 'Digital technology-based telemedicine for the COVID-19 pandemic', *Frontiers in medicine*, 8, p.646506, DOI: <https://doi.org/10.3389/fmed.2021.646506>.
 10. WHO 2020, *Manifesto for a healthy recovery from COVID-19*. Retrieved from <https://www.who.int/news-room/feature-stories/detail/who-manifesto-for-a-healthy-recovery-from-covid-19>

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