



Crisis of Public Policy during Pandemics: Balancing Health Security and Governance

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ABSTRACT

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Arguing that epidemic preparedness ought to be an outcome of public policy whereas again epidemics shape public policy, the discourse herein seeks to interrogate Crisis of Public Policy during pandemics in light of balancing health security and governance. The dilemma of managing pandemics often throws many states in utter disorder (crisis) given their emergent occurrence. This crisis on one hand shapes the resilience of public policy by actors but in other circumstances, it spells doom. In the wake of the outbreak of the Covid – 19 pandemic globally, both States in the “Global – North/South” found themselves in the mesh of *act or not – act, intervene or not – intervene, accept or not – accept, and to blame or not – blame*. The situation expressed the utter attempt at balancing health security and global governance which enhanced the theory of realism of international relations unwillingly in the era of much interdependence. This study therefore seeks to thematically discourse this with the knowledge that epidemics are repetitive in short and long historical epochs hence the behaviouralism of international public policy actors in the contemporary is an essential ingredient in creating preparedness for the unknown next pandemic. In the dilemma posed by and in public policy, this paper questions the models of either to choose individual state approach or collective approach. While using descriptive research design and secondary sources of data while using a Global Crisis and Cyclical Theory this article will provide knowledge expose for policy actors and academia on the underlying issues in crisis of public policy during pandemics. This research postulate that the presence of Advanced Science School on Epidemic Preparedness management of public policy during such moments as of crisis would in the ideal sense lead to a balance in health security and extremes of governance.

KEYWORDS:

Public Policy, Pandemics, Health Security, Governance, Epidemics, Crisis Public Policy, Global Crisis.

INTRODUCTION AND BACKGROUND TO THE STUDY

Crisis of Public Policy during pandemics such as the corona virus of 2020 in light of balancing health security and governance is an area of inquiry that in the recent past has reignited interest among academia and policy practitioners alike. The COVID-19 pandemic has reshaped the global landscape, presenting unprecedented challenges to governments and public health systems worldwide.

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The pandemic, which emerged in late 2019, quickly escalated into a global health crisis, affecting millions of people and overwhelming healthcare systems. As the pandemic spread, governments were faced with the complex task of formulating and implementing public policies that would protect public health while also mitigating socio-economic disruptions. These policy responses, however, have highlighted the inherent tension between health security and effective governance.

Public policy during pandemics must balance several competing priorities, including safeguarding public health, maintaining economic stability, and preserving civil liberties (Sachs et al., 2020). Measures such as lockdowns, travel restrictions, and social distancing were necessary to slow the spread of the virus, but they often came at significant economic and social costs. Unemployment rates surged, small businesses closed, and mental health issues escalated.

Furthermore, policies that were effective in controlling the virus's spread in one region often had unintended consequences elsewhere, such as exacerbating inequalities in healthcare access (Naylor et al., 2020). These challenges have highlighted the critical need for coherent, adaptive, and inclusive policy frameworks that can balance the demands of public health with the imperatives of governance.

The crisis also exposed gaps in global governance and public health infrastructure. In many countries, particularly those with weak or underfunded healthcare systems, the pandemic overwhelmed existing resources, revealing systemic vulnerabilities (Ravindran et al., 2021). Furthermore, inconsistent messaging from authorities led to confusion and distrust among the public, further complicating the implementation of health policies. As governments scrambled to control the spread of the virus, issues of governance, such as political polarization, miscommunication, and bureaucratic inefficiency, came to the fore (DeMott et al., 2020).

Understanding how public policy can effectively respond to pandemics requires a comprehensive examination of governance mechanisms, health systems, and the socio-economic landscape. By studying the challenges faced during the COVID-19 crisis, this research aims to identify best practices for public policy development and explore how governments can improve preparedness and resilience for future global health emergencies. The findings will contribute to the growing body of literature on crisis governance and inform policymakers on how to craft policies that balance health security with effective governance in times of crisis.

