

**BABEȘ-BOLYAI UNIVERSITY, FACULTY OF EUROPEAN STUDIES
DOCTORAL SCHOOL „PARADIGMA EUROPEANĂ”**

**HEALTH POLICY STRATEGIES APPLICABLE IN
CASE OF PANDEMIC/EPIDEMIC OUTBREAK IN EU
AND USA**

SCIENTIFIC COORDINATOR

Professor Dr. Nicolae PĂUN

DOCTORAL STUDENT

Ștefania KEREKEȘ

CLUJ-NAPOCA

2022

CONTENT

ABBREVIATIONS	4
INTRODUCTION	6
METHODOLOGY	13
Chapter 1. General Notions	21
A. Global Health Governance	21
A1. Legal instruments in the field of health	33
A2. Governance Mechanisms	36
A3. “Global Health Security Initiative” and “Global Alert Network and response to an outbreak of disease”	40
B. The development of health policies and the evolution of public health	42
Chapter 2. The impact of globalization on infectious diseases	53
C. Knowing the triggering mechanisms of infectious diseases	53
D. Crisis management mechanisms	61
E. Conclusions	72
Chapter 3. Actions in the field of health	77
F. Target actions in combating the SARS-CoV-2 pandemic	77
G. Existing legal instruments in the EU	88
H. New legislative proposals in the EU	93
Chapter 4. The optimal strategy for managing the SARS-CoV-2 pandemic (personal views)	104
Chapter 5. Management of the pandemic in Romania	115
I. The health system in Romania	115
J. SWOT-TOWS analysis of the strategies applied in Romania during the 2020-2021 pandemic period	122
K. Conclusions	133
Chapter 6. The United States Response to the SARS-CoV-2 Pandemic	135
L. Generalities	135
M. Case study: Michigan's response to the COVID-19 pandemic compared to Romania's response	143
N. Summary of strategic approaches in Romania and Michigan	153
FINAL CONCLUSIONS	157
ANNEXES	
BIBLIOGRAPHY	

KEYWORDS: health policies, international relations, public health, political science, european studies, global health governance, health security, infectious disease, covid-19, pandemic

SUMMARY

The objective of the research is to analyze the existing health policies in order to improve them by analyzing the degree of involvement of countries on global level in the field of emerging and re-emerging infectious diseases; by understanding the decisions made by each individual country, starting from the outbreak of the SARS-CoV-2 pandemic until now. We also analyzed the reason for the persistence of the health crisis, the role of international organizations and other entities involved in the management of the pandemic.

The present paper focuses on two areas affected by the SARS-CoV-2 pandemic, namely, Romania and Michigan. The research is mainly based on existing official documents, archives, scientific articles, books, speeches of specialists involved in the development of health policies.

In seeking answers to the research questions formulated in the paper, it was concluded that close international collaboration is needed to meet the needs during a health crisis. Furthermore, the spread of false information has led to a lack of public confidence in the measures taken by global leaders. The lack of communication and misinformation fully reflected in the response of countries to the pandemic, proved the need for policy improvement.

Thus, shaping a response as uniform as possible is a necessity in order to manage crisis. In this doctoral thesis, the analysis of health policies and the analysis of theories of international relations on global level was done with the aim of improving the existing strategies at the level of Romania. All the mentioned information comes as a recommendation for decision makers in pandemic management.

The research paper is divided into two main parts: the theoretical part and the analysis part. The theory in the paper was carefully selected, obtained after the careful analysis of the documents accessed from the database of the faculties where the internship took place, i.e. Universite Libre de Bruxelles and University of Michigan.

The analysis part consists of a SWOT-TOWS analysis of the health policies applied in Romania and a comparison between the policies applied in Romania and in the state of Michigan, highlighting the similarities and differences between the applied plans. SWOT-TOWS analysis

has proven to be an effective method in building useful policies and in shaping old policies in managing health crises. Equally, the comparison of policies between two distant regions of the world provided a clear view of the evolution of the health crisis and the applicability of policies in different periods of time.

