

PUBLIC POLICY FAILURES, HEALTH SYSTEM FRAGILITY AND SOCIAL IMMOBILITY DURING COVID-19 PANDEMIC: AN EMPIRICAL ANALYSIS

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Abstract:

This research paper explores the multifaceted causes of public policy failure and the fragility of the public health system during the COVID-19 pandemic, shedding light on the resulting social immobility. A questionnaire with 17 statements was administered to 250 participants from public and private universities to collect primary data. Responses were assessed using a 5-point Likert scale, and statistical tools, including percentage point and mean score calculations, were applied and results presented in tables and figures. The study found that a significant majority of participants adopted protective measures during the pandemic, including avoiding handshakes, limiting contact with infected individuals, wearing masks, and reducing social activities. The public policy framework was perceived as fragile, and healthcare professionals were deemed ineffective, primarily due to their lack of preparedness and training. The policy makers must have policies in place to save elders from such fatal disease,

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1- Introduction

The advent of the Covid-19 pandemic has shaken the world, bringing about unparalleled challenges in public health, economic stability, and social constructs. As it rapidly spread across nations, Covid-19 was not just a major health concern but also a catalyst that unveiled underlying vulnerabilities in global systems (Morishita et al., 2022). Public policies, health frameworks, and the increasing uncertainty of life converged, resulting in an escalating sense of insecurity among global populations. With hospitals declaring states of emergency, and social and economic activities grinding to a halt in an effort to contain the virus, the repercussions were vast and varied. A pivotal element in this crisis management was the mental health and wellbeing of those on the front lines, as outlined by Adibe & Hebert (2021). The healthcare staff, who were directly battling the pandemic, often operated without comprehensive support systems to uphold their mental health. While some initiatives, like the one at Rush University Medical Center in Chicago, proactively sought to bolster the well-being of their staff, such endeavors were more the exception than the norm. Despite stringent precautions, the death toll kept climbing, signaling the persistent nature of the threat. This unsettling reality raised pressing questions about the efficacy of global health systems and policies, many of which seemed ill-equipped to contain the virus. On a larger scale, even with advancements like the development of vaccines, the economic aftermath of the pandemic persisted. Countries with already fragile economies grappled with burgeoning budget deficits, external debt, dwindling exports, and trade imbalances. Such a complex tapestry of challenges and the pressing need to understand the interplay between them gave rise to this study. This

research aims to empirically delve into the possible failures of public policies, the fragility of health systems, the social immobility that the pandemic engendered, and the pervading sense of life uncertainty. Central to this research is an exploration of whether the inadequacy in public policies, particularly non-provision of financial resources in time, led to the failure of health systems in their fight against the virus. Additionally, this study seeks to assess the impact of the pandemic on societal adaptability and resilience. At its heart, the research is driven by a pivotal question: Are we, as a global community, equipped with robust mechanisms to tackle future pandemics and safeguard humanity? This question, in fact, is the core objective of this study in which the author has analyzed the causes of policy failure, collapse of health system, economic consequences of social immobility during the pandemic by collecting data from real life and applying empirical techniques.

This study makes several significant contributions to our understanding of the COVID-19 pandemic and its broader implications: First, it highlights Policy and Healthcare System Failure and draws attention to the ineffective policy framework and the collapse of healthcare systems during the COVID-19 pandemic. It underscores the critical role of timely treatment and medicines in saving lives. By highlighting these failures, the study emphasizes the urgent need for improvements in policy and healthcare systems to prevent similar crises in the future. Second, this study sheds light on individual responses to the pandemic, including practices like social immobility and isolation. It demonstrates how these measures had a direct impact on income and employment, with survival taking precedence over economic activity. This understanding contributes to our comprehension of the social consequences of the pandemic and the trade-offs individuals had to make. Third, it provides

specific policy implications for enhancing public health systems. It advocates for investments in infrastructure, resources, and training of healthcare professionals to bolster capacity and preparedness for managing future pandemics. By offering these recommendations, the study enriches the discourse on improving public health systems and crisis management. Fourth, this study highlights the importance of addressing the lack of preparedness and training among healthcare professionals. It stresses the need for adequate training, equipping healthcare workers with necessary skills, and establishing protocols for handling pandemics. This contribution is crucial for enhancing healthcare professional preparedness in the face of future health crises. Fifth, the study underscores the significance of preventive measures such as wearing masks and practicing good hygiene to reduce the spread of infectious diseases. It also emphasizes the need to prioritize the protection and support of vulnerable populations, particularly older individuals with weak immune systems. These insights contribute to the development of policies focused on preventive measures and targeted protection for at-risk groups. Sixth, it advocates for proactive policies for anticipating and responding to future pandemics. It highlights the necessity of investments in research, surveillance systems, and early warning mechanisms to detect and respond swiftly to emerging health threats. By providing these lessons, the study contributes to the enhancement of future pandemic preparedness and response strategies.

2. Literature review

2.1 Healthcare and Cardiovascular Disorders:

Morishita et al. (2022) underscored the significant impact of the COVID-19 pandemic on healthcare coverage for acute cardiovascular disorders. Despite

a decline in hospitalization rates for coronary artery disease during the pandemic, limited data was available on heart failure (HF) cases and their treatment. Interestingly, ACEIs and ARBs were previously identified as potentially increasing susceptibility to COVID-19. However, during the pandemic in Japan, HF hospitalizations saw a reduction without evident adverse impacts on ACEI and ARB prescriptions or in-hospital mortality.

2.2 Healthcare Workers and Mental Health:

The strain COVID-19 placed on global healthcare systems was a focal point in the study by Adibe et al. (2021). They emphasized the unknown long-term psychological effects of the outbreak on frontline healthcare workers. The key takeaway was the essentiality of mental well-being in crisis management, and many health systems lacked a robust strategy to support their frontline staff psychologically. An initiative in Chicago introduced a structured program to enhance staff well-being, illustrating the necessity for dynamic responses to fluctuating situations.