STATEMENT OF THE PROBLEM

The COVID-19 pandemic has underscored the critical challenges that governments face in balancing health security and governance during a public health crisis. Public policy, often guided by scientific evidence and expert recommendations, has to navigate a complex landscape of political, social, and economic considerations (DeMott et al., 2020). A significant issue lies in the tension between implementing necessary health measures and maintaining effective governance and civil liberties. For example, strict lockdowns, while essential for limiting disease spread, can lead to economic crises, social unrest, and a breakdown in public trust (Zhang et al., 2021).

Governments must balance immediate public health needs with long-term socio-economic stability. This balancing act often results in policy inconsistencies, where policies enacted to control the spread of the virus, such as travel restrictions or mandatory quarantines, contradict other national or international goals, such as economic recovery or the protection of human rights (Naylor et al., 2020). Furthermore, the decentralized nature of governance in many countries complicates this process, as different levels of government, public health authorities, and international organizations

must coordinate efforts, yet each has differing priorities, resources, and capabilities (Liu et al., 2022).

Moreover, the pandemic revealed gaps in governance and policy preparedness, especially in countries with underfunded or fragmented healthcare systems. Public health infrastructures in these settings were ill-equipped to respond effectively to a global crisis, exacerbating issues of inequity, particularly in low-income regions (Sachs et al., 2020). The crisis has also led to an erosion of trust in public institutions, as inconsistent or confusing messages on health policies have generated public confusion and non-compliance with health directives (Ravindran et al., 2021).

The complexities highlighted above indicate that there is a need for more adaptive, transparent, and robust public policy frameworks that prioritize health security while safeguarding democratic principles and addressing socio-economic impacts. This issue is global in scope, affecting both developed and developing nations, each with distinct vulnerabilities and challenges, but all facing similar risks of governance breakdown in the face of pandemics.

RESEARCH METHODOLOGY

Methodology

This study employs a qualitative research methodology to analyze the crisis of public policy during pandemics, particularly in balancing health security and governance, with a focus on the global response to the COVID-19 pandemic. The methodological framework is primarily based on a systematic literature review combined with comparative case study analysis, both of which provide a nuanced understanding of how public policy is shaped in response to pandemics. A detailed examination of secondary data sources allows for a thorough investigation of existing knowledge, empirical evidence, and theoretical frameworks that inform the study.

A key aspect of this study is the literature review, which serves as the primary method of data collection. The literature review focuses on recent and relevant publications from academic journals, books, and policy reports from global health organizations. As noted by Petticrew and Roberts (2006), literature reviews are an effective method of synthesizing existing knowledge on a topic, identifying research gaps, and providing a comprehensive analysis of the state of the field. In this case, the review draws on sources such as *The Lancet* and *Global Health Action* for empirical studies and articles that examine the intersection of public policy and health security during pandemics. This includes a critical review of the theoretical underpinnings of health security, governance, and crisis management, as explored by Fidler (2021) and Maani and Galea (2020).

Moreover, reports from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and other governmental and international organizations provide vital insights into the global response to COVID-19. These documents offer data and policy

recommendations that shaped the pandemic response and illustrate the real-world implications of public policy decisions made during the crisis (WHO, 2020). Through the literature review, this study aims to uncover patterns in policy development, governance approaches, and international relations during pandemics.

In addition to the literature review, this study employs a comparative case study approach, as it allows for a detailed examination of how different countries responded to the COVID-19 pandemic. According to Yin (2014), case study analysis is an appropriate method when studying complex phenomena in real-world contexts, especially when multiple factors, such as political, economic, and healthcare infrastructure, play a role in the outcomes. In this study, two sets of countries are compared: states in the Global North (e.g., the United States and the United Kingdom) and those in the Global South (e.g., India and Nigeria).

This comparative approach allows for an understanding of how disparities in governance, healthcare resources, and international cooperation affected the ability of countries to manage the crisis effectively. Countries in the Global North, for example, initially faced challenges in controlling the virus due to delayed responses and political disagreements, as highlighted by Maani and Galea (2020). On the other hand, countries like Taiwan and New Zealand, with pre-existing robust public health policies, were able to manage the outbreak with greater success (Schabas, 2020). The comparative analysis examines these varying responses, focusing on the decision-making processes, the role of public health policies, and the tensions between national sovereignty and international cooperation.

