

Local Contexts and Policy

Local Contexts & Policy - Session 5

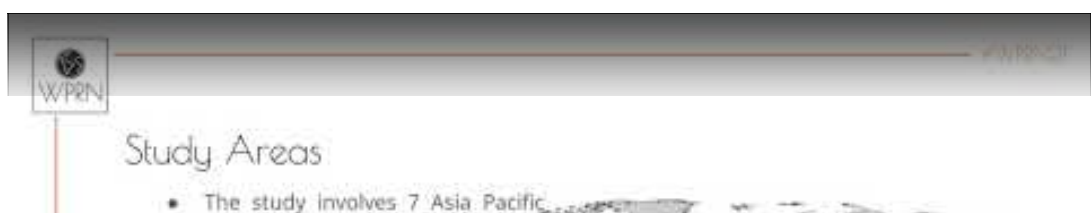
This Q&A session on the theme "Local Contexts and Policy " is based on 8 projects registered on the WPRN database.



Q&A session - Local Contexts and Policy

1. [Factors Influencing Asia Pacific Countries' Success Level in Curbing COVID 19](#)

Through the diagnostic social–ecological system (SES) framework, this review paper aimed to investigate what and how the multifaceted social, physical, and governance factors affected the success level of seven selected Asia-Pacific countries (namely, South Korea, Japan, Malaysia, Singapore, Vietnam, Indonesia, and New Zealand) in combatting COVID-19. Drawing on statistical data from the Our World In Data website, we measured the COVID-19 severity or abatement success level of the countries on the basis of cumulative positive cases, average daily cases, and mortality rates for the period of 1 February 2020 to 30 June 2020. A qualitative content analysis using three codes, i.e., present (P), partially present (PP), and absent (A) for each SES attribute, as well as score calculation and rank ordering for government response effectiveness and the abatement success level across the countries, was undertaken. The results show that Vietnam (ranked first) and New Zealand (ranked second), with a high presence of attributes/design principles contributing to high-level government stringency and health and containment indices, successfully controlled the virus, while Indonesia (ranked seventh) and Japan (ranked sixth), associated with the low presence of design principles, were deemed least successful. Two lessons can be drawn: (i) having high number of P for SES attributes does not always mean a panacea for the pandemic; however, it would be detrimental to a country if it lacked them severely, and (ii) some attributes (mostly from the governance factor) may carry higher weightage towards explaining the success level.



Factors Influencing Asia Pacific Countries' Success Level in Curbing COVID 19 #WPRN21

his paper attempts to ascertain the impacts of population density on the spread and severity of COVID-19 in Malaysia. The population density of 143 districts in Malaysia, as per data from Malaysia's 2010 population census, was plotted against cumulative COVID-19 cases and infection rates of COVID-19 cases, which were obtained from Malaysia's Ministry of Health official website. The data of these three variables were collected between 19 January 2020 and 31 December 2020. Using a parametric approach of the Pearson correlation, population density was found to have a moderately strong relationship to cumulative COVID-19 cases (p-value of 0.000 and R2 of 0.415) and a weak relationship to COVID-19 infection rates (p-value of 0.005 and R2 of 0.047). Consequently, we provide several non-pharmaceutical lessons, including urban planning strategies, as passive containment measures that may better support disease interventions against future contagious diseases.

The COVID 19 Pandemic Situation in Malaysia: From the Perspective of Population Density #WPRN21

In response to crises, people sometimes prioritize fewer specific identifiable victims over many unspecified statistical victims. However, other factors can explain this bias remains unclear. So two experiments investigated how complying with public health recommendations during the COVID19 pandemic depended on victim portrayal, reflection, and philosophical beliefs (Total N = 998). Only one experiment found that messaging about individual victims increased compliance compared to messaging about statistical victims—i.e., “flatten the curve” graphs—an effect that was undetected after controlling for other factors. However, messaging about flu (vs. COVID19) indirectly reduced compliance by reducing perceived threat of the pandemic. Nevertheless, moral beliefs predicted compliance better than messaging and reflection in both experiments. The second experiment's additional

measures revealed that religiosity, political preferences, and beliefs about science also predicted compliance. This suggests that flouting public health recommendations may be less about ineffective messaging or reasoning than philosophical differences.

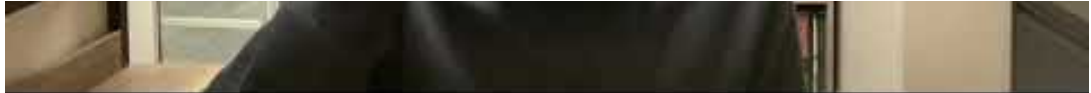


Your Health vs. My Liberty – Pandemic Philosophy & Psychology

4. [Tackling the Covid Pandemic: government response and readiness to C19 pandemic, role of private actors](#)

The recent coronavirus outbreak provides a fit backdrop for us to assess our preparedness for and reaction to this and future outbreaks. This article considers the role of non-state actors in global health crises. While much attention has been afforded to the role of the state in preventing and managing these crises, the recent coronavirus outbreak reminds us that the effectiveness of the state's response to (the economic consequences of) global health crises is largely dependent on the good faith and implicit obligations of the private sector. In a capitalistic society and in the absence of specific legal obligations, companies have no obligation to keep their workers on payroll during an economic slowdown or use government stimulus funds to actually benefit those governments hope to target. We argue that relying on private actors to take measures which they have no obligation to take and are disincentivised to take is neither responsible nor sustainable. It causes private actors to shoulder a disproportionately low portion of the burden of a crisis, leaving governments to, in the unique circumstances of a prolonged global health crisis, spend public funds at an unsustainable rate. We further argue that the current framework, aimed at helping unemployed workers, provides perverse incentives and encourages companies to lay off their workers. Absent changes to this framework, our response to global health crises is bound to be inadequate.