2.3 Healthcare System and Policy:

Ayuningtyas et al. (2021) critiqued Indonesia's preparedness in the face of the sudden COVID-19 outbreak. There was significant turmoil, not just in health services, but across sectors. The study illuminated the need for urgent reviews of institutional structures to enhance public health resilience and emphasized the importance of evidence-based policymaking.

2.4 Global Health and Health Care Workers (HCWs):

Guillen et al. (2021) discussed the unique risks faced by HCWs during the pandemic. Notably, HCWs were at higher risk of contracting the disease than the general populace. They stressed the global responsibility to protect these workers and highlighted the role of development partners and international funders in ensuring the safety of HCWs.

2.5 Gender Dynamics and Work Life During COVID-19:

İlkkaracan et al. (2021) offered a lens into the gender dynamics at play in Turkey during the pandemic. With men's paid work and women's unpaid work both seeing different levels of increase, the research hinted at the challenges employed women faced in balancing work and home responsibilities.

2.6 Chronic diseases and Telemedicine:

Kenzerska et al. (2021) evaluated how changes in the healthcare system affected those with chronic diseases. They noted the pivot to telemedicine, suggesting that it could provide more efficient monitoring for chronic illnesses. However, they also highlighted challenges like limited access to medicines and the need for more inclusive telemedicine solutions.

2.7 Drug Supply and Pharmaceutical Management:

Kuo et al. (2021) shed light on the intricacies of drug supply chains during the pandemic, emphasizing the role of pharmaceutical benefit planners in the US. The study advocated for better communication and collaboration to ensure a steady supply of essential medicines.

2.8 Education and Virtual Classrooms:

Arora et al. (2020) ventured into the domain of education, assessing the impact of lockdowns on teaching and learning. They surveyed instructors and found mixed perceptions about the efficacy of virtual classrooms, with challenges such as network issues and lack of training being primary concerns.

2.9 Environmental Factors and COVID-19 Spread:

Bukhari et al. (2020) analyzed the potential correlation between climatic factors like temperature and humidity and the spread of COVID-19. Their

study suggested that while temperature might influence the virus's transmission, it alone cannot be relied upon to mitigate its spread.

The literature shows the multifaceted impact of the COVID-19 pandemic across various sectors, from health to education. The collective research emphasizes the need for adaptive strategies, proactive measures, and comprehensive evaluations to address the challenges brought about by such unprecedented global crises.

In the light of reviewed literature, the following hypotheses were developed:

H₀: There is no relationship between pandemic and public policy failure during Covid-19 pandemic.

H₁: There is a strong relationship between pandemic and public policy failure during Covid -19 pandemic.

H₀: There is no association between health system fragility and the Covid-19 pandemic.

H₁: There is a strong association between health system fragility and Covid-19 pandemics.

H₀: There is no relationship between social immobility and Covid-19 pandemic.

H₁: There is a strong relationship between social immobility and Covid-19 pandemic.

H₀: There is no relationship between life uncertainty and Covid-19 pandemic.

H₁: There is a strong relationship between life uncertainty and Covid-19 pandemic.

3. Data and Methodology

In this study, primary data was collected using a structured questionnaire containing 20 items. The data collection process involved the following steps:

Convenience sampling technique was employed to select 250 respondents working in different fields. This method was chosen for its ease of access to respondents. The questionnaire consisted of two parts. The first part gathered demographic characteristics of the respondents, while the second part included 20 statements related to the research objectives. To ensure the reliability and validity of the questionnaire, a pilot test was conducted. Statements that demonstrated high reliability after pilot testing were included in the final questionnaire. Based on the difficulties encountered during the pilot testing and the suggestions offered by respondents, the questionnaire was improved, finalized, typed, and photocopied for further administration. Data was collected from respondents working in various government offices, business houses, and the education sector. Permission was obtained from the respective authorities, and respondents were personally guided on how to fill out the questionnaire. In addition to physical data collection through surveys, a Google Form link was also used, and it was shared on social media to gather information from relevant participants. The data collection process spanned six months, from April 2022 to September 2022. Once the data was collected, it was properly organized and tabulated. Accurate statistical methods were employed for analysis, including frequency percentages and mean score methods. A 5-point Likert scale was used to record the views of the respondents, with the following values assigned to each response option:

Strongly Agree (SA): 5

Agree (A): 4

Neutral: 3

Disagree (DA): 2

Strongly Disagree (SDA): 1

The mean score of each statement was calculated using the following formula:

$$\text{Mean score} = (\text{FSA} \times 5 + \text{FA} \times 4 + \text{FN} \times 3 + \text{FDA} \times 2 + \text{FSDA} \times 1) / N$$

Where:

FSA, FA, FN, FDA, FSDA represent the frequencies of Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree responses for each statement, respectively.

N is the total number of respondents.

This methodology allowed the researchers to collect and analyze data, understand respondents' perspectives, and determine the overall average score for each statement in the context of the study's objectives.