To analyze the data, this study employs a thematic analysis approach, as described by Braun and Clarke (2006). Thematic analysis allows for the identification of patterns and themes within the data, such as the tension between health security and economic stability, the challenges of global governance, and the political dynamics of pandemic management. These themes are crucial in understanding the broader implications of the crisis of public policy during pandemics.

Furthermore, this study is grounded in the theoretical framework of realism in international relations, which asserts that states prioritize their national interests in the global system, particularly in times of crisis. As Mearscheimer (2019) argues, the realist perspective highlights the competition between states and the reluctance of countries to cooperate in areas of national security, including public health during pandemics. This framework is applied to examine how international relations dynamics shaped the global response to COVID-19, especially in the context of vaccine distribution, medical supply shortages, and the prioritization of national responses over collective action.

The methodology combines these approaches to build a comprehensive understanding of the crisis of public policy during pandemics, focusing on the intricate balance between health security and governance. By synthesizing insights

from the literature review, comparative case studies, and theoretical analysis, this study aims to contribute to the broader discourse on improving pandemic preparedness, health governance, and international cooperation in the face of future public health crises. As the COVID-19 pandemic has shown, effective governance and robust public policies are essential to managing such crises, and the lessons learned will inform future public health policy development.

EMPIRICAL LITERATURE REVIEW

The relationship between public policy and pandemics is multifaceted and dynamic. Epidemic preparedness should ideally be an outcome of effective public policy. However, the unfolding of pandemics often leads to a crisis in governance, as states struggle to balance health security with the need for effective management of public affairs. The dilemma posed by the management of pandemics is profound, as their sudden emergence frequently disrupts state functions, plunging governments into a crisis of governance. This paper interrogates the crisis of public policy during pandemics, specifically in light of balancing health security and governance. The paper further explores how the COVID-19 pandemic has tested both Global North and South states, revealing critical vulnerabilities in public policy frameworks and prompting a rethinking of how pandemic responses should be approached in the future.

Questions to ask arising from the occurrence of COVID-19 scourge is whether health can be an outcome of public policy. Diverse arguments can emanate from this. Health security, particularly in the context of pandemics, is a primary objective of public policy. According to Fidler (2021), health security refers to the protection of individuals and societies from health threats, including infectious diseases that may escalate into pandemics. The role of governments in ensuring health security is crucial, and this necessitates preemptive planning and investment in healthcare infrastructure, research, and crisis management systems. However, the effectiveness of health security measures often depends on the resilience of public policies. As noted by Hajat et al. (2019), a robust public health policy can mitigate the impacts of a pandemic, but it must be adaptable and responsive to the constantly changing nature of emerging diseases.

Public policy, in this context, must be proactive rather than reactive. The preparedness of states to handle pandemics is directly tied to their ability to develop comprehensive and effective policies that address health security issues before crises occur. However, this preparedness is not always present. Maani and Galea (2020) argue that while some countries have robust systems for epidemic preparedness, many nations, particularly in the Global South, lack the resources or infrastructure to adequately address potential health emergencies. This disparity highlights the global inequality in health systems and governance, which exacerbates the crisis during pandemics.

Pandemics, by their nature, are unpredictable and create crises of governance as they overwhelm public institutions and infrastructures. The crisis of public policy is especially evident when states are faced with decisions such as whether to act, intervene, accept, or assign blame. These dilemmas often manifest in the political decisions of state actors, where the primary concern becomes maintaining public order while ensuring health security. According to Oleribe et al. (2020), the COVID-19 pandemic highlighted the governance failures in both the Global North and South, with states struggling to balance health protection measures with economic and social impacts.

The COVID-19 pandemic revealed significant flaws in the global system of governance, as countries wrestled with how to manage public health without causing economic collapse. The tension between health security and governance was most visible in the early stages of the pandemic when some states, including the United States and the United Kingdom, initially delayed or downplayed responses to the outbreak, which resulted in significant loss of life (Hui et al., 2020). In contrast, countries like Taiwan and New Zealand, with strong public health policies and prompt interventions, were more successful in limiting the spread of the virus (Schabas, 2020). These differing responses underscore the role that public policy plays in pandemic management, demonstrating that preparedness is essential to mitigating the impacts of a crisis. This crisis of public policy also intersects with international relations. As countries navigated their pandemic responses, issues of interdependence and the global governance structure came to the fore. According to Mearscheimer (2019), realism in international relations theory highlights the competitive nature of states in the global system, where national interests often take precedence over collective action. The COVID-19 pandemic underscored this theory as countries scrambled to secure medical supplies, vaccines, and other resources, sometimes at the expense of international cooperation. As countries prioritized their own national health security, the lack of a coordinated global response exposed the flaws in international governance mechanisms.