Observing two very different regions in terms of economic and socio-cultural development, we can see that the severity of the health crisis is strongly felt, even if the degree of severity of the policies is different. Real data have shown that a high percentage of vaccination has led to more effective control of the pandemic over time, but the application of non-pharmaceutical methods remains the "cornerstone" in the early stages of the pandemic, but also on long term.

What is new in this research paper is the detailed analysis of health policies before and during the pandemic, highlighting effective strategies in pandemic management and comparing health policies between the EU and the US, focusing on Romania and the state of Michigan.

The outbreak of the SARS-CoV-2 pandemic allowed comparisons of health policies between the United States and Europe, a fact that was not possible until now. Crisis management has always been seen as a domestic management issue for each country, but the global pandemic has shown that there are no borders in a health crisis.

Current and future information regarding pandemic management was collected following internships in Belgium through an Erasmus scholarship and in the United States of America through a Fulbright scholarship. Collaboration with health policy experts concluded that existing strategies need to be updated. The correction of the gaps in the health crisis management strategy must be carried out in the shortest possible time, and the modernization of the system should be carried out in parallel with the re-evaluation of the national plans in pandemic management.

The laws and regulations brought to date have opened a new path in the development of health policies, and the current pandemic has aroused great interests in the field of emerging and re-emerging diseases. Following the policy analysis, it was found that there were minor differences in the strategies applied on the two continents during the COVID-19 pandemic.

This can be explained by the fact that all countries followed the "International Health Regulations" and the guidelines of competent organizations such as CDC, WHO and ECDC. The differences appeared in the way of financing and the period in which the rules were applied. For example, the obligation to wear masks was introduced at different periods of time, and later this

decision caused discontent among the population, accusing the governments that this decision is unconstitutional.

Health policy is an interdisciplinary branch linking both the field of health and the field of international relations and public policies. To really achieve change in the management of health crises requires negotiations and many discussions between the specialists of the states and other entities involved. The need to train a team of specialists to achieve global health policies presents the reason why this paper aims to provide guidance in pandemic management, outlining key strategies and recommendations to be followed for success in a future global pandemic.

The development of global health governance led to the formation of health policies applied in the pandemic and to the awareness of the importance of the spread of diseases and their influence on the global market. War, migration, globalization and global warming have altered the known pattern of infectious disease spread and forced global leaders to rethink health policies.

The chapters of the research work detail the functioning of the European Union in the field of health, observe the evolution of public health programs from the past to the present, detail the criteria for "good governance" that contribute to effective global governance in health and finally, it describes how health policies are formed and what role they have in the globalized world. It also attempts to analyze the impact of globalization on infectious diseases in order to have an overview of the global situation and to be able to understand the decisions taken at the level of the European Union (EU) and the United States in pandemic management.

In our view, a health policy can only be considered effective if the problem it defined has been significantly reduced. Health policies that focus on relatively simple, discrete issues would have a greater potential to be defined as effective than policies that address complex challenges and involve proximal linkages and distal determinants of health, such as, policies to reduce health inequalities (McQueen David V., 2007) .

Finally, the "rule of least coercion" (*Van der Doelen, 1998*) applies when choosing between intervention options: „Always choose the intervention that is least intrusive/coercive in people's lives first." This rule explains why governments generally prefer communication intervention (even when it is not supported by scientific evidence) over other types of intervention (Van der Doelen, 1998) .

Health policies at EU level only have the role of complementing the health policies of each country and ensuring the protection of people's health. Understanding health policies is a very difficult thing because there is no single strategy or body of legislation to enforce it.

In a community it is very important to promote health, for this reason newly implemented policies, wrongly applied, can have serious consequences if the population is not properly informed (McQueen David V., 2007) .

Public health crises such as pandemics or epidemics are unpredictable, therefore there is a high degree of technical complexity in the collaboration of countries. That is why it is logical that this cooperation should develop at the EU level and contribute to the achievement of supranational cooperation. It is also an enormous benefit to connect countries, to share knowledge and resources with the aim of achieving a more developed structure (Scott L. Greer, Nick Fahy, 2014) .