4. Results

4.1 Demographic analysis

The demographic characteristics of respondents are presented in the following tables: -

Table 1

Gender of participants

Gender	Frequency	Percentage
Male	75	30%
Female	175	70%
Total	250	100%

Table 2:

Qualifications of participants

Qualification	Frequency	Percentage
Bachelor	136	54.4%

Master	78	31.2%
M. Phil	33	13.2%
Ph.D	3	1.2%
Total	250	100%

Table 3

Number of employees selected from public and private universities

Type of University	Frequency of respondents	Percentage
Employees of Public Sector University	87	35%
Employees of Private Sector University	163	65%
Total	250	100%

Table 4:

Monthly Income of participants (in Pak Rupee)

Income Range	Frequency	Percentage
Rs.15,000 to Rs.20,000	16	6.4%
Rs.210000 to Rs.30,000	25	10%
Rs.31,0000 to Rs.40,000	32	12.8%
Rs.41,0000 to Rs.50,000	11	4.4%

Rs.50,0000 to Rs.60,000	24	9.6%
Rs.61,000 to Rs.70,000	2	0.8%
Rs.71,0000 to Rs.80,000	2	0.8%
Rs. 81,0000 to Rs 90,000	4	1.6%
Rs.91,0000 to Rs.100000	2	0.8%
Jobless	132	52.8%
Total	250	1%

Table 5:*Nature of jobs of participants*

Nature of Job	Frequency	Percentage
Teachers	110.0	44.0%
Freelancers	13	5.2%
Engineers	06	2.4%
Fashion Designers	20	8.0%
Clerks	14	5.6%
Doctors	05	2.0%
Jobless	82	32.8%
Total	250	1%

Interpretations

The data was collected from 250 participants working in public and private sector universities of Southern Punjab at different levels. Among the participants, 75 were males while 175 were female as is shown in Table 1. Among the participants, 110 (44%) were teachers and 82 (32%) were jobless who were students and studying in different disciplines and their parents were

supporting their studies. The education level of participants was from Batchelor to Ph.D. while their monthly income was ranged between Rs.15,000/- to Rs. 10,0000/- Convenience sampling (Non-Probability or Non-Random) sampling method was used to collect primary data from respondents. The participants belonged to Public Sector University and Private Sector University. Out of 250, 87 of them were working in public sector universities while 163 respondents were working in private sector universities. The public sector universities included into the sample were Bahauddin Zakariya University Multan, Islamia University of Bahawalpur and Mian Nawaz Sharif University of Engineering and Technology Multan, Women University Multan and Emerson University Multan while private sector universities were Institute of Southern Punjab, Multan, Time Institute, Multan and NCBA, Multan campus.

4.2 Analysis of statements

The questionnaire contained 20 statements relating to the topic of study. The statements and response rate measure through 5-points Likert scale. The results are presented in the following tables: -

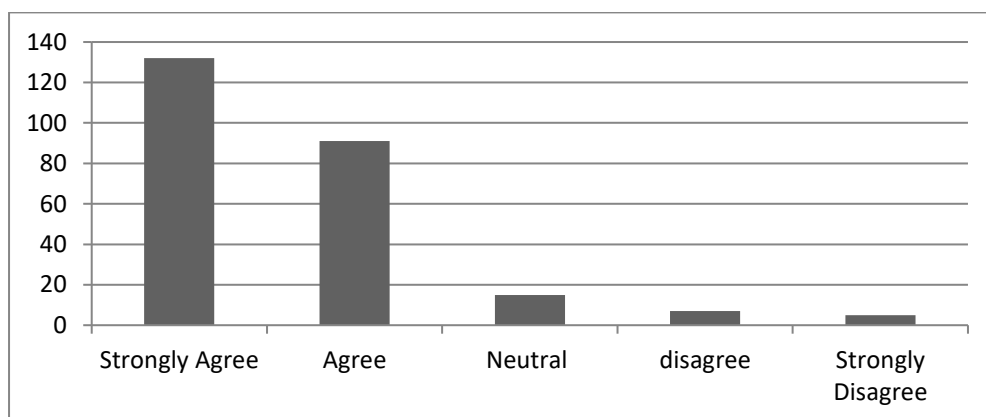
Table 6

Taking precautionary measures to protect from corona virus

Statement # 1	options	Frequenc y	Percentag e	Mean Score
You tried to protect yourself from fatal disease yourself during a Pandemic.	Strongly Agree	132	52.8	4.352
	Agree	91	36.4	
	Neutral	15	6	
	disagree	7	2.8	
	Strongly Disagree	5	2	

The results in the above table are shown in [Figure 1](#)

Fig. 1 Self- Protection from corona virus during pandemic



It is clear from the results in Table 6 and Figure 1 that during pandemic most of the respondents tried to protect themselves from corona virus. The mean score of above statements that “You tried to protect yourself from corona virus during a Pandemic.” is 4.352 that shows that majority of respondents agree with this statement. While 6% of respondents were neutral and 4.8 % were disagree with this statement. The majority of respondents stated that they tried to protect themselves from the effects of Covid-19 during pandemic.

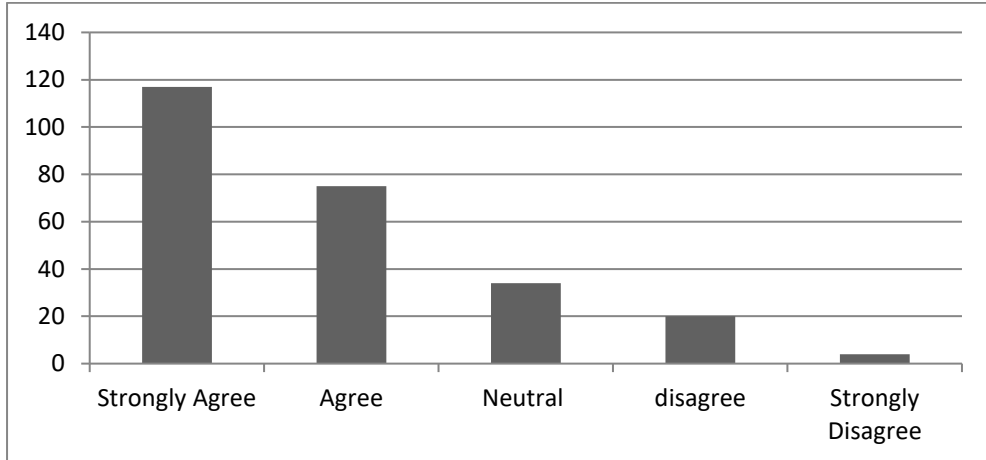
Table 7

Touching face with unwashed hands

Statement # 2	Options	Frequency	Percentage	Mean Score
You try to avoid touching face with unwashed hands.	Strongly Agree	117	46.8	4.124
	Agree	75	30	
	Neutral	34	13.6	
	disagree	20	8	
	Strongly Disagree	4	1.6	

The above results are shown in [Figure 2](#).