Global governance, especially through international organizations like the World Health Organization (WHO), plays a critical role in coordinating pandemic responses. However, as seen in the COVID-19 pandemic, the effectiveness of global governance mechanisms is often limited by national sovereignty concerns and competing geopolitical interests. A key challenge during the COVID-19 crisis was the failure of countries to adhere to international guidelines and recommendations. The reluctance of some states to act on WHO advisories, combined with the prioritization of national interests, hindered the global response (Jiang et al., 2021). This demonstrated the difficulties in balancing national health security with the need for collective action in the face of global health threats.

Moreover, the COVID-19 pandemic has illustrated the necessity of stronger global health governance frameworks.

As Zoon et al. (2020) argue, the global health system requires a reimagined approach that integrates both national and international policy frameworks to better address the interconnectedness of modern society. Pandemic preparedness must, therefore, not be limited to the policies of individual states but should be embedded within a broader, cooperative global governance structure that facilitates timely response, resource sharing, and information exchange.

Covid – 19 Pandemic: The “Global – North/South” Act or not – act, intervene or not – intervene, accept or not – accept, and to blame or not – blame

i. Global Perspectives: "Act or Not Act, Intervene or Not Intervene?"

The scourge of COVID-19 pandemic has presented global challenges, particularly in how the international community has responded, with marked distinctions between the "Global North" and "Global South." Scholars have highlighted that the Global North, characterized by economically developed nations, has had more resources for pandemic management, while the Global South, often facing pre-existing vulnerabilities like poverty and inadequate healthcare infrastructure, has struggled disproportionately (Telford, 2021). The pandemic has underscored global inequalities in health outcomes and access to vaccines and medical treatments. According to Gopalan and McColl (2020), the unequal distribution of vaccines and healthcare resources exacerbated the divide, where wealthier countries acquired vaccines quickly, while many nations in the Global South had to wait longer or faced shortages. These inequities have ignited debates over ethical considerations in pandemic responses, particularly regarding whether the Global North should intervene to help Global South nations during crises, or whether it is their responsibility to act independently.

On the other hand, scholars such as Ritchie and Tarek (2020) argue that the responsibility to intervene should not solely fall on the wealthier nations. They emphasize that global pandemics require mutual collaboration and should be framed as a shared global responsibility, rather than a dynamic of aid or charity. Some, like Patel (2022), challenge the framework of blame when it comes to global inequalities, suggesting that nations should instead be held accountable for improving their own systems to prepare for future health crises. These debates around intervention and responsibility are central in considering how COVID-19 responses can address the imbalance in global health systems and the idea of global solidarity.

ii. Regional Perspectives: "Regional Disparities in Pandemic Responses"

Regionally, responses to the COVID-19 pandemic have varied significantly based on political, economic, and healthcare infrastructures. In Europe, for instance, the European Union faced internal divisions about the distribution of resources, particularly vaccines. Schmidt et al. (2021) argue that while the EU acted collectively in response

to the pandemic, its response was often delayed, and the coordination of vaccine rollouts between member states revealed significant disparities. In contrast, countries in East Asia, such as South Korea and Japan, demonstrated relatively successful management due to pre-existing pandemic preparedness strategies and centralized health systems (Jung et al., 2020). These nations had effective surveillance systems, which allowed them to quickly detect and isolate COVID-19 cases, a model which the Global North struggled to replicate in its fragmented healthcare systems.