Tackling the COVID-19 Pandemic

5. [Limitations to Policy-making using Covid-19 Case Data: barriers to testing and reporting](#)

In the absence of a vaccine or treatments, governments have social or physical distancing policies as their main interventions to combat COVID-19. It is known that many factors influence who gets affected, disease progression and mortality, and effectiveness of policies. However, there is no current database that houses all of these factors in order to perform the complex analysis needed to properly inform policy making. With governments looking to reopen or ease restrictive distancing policies, and with the possibility for second waves, governments need timely information to determine when distancing policies work within their context. Using mixed methods, this study will look at what public distancing policies have been implemented to combat SARS-CoV-2 and how they influenced the epidemiology of SARS-CoV-2. We will also examine why these policies were developed within each jurisdiction, what contextual factors influenced the development and timing of these policies, and what contextual factors influence the effectiveness of these policies. This research program has already brought together international experts in health policy, disaster and emergency planning, primary care, political studies, public health, ethics, anthropology, infectious disease epidemiology, data analytics, and knowledge translation. We will share our database publicly, and produce visual representations of policies and changes in epidemiology, along with contextually relevant narratives, to inform this and future pandemics. We are currently recruiting additional international partners.

**Limitations of policy-making
using COVID-19 case data:
barriers to testing and reporting**

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WPRN 2021 Oral presentation : COVID-19, barriers to testing and reporting

6. [The Surge of Domestic Violence during the COVID-19 Pandemic](#)

Domestic violence is a violation of human rights where a person is abused by a partner or someone close to them. The COVID-19 pandemic has caused a lot of mental distress and escalated the number of cases. This research aims to investigate what causes the surge in domestic violence and what can be done to stop it. Based on secondary online sources and a review of international journals and papers on domestic violence, its causes and impacts. This qualitative research was carried out to see what causes the surge in domestic violence, especially in times of disaster. Analysis of the research demonstrated that the disruption in normalcy caused by disasters and the mental distress that follows might develop into violence. The research indicates that disruption of social and protective networks, and decreased access to services can exacerbate the risk of violence at home. On this basis, it is recommended that a safe and supportive environment is created for the victims of domestic violence. Further research is needed to identify what can be done to prevent domestic violence and protect the victims. Keywords: disaster, disruption in normalcy, risk of violence.





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Disaster and Domestic Violence

- Disaster: any acute incident that disrupts normal behavior in a negative way.
- Distress caused by lack of basic facilities, inefficiency in law enforcement and feelings of helplessness at its peak.
- Disasters exacerbate pre existing social inequalities, disproportionately victimizing women, especially in developing nations and ethnic minorities.

The Surge of Domestic Violence during the COVID-19 Pandemic #WPRN21

The Surge of Domestic Violence during the COVID-19 Pandemic #WPRN21

7. Governance in Crisis: Institutionalizing Reflective Report to Guide Decision Making Under Uncertainty

This paper proposes a communication method (4-Step Reflective Report) to improve decision and policymaking under uncertain scenarios. The motivation for elaborating such a method is the absence of clarity, prioritization criteria and critical thinking in considerations made by the Brazilian federal government during the ongoing response to the epidemic of COVID-19 in the country. The expectation is that the implementation of this method would help national leaders more easily assess the significance of evidence-based practices and anecdotal data to the decisions they are urged to make under significant time and resource constraints.



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The Structure of Reflective Report

Decision Maker: Step back and critically listen

Advisors:

- Step 1: *I believe we need...*
- Step 2: *We need to take this action because...*
- Step 3: *This action may lead to (opportunity)... but it could also (risk)...*
- Step 4: *I understand that such an action may not be the most appropriate at this time, so I also propose...*


Governance in Crisis: Using Reflective Report to Guide Decision Making Under Uncertainty #WPRN21

Governance in Crisis: Using Reflective Report to Guide Decision Making Under Uncertainty #WPRN21

8. Acceleration index to track pandemics and allocate tests: Application to Covid-19


We provide a novel, yet simple, and data-driven indicator to track the dynamics of pandemics, the acceleration index, which we have applied to shed light on SARS-Cov-2 circulation across age groups and départements in France. We also propose an algorithm to allocate testing effort across age groups and space, based on our acceleration index. We show that the acceleration index is a test-controlled version of the basic reproduction number, in the sense that the former corrects a bias of the latter which does not take into account tests. It is defined of as an elasticity of cumulated positive cases to cumulated tests, and can be also thought as the ratio of current viral spread over average viral speed. The acceleration index, we argue, provides guidance for health policies in real-time and can be used for instance to assess the effects of curfew and lockdown measures, to study how viral acceleration varies

across groups and space. We have applied it mostly to French data but its application is not restricted geographically or in terms of infectious and emerging diseases as long as diagnostics can be performed.

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Acceleration Index to Track Pandemics and Allocate Tests: Application to COVID-19

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WPRN-Acceleration index to track pandemics and allocate test