Fig. 2 Touching face with unwashed hands



Touching face with unwashed hands was dangerous during pandemic so most of the respondents tried to avoid touching face with unwashed hands. The mean score of above statements is 4.124 and 76 % of respondents strongly agree with this statement. Only 9.6 % of respondents opposed it.

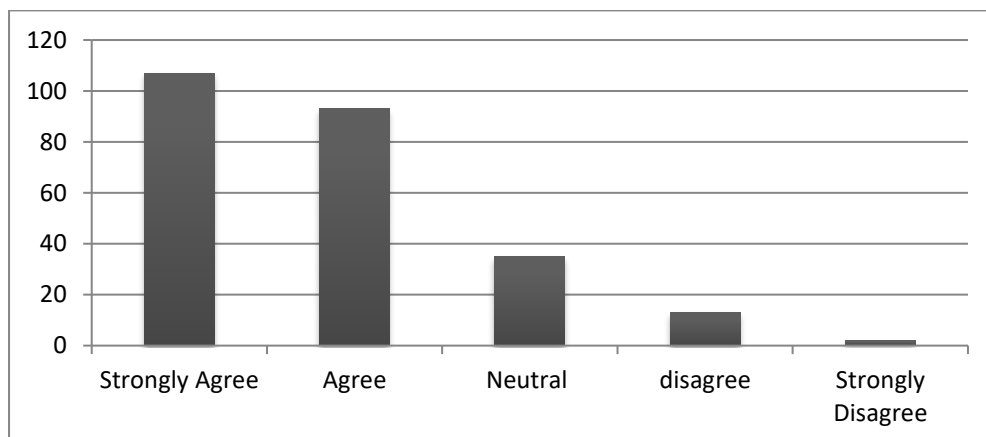
Table 8:

Shaking hands during pandemic

Statement # 3	Options	Frequency	Percentage	Mean Score
You avoid shaking hands with others during pandemic.	Strongly Agree	107	42.8	4.16
	Agree	93	37.2	
	Neutral	35	14	
	disagree	13	5.2	
	Strongly Disagree	2	0.8	

The above results are highlighted in [Figure 3](#)

Fig. 3: *Shaking hands during pandemic*



Shaking hands was one of the main causes spreading corona virus because it transmits from one person to another when they physically touch each other. Most of the respondents (80%) were agree with the statement and the mean score of this statement is 4.16. Thus, majority of participants avoid shaking hand with one other in order to avert corona infection.

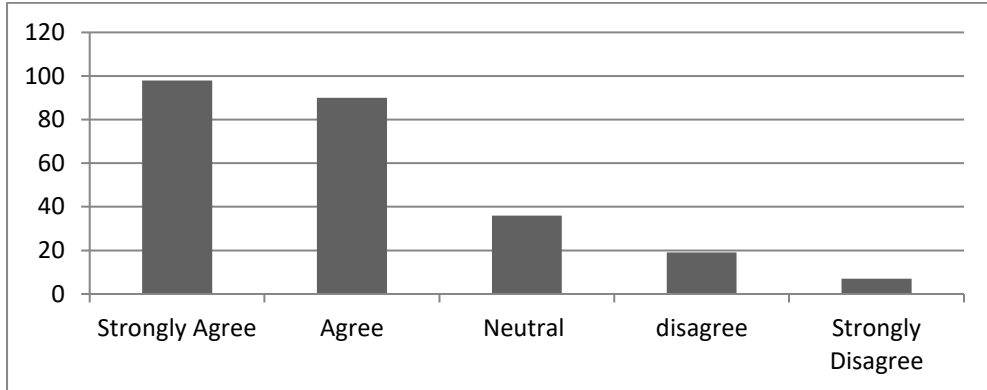
Table 9

Mixing with among people during pandemic

Statement # 4	Options	Frequency	Percentage	Mean Score
You avoided mixing with other people during pandemic.	Strongly Agree	98	39.2	4.012
	Agree	90	36	
	Neutral	36	14.4	
	Disagree	19	7.6	
	Strongly Disagree	7	2.8	

The results of Table 9 are reproduced in Figure 4

Fig 4: Mixing among people during pandemic



According to above result, 75% respondents agree with the statement and they avoided mixing with other people and participating in public gathering during pandemic while only 10% opposed it because of not having knowledge about its fatal effects. Mean score of this statement is 4.012.

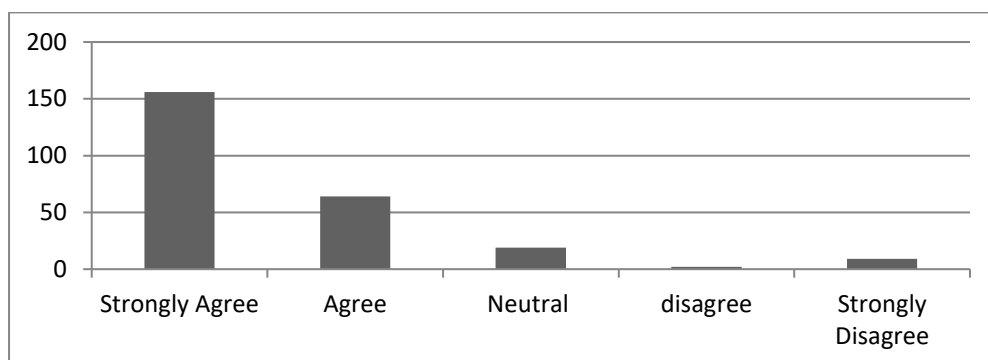
Table 10.