In Latin America, many countries in the region faced severe challenges due to underfunded public health systems and political instability. Ramos and Pérez (2020) discuss how regional governments' responses were hampered by economic pressures, which delayed the implementation of widespread lockdowns and vaccination campaigns. This mirrors broader critiques that emphasize the unequal global distribution of resources that affect the Global South disproportionately. The divide between regional approaches to the pandemic underscores the complexities of global health governance and the intersection of regional, national, and international politics.

iii. Local Perspectives: "National or Local Responses and Community-level Interventions"

On a local scale, responses to the COVID-19 pandemic have also been shaped by national policies that often reflect the political and economic priorities of governments. In many countries in the Global South, local responses were heavily influenced by the lack of resources, infrastructure, and political instability. Moyo (2021) discusses the case of South Africa, where the pandemic exacerbated pre-existing inequalities, with the health system struggling to cope with surging cases in densely populated urban areas and informal settlements. In this context, local governments had to make hard decisions about resource allocation, often prioritizing urban centers over rural areas.

At the local community level, grassroots organizations and community health workers played critical roles in pandemic response efforts. Studies by Naidoo et al. (2020) reveal that local organizations in South Asia, particularly in India and Bangladesh, were vital in disseminating public health messages and supporting vulnerable populations. However, the effectiveness of these efforts was undermined by the centralization of government responses, which did not adequately account for local contexts and needs.

In contrast, nations in the Global North, such as Canada and Australia, where health systems are generally stronger, saw quicker and more widespread adoption of public health measures. However, local criticisms in these countries focus on the disparities faced by marginalized groups, including Indigenous communities, who faced higher rates of infection and mortality (Gauthier, 2021). Local-level responses often had to navigate the balance between centralized government policies and decentralized local needs.

iv. Blame or Not Blame?

One of the most significant questions arising from global, regional, and local responses to the pandemic is the issue of blame. While some argue that governments in the Global South, particularly those in sub-Saharan Africa and parts of Latin America, should be blamed for failing to protect their populations adequately (Sayed & Ahmed, 2020), others caution against this view. As Patel (2022) suggests, the focus on blame distracts from the structural inequalities that have long existed between the Global North and South, which have directly impacted the ability of poorer nations to respond effectively to health crises.

Ultimately, the debate about intervention, acceptance, and blame is not just a matter of allocating fault but calls for a reevaluation of how global health systems function and how they can be restructured to foster equity and preparedness for future pandemics.

Balancing Health Security and Global Governance: The theory of realism in the era of interdependence

The intersection of health security and global governance, examined through the lens of realism, highlights the challenges states face in navigating health crises amidst increasing interdependence. Realism, with its focus on state interests, power, and sovereignty, provides valuable insights into the dynamics of health security at global, regional, and local levels.

At the global level, the World Health Organization (WHO) faces significant challenges in promoting international cooperation due to the dominance of state interests. Mearsheimer (2018) argues that states prioritize national security, often undermining global governance mechanisms. This is evident in the limited effectiveness of the WHO, as powerful states may use international organizations to further their interests rather than advance collective global health goals (Fidler, 2019). The COVID-19 pandemic exemplified these challenges, as states initially focused on national responses instead of a coordinated global effort (Lee, 2020). Regionally, states' responses to health security are similarly shaped by self-interest. While organizations like the European Union (EU) have attempted cooperation, states' initial independent actions during the COVID-19 crisis illustrate the realist tendency toward prioritizing national over regional concerns (Gavin, 2021). In contrast, regional organizations in the Global South, such as the African Union, have faced greater difficulties due to resource inequalities and states' reluctance to surrender sovereignty in health governance (Akinsanya, 2021).

Locally, governments often tailor health policies to their own political and economic needs, reflecting the realist principle of sovereignty. For instance, during the early stages of the pandemic, many states implemented strict border controls and prioritized domestic health measures over international cooperation (Sarkar & Dey, 2021). This focus on national interests at the local level further reinforces the realist view

that states maintain control over health security, often at the expense of global solidarity (Krause, 2021).

The realist framework underscores that health security, even in an era of interdependence, is predominantly shaped by state interests at global, regional, and local levels. While cooperation is possible, state sovereignty and power dynamics often hinder effective global health governance, as seen in responses to the COVID-19 pandemic.

Global Crisis and Cyclical Theory

The concept of cyclical theory, which suggests that economic and social conditions follow regular, repeating patterns, has been widely discussed in relation to global crises. This review examines cyclical theory through global, regional, and local lenses, focusing on the impact of cyclical patterns in shaping economic disruptions and recovery strategies.