The existence of skepticism among the population, partly triggered by misinformation about health issues, forces the EU to develop more responsible plans in the management of the health crisis. This "skepticism" is also the result of significant gaps in the enforcement of health measures - such as the use of masks, social distancing requirements, testing strategies and isolation/quarantine requirements - that have led citizens to question the scientific basis of these policies (European Commission, 2020a) .

As the global population continues to become more urbanized, this extraordinary transition has a unique impact on public health. Therefore, understanding the evidence to effectively address the needs of a growing urban and aging population is a global public health priority (WHO, 2002) (McQueen David V., 2007) .

Even with determined efforts, in the era of globalization, the eradication of infectious diseases will be very difficult to achieve, remaining a permanent problem (Sullivan, 2003) .

The probability that outbreaks of infectious diseases will increase in the future is very high, and this can be proven by looking at the main factors that contribute to globalization, i.e. the movement of people, the transport of goods, the movement of capital, urbanization and global warming. While the consequences of globalization are not necessarily positive or negative, the forces driving globalization could facilitate the development of a more effective international public health system (Sullivan, 2003) .

Infectious diseases are recognized as a consequence of human activities undertaken as part of globalization processes rather than as a factor to be considered as part of early planning.

Therefore, the need to integrate health impact assessment and the long-term establishment of how to apply health policies, accompanied by changes in economic and commercial practice would be very useful (Lance Saker et al., 2004) .

Following the outbreak of the SARS-CoV-2 pandemic, the European Union (EU) activated a series of legal mechanisms and instruments, useful in serious cross-border threats, provided for in EU legislation. Of all the decisions presented in the doctoral thesis, the most complex is Decision 1082/2013/EU, which includes mechanisms and instruments that can be used in the event of a health crisis.

Another legal instrument that contains solutions to a global health security problem is the "International Health Regulations" (IHR), last amended in 2007. This instrument sets out the obligations of WHO and signatory states in the event of an international health crisis. At this time, it has been shown that this guide needs improvement. For this reason, global leaders have decided to draft a new international regulation, which will be called the "Pandemic Treaty". It will replace the IHR and lay the foundations for the new regulations, which will have to be respected by the signatory states.

In addition to the two main documents, various programs can be listed, aimed at contributing to crisis management: the joint procurement agreements, the "rescEU" program, the "EU4Health" program, the "HERA Incubator" program, etc. All these programs were modified according to the evolution of the pandemic, but even so, they could not cover all areas of interest, affected by the global health crisis.

As for the United States' response to the pandemic, it has been slow to react, and many actions have been hampered by bureaucracy. In the United States, health policies fall into two broad groups: federal policies and state policies. Federal policies are above state policies, meaning that any decisions made by federal agencies, such as the FDA or the CDC, must be applied uniformly in all states. State policies may differ from one state to another, and this includes self-isolation measures or mandatory mask wearing.

In the United States' policy response, we can list three main points that contributed to pandemic management: the large economic stimulus, regulatory changes to telemedicine, and increased research funding through the NIH. The response to the health crisis was strongly influenced by the divergent behavior of the population regarding the application of the rules of

wearing masks, the observance of the rules of social distancing and the beliefs related to the effectiveness of vaccines.

Efforts to mitigate the pandemic were also hampered by the independence of states in their decision-making, which decided to apply the rules at different times. Until policies were unified and federal financial aid distributed, states were left to fend for themselves in an attempt to stop the spread of the disease.

Among the most important acts adopted at the federal level we can list:

- Families First Coronavirus Response Act (FFCRA) (2020)
- "Coronavirus Aid, Relief, and Economic Security" (CARES) (2020)
- Uniform Emergency Volunteering Health Practitioner Act (UEVHPA) (2020)
- "Coronavirus response and Consolidated Appropriations" (2021)

These pieces of legislation helped protect families and small and medium-sized businesses; to cover testing and treatment for low-income people. They have also contributed to the temporary distribution of the medical workforce in areas more affected by the pandemic and expanded the responsibilities of medical students to supplement the shortage of medical personnel.

All actions and decisions taken by global leaders were adapted according to the evolution of the pandemic, which demonstrated that previous legislation was insufficient to manage a global pandemic. Thus, completing the national plans, correcting the gaps in the current legislation and strengthening the epidemiological surveillance systems are indispensable actions in order to prepare for a possible pandemic in the future.