Wearing masks at public places during pandemic

Statement # 5	Options	Frequency	Percentage	Mean Score
Using masks is so much important in public places to avoid infection during pandemic.	Strongly Agree	156	62.4	4.424
	Agree	64	25.6	
	Neutral	19	7.6	
	Disagree	2	0.8	
	Strongly Disagree	9	3.6	

The same results are shown in [Figure 5](#)

Fig. 5: Wearing face masks at public places



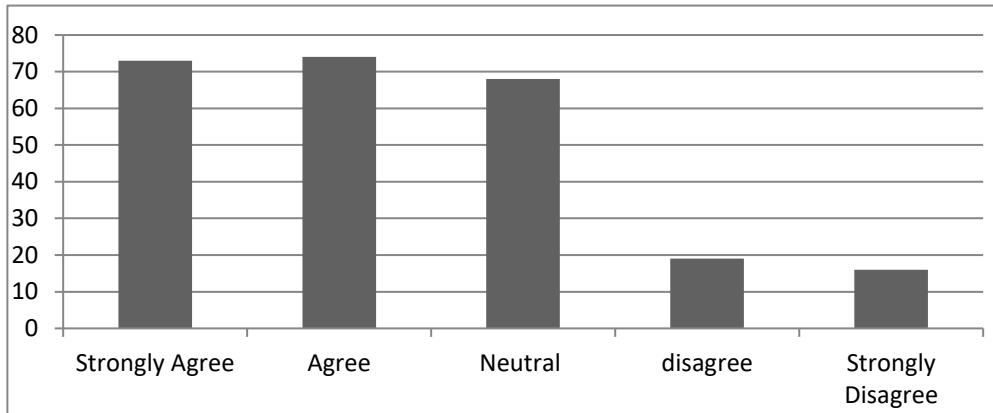
From the above results, it is clear that majority of the respondents were agree with this statement that “using masks at public places is very much important to avoid viral infection during pandemic. About 19% respondents showed their neutrality while 11 percent opposed the statement. Mean score of above statement is 4.24.

Table 11

Sound public policies to combat against Covid-19 pandemic

Statement # 6	Options	Frequency	Percentage	Mean Score
There are sound public policies to combat with Covid-19 pandemic.	Strongly Agree	35	14.0	4.00
	Agree	60	24.0	
	Neutral	10	4.0	
	Disagree	103	41.2	
	Strongly Disagree	42	16.8	

The same results are shown in [Figur.6](#)

Fig. 6: *Sound public policies to combat against Covid-19 pandemic*

The data in the above table and figure reveal that 58% participants were disagree with the statement that effective public health policies should be in place to combat against Covid-19 pandemic and relevant health professionals should be available to provide immediate treatment to covid-infected patients in urban and rural areas while 38% participants opposed this statement and they opined that the policy framework was in place to fight against covid-19 pandemic. Only 4% did not comment on this statement because they were not aware about policy framework and sound health system. Thus, majority of respondents supported the contention that there was no sound policy framework and efficient public health system to combat against covid-19 pandemic. The mean score of this statement is 4.0.

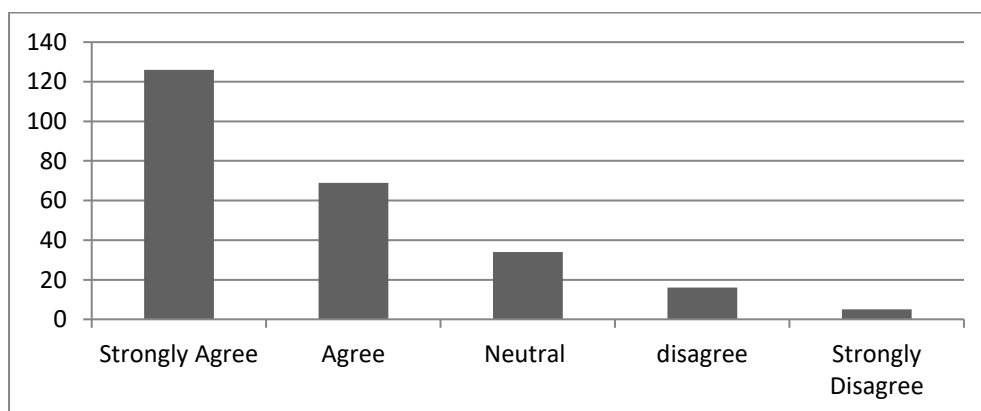
Table 12

Positive effect of isolation during Covid-19 pandemic.

Statement # 7	Options	Frequency	Percentage	Mean Score
If you suffer corona virus you must isolate yourself to avoid the spreading of disease.	Strongly Agree	126	50.4	4.18
	Agree	69	27.6	
	Neutral	34	13.6	
	Disagree	16	6.4	
	Strongly Disagree	5	2	

The same results are shown in Figure 4.9

Fig. 7 Positive effect of isolation during covid-19 pandemic



When someone suffers from corona virus, he has to isolate himself from others to avoid spreading of disease because it shifts from one person to another by touching and hugging physically with each other. However, the results show that 78% respondents were agree with this statement while 8.4% respondents opposed it which is very low numbers and can be ignored. Mean score of this

statement is 4.18. It shows that there is strong negative relationship between isolation and spreading of corona virus.