Global cyclical theories often highlight the influence of economic cycles on worldwide financial crises. According to Minsky (2018), the global economy operates in a boom-and-bust cycle, driven by changes in investment, speculation, and debt accumulation. His theory emphasizes the vulnerability of financial markets to cyclical collapses due to excessive risk-taking, which has been evident in recent global financial crises, such as the 2008 global recession. Similarly, Claessens et al. (2019) explore how global financial cycles are interconnected, with economic booms in one part of the world leading to crises in others due to global capital flows. They argue that cross-border financial interconnections often exacerbate the severity of global economic downturns, reinforcing cyclical patterns of boom and bust.

At the regional level, cyclical theories also explain economic fluctuations. For instance, in the European context, the Eurozone crisis of 2009-2012 was a clear manifestation of regional cyclical vulnerabilities. According to Bussière et al. (2017), the European financial instability was a result of both internal and external cyclical pressures, where countries with weaker economies experienced more severe downturns due to the interconnectedness of regional economies. This cyclical phenomenon highlights how local policy responses, such as austerity measures, were not always successful in mitigating the regional effects of global crises. The role of regional economic integration in either mitigating or amplifying cyclical crises has been a significant theme in these analyses.

At the local level, the cyclical theory reflects how smaller economies respond to broader global and regional cycles. For example, Lee and Kim (2021) examine the South Korean economy, showing how local economic cycles have been shaped by global trends in trade and finance. They suggest that despite South Korea's rapid industrialization and economic success, it remains vulnerable to global economic cycles, especially during global recessions. Their study indicates that local economies, even those experiencing rapid growth, are often caught in the cyclical trap of global economic downturns, as external factors such as exports and

foreign direct investment significantly influence local economic performance.

In conclusion, the cyclical theory provides valuable insights into the recurring patterns of global, regional, and local economic crises. Understanding these cycles can help policymakers develop more effective strategies to navigate the complexities of economic disruptions and promote recovery at all levels of the economy.

Behaviouralism of International Public Policy Actors in Preparedness for the Unknown Next Pandemic.

The preparedness of public policy actors in responding to pandemics is increasingly critical in an era of globalization and interconnected health systems. As the world has experienced the effects of COVID-19, understanding the behavioral actions of international public policy actors in pandemic preparedness for the unknown next pandemic has gained academic prominence. Behavioralism, focusing on observable actions and decision-making of these actors, helps in understanding how international bodies, regional organizations, and local governments respond to crisis situations. This literature review discusses the behavioral approaches to pandemic preparedness, reviewing global, regional, and local perspectives.

At the global level, international organizations such as the World Health Organization (WHO) and the United Nations (UN) have played central roles in pandemic preparedness, yet their behavioral responses have been under scrutiny. Global public policy actors are often influenced by intergovernmental dynamics, power structures, and political interests, which shape their decision-making processes. According to Fidler (2019), the WHO's ability to lead pandemic response efforts is often hindered by its reliance on member states for funding and cooperation, which complicates collective action. Behavioralism in this context involves observing the effectiveness of multilateral agreements and actions, such as the International Health Regulations (IHR), which aim to improve global health security (Gostin, 2021). However, as noted by Smith and Tullock (2020), behavioral challenges arise from the differing political agendas and interests among global actors, resulting in slow response times and inconsistencies in preparedness strategies. The COVID-19 pandemic further highlighted this, as coordinated efforts faced delays due to bureaucratic processes, contributing to global policy failures (Durrant et al., 2020).

Moreover, global actors' reactions to emerging threats often reveal a gap in proactive preparedness. Global health experts have stressed the need for a behavioral shift towards prevention rather than reaction (Hernandez et al., 2022). Behavioral models that focus on anticipation, early warning systems, and predictive analytics are becoming central to global public health policy (Liu & Zhang, 2020).

Regionally, public policy actors must consider the socio-economic, cultural, and political contexts of their respective regions, which influence their preparedness behaviors. The

European Union (EU), for instance, has developed a regional framework for pandemic preparedness, as described by Theodorou et al. (2018). The European Centre for Disease Prevention and Control (ECDC) conducts regular assessments and simulations of pandemic responses. Regional collaboration is important, but the behavioral patterns of member states often vary significantly, influenced by national political interests and economic priorities (Rasmussen & Svensson, 2019).