By consulting all these official documents and the mentioned recommendations, it was possible to develop our analysis, which encompasses all plans and helps to formulate new strategies and improve old strategies. Thus, the SWOT-TOWS analysis was developed, aimed at improving Romania's strategies in pandemic management.

The SWOT analysis provides a qualitative comparison of the factors of interest influencing pandemic management. TOWS is a continuation of the SWOT analysis that provides solutions in order to achieve the proposed goal. By making correlations between the analyzed factors, strategies will be obtained that will help to achieve the proposed goal.

Having the points listed in the SWOT-TOWS analysis with the aim of improving health policies, obtains:

- Reducing the risk of threats;

- The possibility of using internal strong points;
- The chance to overcome internal weaknesses;
- Using strengths for the benefit of the country.

Thus, attack, defense, adaptation and survival strategies can be formulated, depending on the evolution of the crisis. For example, it is considered an attack strategy if the country implements measures to protect the population in time, before the pathogen enters the country. An example of the survival strategy would be that the country is already overwhelmed by the problem and gathers absolutely all resources and methods in order to overcome the crisis.

The applicability of the SWOT-TOWS analysis is clearly proven because it gives us the opportunity to rethink strategies and helps us develop plans that can be applied in times of crisis. Romania has waged a continuous struggle in correcting shortages of medicines and medical equipment. It also tried to manage the spread of false information about the virus and the vaccine, but without success. This resulted in a rather low percentage in terms of vaccination rate.

Unfortunately, due to political instability and the implementation of decisions at an alert pace, Romania did not manage to stop the evolution of the pandemic as it should have, even if at the beginning it seemed to control its evolution. Increased human mobility at Romania's borders has made it difficult to test people and properly manage the spread of the virus.

We can say that the digital transformation of several sectors, such as health, education and work, is due to the spread of the virus throughout the country. Adapting to the new online environment has become mandatory with the increase in the number of COVID-19 cases. Also, thanks to the development of telemedicine and online consultations, people in hard-to-reach areas of Romania had the chance for education and consultations in an online environment.

Regarding the comparison of policies between Michigan and Romania, we can mention the "contact tracing" system. In the state of Michigan, people in charge of "contact tracing" went through several weeks of preliminary training before taking this position and had a system with a few key questions to increase the speed of data processing. There was also the "online" option in which citizens uploaded their personal data to a platform, which generated, after a prior verification, the quarantine/isolation decision or medical certificate as appropriate. The "phone" option was only available to people who preferred this route.

On the other hand, in Romania, contact tracing was done at ISU centers in each county where a limited number of phones and a limited number of volunteers were available. The people

doing this work could not cope with the volume of data that had to be processed. The "online" system and the preliminary "contact tracing" courses should also be implemented in Romania in order to have a prepared team and a more efficient system for managing similar situations.

In conclusion, after careful analysis of the results, we can state the following key stages in the management of health crises:

1. Treating patients, preventing and controlling the outbreak;
2. Fostering evidence-based global governance;
3. Digital transformation of the health, educational and labor sectors;
4. Accessing European funds for economic recovery;
5. Redistribution of duties;
6. Launch of immunization and health education campaigns.

The seven steps to be followed globally for proper pandemic management are:

- Implementation of the "One Health" concept that attempts to manage the pandemic from the source, taking into account the connection between people, animals and nature;
- Investing in health systems and research;
- Improving global health governance by developing a "Pandemic Treaty";
- Reducing inequalities between different populations and providing access to health services to all in an equal way;
- Realization of public-private partnerships;
- Investing in early detection services for infectious diseases and creating a team that can respond quickly to an emerging disease;
- The creation of a commission among G20 members, dealing only with policies and laws applied during the pandemic.

In conclusion, even if global leaders have outlined the steps that must be taken globally to manage the pandemic, it remains to be seen to what extent these strategies can be implemented at the level of each country. We believe it is very important to include the population in these strategies and educate them if we want to have plans that work in a future pandemic.