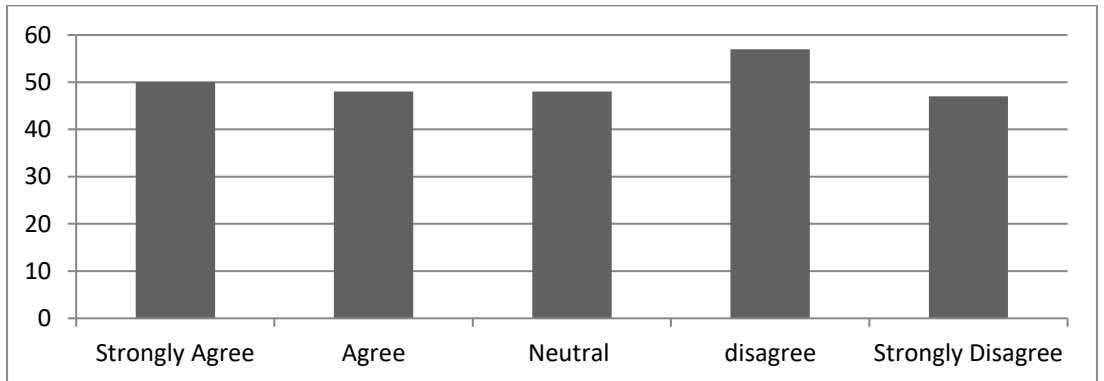
Table 13

Eating food at restaurants during COVID-19 pandemic

Statement # 8	Options	Frequency	Percentage	Mean Score
You eat food at restaurants during Covid-19 Situation.	Strongly Agree	50	20	2.988
	Agree	48	19.2	
	Neutral	48	19.2	
	Disagree	57	22.8	
	Strongly Disagree	47	18.8	

The same results are shown in Figure 4.12

Fig. 8: *Eating food at restaurants during COVID-19 pandemic*



Results of above statement are not much clear that during pandemic people eat food at restaurants because data in the above table and figure show that 39.3% respondents were agree with the statement while 41.6 % respondents

opposed it and 19.2% respondents did not give their opinion because they didn't have eaten food at restaurants. So mean score of above statement is 2.988, showing weak relationship between having food at restaurants and spreading of corona virus.

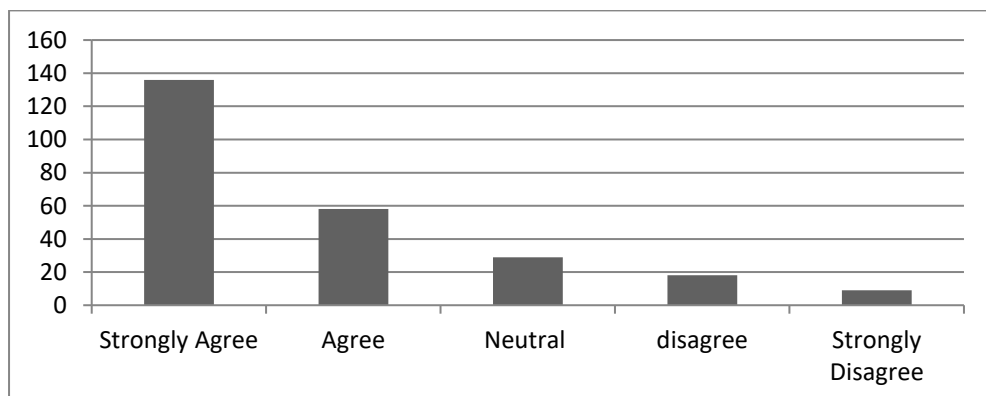
Table 14

Fatal effects of Corona virus.

Statement # 9	Options	Frequency	Percentage	Mean Score
Covid-19 is very dangerous is dangerous disease and its effects are fatal.	Strongly Agree	136	54.4	4.176
	Agree	58	23.2	
	Neutral	29	11.6	
	Disagree	18	7.2	
	Strongly Disagree	9	3.6	

The results of the above table are portrayed in [Figure 12](#)

Fig. 9 Fatal effects of Corona virus.



Covid-19 is assumed to be very dangerous disease and the respondents had its realization. About 77.6% respondents were agree with the statement that Covid-19 is a fatal disease while 10.8% respondents opposed it. More than 11% respondents did not assume Covid-19 as a fatal disease because they were not infected by it. The mean scores the statement is 4.176.

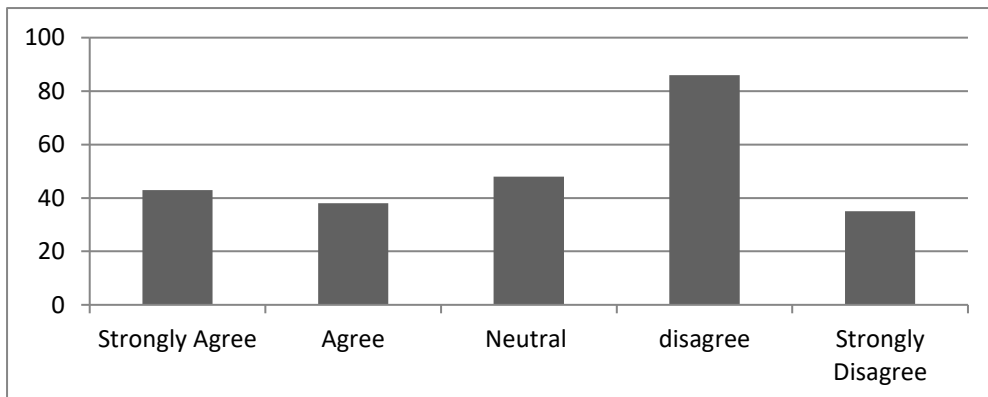
Table 15

Traveling during pandemic is not a risk

Statement # 10	Options	Frequency	Percentage	Mean Score
Traveling during corona pandemic is not a big risk.	Strongly Agree	43	17.2	2.872
	Agree	38	15.2	
	Neutral	48	19.2	
	Disagree	86	34.4	
	Strongly Disagree	35	14	

The same results are shown in Figure 4.14

Fig.10 Traveling during pandemic is not a risk



The above results show that 48.4% respondents were not agree with the statement while 19.2 % respondents did not give their opinion because they did not travel during pandemic. whereas 32.4 % respondents were agreeing with the statement because they observe the infection of corona virus during travelling. The mean score of this statement is 2.87, showing weak relationship between travelling and risk of infection of corona virus.

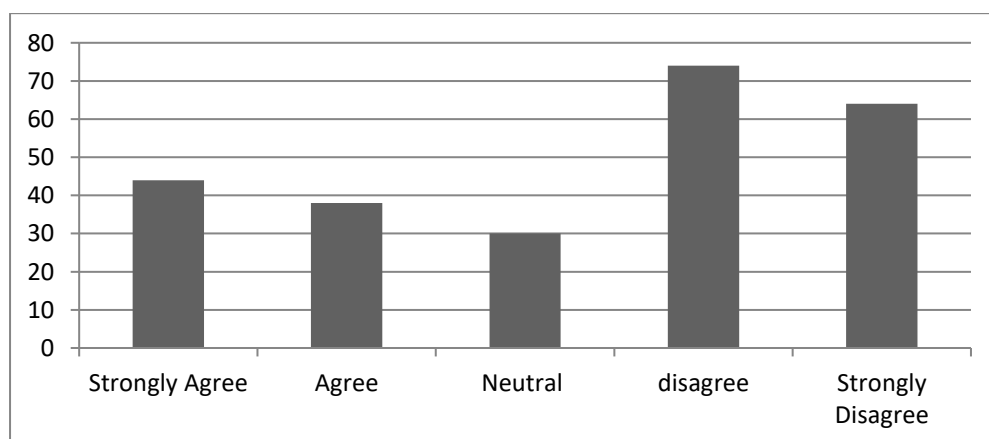
Table 16

COVID-19 is not a serious issue for health professionals

Statemen #11	Options	Frequency	Percentage	Mean Score
You believe that Covid-19 is not a serious issue for health professionals	Strongly Agree	44	17.6	2.696
	Agree	38	15.2	
	Neutral	30	12	
	Disagree	74	29.6	
	Strongly Disagree	64	25.6	

The same results are shown in [Figure 14](#).

Fig 11: Covid-19 is not a big health issue for health professionals.



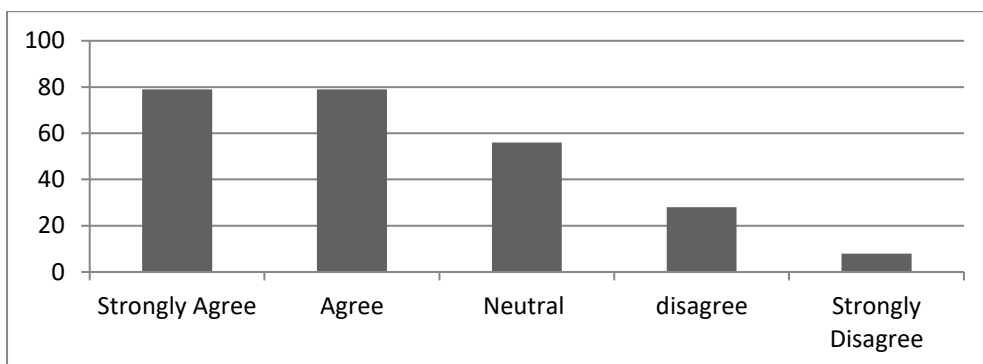
The above results show that most of respondents were disagree with the statement that covid-19 was not a serious issue for health professionals as 55.2% respondents opposed it confirming that this disease was a serious issue for professionals because they don't know how to tackle it as well as they don't have relevant medicines to treat the patients. This is the reason that a large number of medical professionals including Vice Chancellor of Nishtar Medical University Multan lost their lives during early phase of Covid-19 pandemic. The mean score of this statement is 2.69.

Table 17

Non-effective role of healthcare staff during COVID-19 pandemic.

Statement # 12	options	Frequency	Percentage	Mean Score
The role of healthcare staff is ineffective during COVID-19 pandemic.	Strongly Agree	79	31.6	3.772
	Agree	79	31.6	
	Neutral	56	22.4	
	Disagree	28	11.2	
	Strongly Disagree	8	3.2	

The same results are portrayed in [Figure 16](#).

Fig. 12 Ineffective role of healthcare staff during COVID-19 pandemic.

No doubt health care staff played an important role during pandemic but it was noted that their role was ineffective due to lack of proper training. At initial stage a large number of healthcare staff was lost their lives due to infection of corona virus while treating the patients. This is the reason that 62.2% respondents were agree with this statement that the role of health care staff was ineffective during covid-19 pandemic. About 22.4% respondents were neutral because they did not visit the hospitals or health care units during pandemic while only 14.4 % respondents disagree with this statement. The means score of this statement is 3.772.

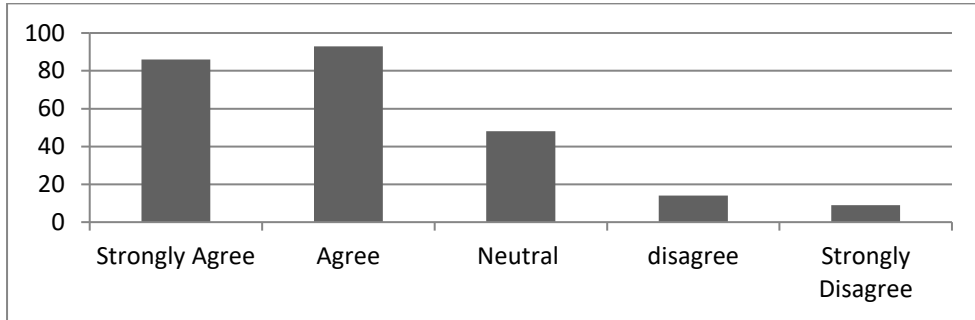
Table 18.

Relationship between elderly persons and infection of Covid-19

Statement # 13	Options	Frequency	Percentage	Mean Score
Elderly people are more affected by corona virus and it is more fatal for adults.	Strongly Agree	86	34.4	3.932
	Agree	93	37.2	
	Neutral	48	19.2	
	disagree	14	5.6	
	Strongly Disagree	9	3.6	

These results are highlighted in Figure 17.

Fig 13: Relationship between elderly persons and infection of Covid-19



The results reveal that elderly persons were more impacted by the Corona virus as 71.6% participants agree with this statement while only 9.2% respondents opposed it because its effect on the youth and children was very low. The mean score of this statement is 3.932. Thus, it has been proved that adults are more vulnerable to this fatal disease.

5. Discussion

The objective of this study was to investigate the causes of public policy failure, fragility of public health system and social immobility during covid-19 pandemic. A questionnaire containing 13 statements was structured and primary data was collected from 250 participants working in different departments of public and private universities. 5-points Likert scale having five options was used to record the views of participants on these issues. Statistical techniques such as percentage point and mean score were used to calculate the data, which was presented in the tables and figures. The results show that majority of respondents stated that people tried to protect themselves during covid-19 pandemic through different ways like not shaking hands or mixing with other people, not touching faces with unwashed hands, avoiding

to meet corona-infected persons, wearing masks at public places, restricting their social activities and avoiding travelling during pandemic. They also disclosed that public policy framework was fragile and the role of health professionals including medical doctors and health care staff was ineffective due to lack of preparedness and proper training to combat against covid-19 pandemic. They revealed that many health professionals lost their lives while treating infected patients at initial stage of covid-19 pandemic. It was also found during the study that isolation and staying at home was the best strategy to avoid infection and transmission of this viral disease from one person to another. Covid-19 was fatal disease as it had multiple effects on the health of people in all countries including Pakistan. The result shows that it was more fatal for old persons, who had weak immunity system as compared to young and children, as most of adults were among those who became victims of covid-19 pandemic. These findings are consistent with the study of Kuo et al (2021), Kendzerska et al (2021), Likkara can et al (2021), Ayuningty as et al (2021) and Adibe et al (2021) who found that sudden emergence of corona virus disturbed policy makers due to collapse of health system and infection of people on large scale. Thus, all null hypotheses were rejected and alternate hypotheses were accepted.

6. Conclusions and Policy implications.

From the above discussion, we can conclude that policy framework was proved ineffective and healthcare system was totally collapsed during covid-19 pandemic. Millions of people all over the world including Pakistan lost their lives due to non-availability of treatment and medicines. People took all possible precautionary measures to protect themselves from the infections of corona virus by following complete social immobility and isolation, which effected their income and employment. The survival was the first priority over

economic activity. It jammed the whole economic and social system due to failure of healthcare system to provide protection to people from unexpected fatal disease and facilitate them to continue their economic and social activities.

The policy implications of this study are that the policy makers should strengthen public health system. The fragility of the public health system highlighted in the study calls for policy interventions to enhance its capacity and preparedness for managing pandemics. Investments should be made in infrastructure, resources, and training of healthcare professionals to ensure an effective response to future health crises. Furthermore, there is need for enhancing healthcare professional preparedness. Addressing the lack of preparedness and training among healthcare professionals is crucial. Policies should focus on providing adequate training, equipping healthcare workers with necessary skills and knowledge, and establishing protocols for handling pandemics to minimize risks to healthcare professionals and maximize their effectiveness in combating diseases like COVID-19. The study indicates that individuals took various preventive measures, such as wearing masks, practicing good hygiene, and limiting social activities. Policy initiatives should focus on promoting and educating the public about the importance of these preventive measures to reduce the spread of infectious diseases. This can include awareness campaigns, public messaging, and providing necessary resources such as masks and sanitizers. This study emphasizes on targeted protection for vulnerable population as the older individuals with weak immune systems were more susceptible to the severe effects of COVID-19, policies should prioritize the protection and support of vulnerable populations.

This may involve targeted vaccination campaigns, providing healthcare resources to nursing homes and elderly care facilities, and ensuring access to necessary healthcare services for this demographic. There is a lesson for preparedness for future pandemics as the findings emphasize the need for proactive policies to anticipate and respond to future pandemics. Governments should invest in research, surveillance systems, and early warning mechanisms to detect and respond swiftly to emerging health threats. This can include establishing task forces, improving communication channels, and allocating resources for rapid response measures. By implementing these policy implications, governments and health authorities can strive to address the identified failures, strengthen the public health system, and mitigate the social and health impacts of future pandemics.

6.1 Limitations of the Study

There are many limitations and constraints of this study. For example, this study collected data from only 250 participants, which may not be representative of the entire population. Similarly, due to the limited sample size and specificity of the context (i.e., Pakistan), the findings may not generalize well to a larger population or different contexts. Moreover, the absence of a control group makes it difficult to attribute the findings solely to the causes being investigated and rule out other confounding factors. This study used cross-sectional data and self-reported views, which restricts the ability to establish causal relationships between variables. Likewise, the study concentrated on the views and experiences of participants concerning Covid-19 and might have missed other crucial factors that could influence public policy failure, health system fragility, and social immobility. The findings of this study are context specific because it was conducted specifically in Pakistan, its findings might not be relevant or generalizable to other countries

or regions having different socio-cultural, political, and healthcare dynamics. Another constraint is that the study relies on data collected at a single point in time offers only a snapshot of participants' views, missing potentially valuable temporal trends. In the same way, the study primarily employed basic statistical techniques, possibly overlooking deeper correlations or insights that advanced analyses could provide.

6.2 Suggestions for further research

The suggestions for further research are given below: -

Future studies should consider a larger and more diverse sample size to enhance the generalizability of the findings. The future studies must incorporate a control group to draw more concrete conclusions by eliminating or accounting for confounding variables. Moreover, future research should consider adopting a longitudinal approach to capture the dynamic nature of participants' views and the evolving situation of the pandemic. The future studies should leverage more sophisticated statistical methods to dive deeper into data patterns and relationships. In order to enhance generalizability, researchers might consider conducting similar studies in different countries or regions, thereby capturing diverse socio-cultural, political, and healthcare perspectives.

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