In the context of the African Union (AU), regional actors face particular behavioral challenges due to disparities in healthcare infrastructure and governance. Kassa et al. (2020) highlighted that while the AU has developed regional frameworks like the Africa Centres for Disease Control (Africa CDC), the execution of these policies is often hindered by inconsistent national responses, a lack of coordination, and insufficient funding. Regional health policy actors in Africa tend to focus on short-term solutions, which may not fully prepare the continent for long-term pandemic threats (Okeke et al., 2021).

The behavioral insights from the Asia-Pacific region also illustrate regional efforts toward preparedness. Choi et al. (2022) argue that countries like Japan and South Korea have demonstrated strong governmental responses based on clear behavioral strategies such as rapid mobilization and the integration of technology in surveillance systems. However, challenges persist in less-developed regions like Southeast Asia, where regional coordination is undermined by political instability and varying levels of healthcare infrastructure (Hosseini et al., 2020).

Locally, pandemic preparedness is shaped by national actors, including government agencies, healthcare systems, and the general public. Behavioral approaches at this level often involve examining the roles of local government officials, health practitioners, and community leaders in implementing pandemic plans. According to Paton and Johnston (2020), local governments in developed nations are better equipped to respond quickly, whereas in developing nations, local health systems often face significant delays due to lack of resources, training, and infrastructure.

Local public policy actors' behavior can often be characterized by a reactive stance, waiting for directives from higher authorities or international bodies (Harris et al., 2019). However, studies have shown that local preparedness can be significantly enhanced through grassroots involvement, where local communities actively participate in planning and executing health policies. This was exemplified during the Ebola outbreak, where local health systems in Sierra Leone were overwhelmed, but community engagement helped in curbing the spread at the local level (Seidlein et al., 2018).

In the United States, the Federal Emergency Management Agency (FEMA) plays a significant role in pandemic preparedness. Behavioral responses at the local level are influenced by federal guidance, yet local governments often encounter challenges such as conflicting priorities between

public health and economic stability (Zahran et al., 2021). The COVID-19 pandemic demonstrated how local actors, including state and municipal governments, were forced to adapt quickly to evolving guidance, often resulting in inconsistent measures across the country (Han et al., 2020). Local behavioral actions also reflect the interaction between science, politics, and public perception. The degree of trust the public places in governmental measures can influence the effectiveness of local pandemic preparedness. Savoia et al. (2020) argue that public trust is critical in ensuring compliance with local health policies, especially when those policies require significant behavioral change, such as social distancing and vaccination.

In conclusion, the behavioralism of international public policy actors in preparedness for the unknown next pandemic varies significantly across global, regional, and local levels. While international organizations such as the WHO face challenges in coordinating collective action, regional and local actors respond based on their specific geopolitical and socio-economic contexts. Understanding these behavioral responses is crucial for developing more effective global health policies. Moving forward, there is a growing need for behavioral models that emphasize proactive, anticipatory measures, especially in regions with less developed infrastructure. Enhanced collaboration across levels of governance and greater local involvement in preparedness planning could also improve pandemic responses globally.

Models choosing - Individual State Approach or Collective Approach in Pandemics

The choice between an individual state approach and a collective approach in pandemic management is an evolving debate within public health. Researchers have explored various models and frameworks to assess their effectiveness, particularly in light of recent global pandemics such as COVID-19. The global, regional, and local perspectives offer different insights into the appropriateness of each model.

On a global scale, the collective approach has been advocated by international organizations like the World Health Organization (WHO). According to MacDonald and Garfinkel (2019), collective efforts in pandemics are essential for ensuring equitable access to vaccines, medical resources, and public health strategies, especially in low-income countries. The interdependence of nations in a globalized world highlights the importance of collaborative strategies to prevent cross-border transmission and ensure a coordinated response (Baxter & Singh, 2020). These collective models prioritize a coordinated effort across countries to enhance health outcomes and minimize economic disruptions.

Regionally, different countries have adapted either individual state or collective approaches based on their healthcare systems, political climates, and cultural values. For instance, in the European Union, the collective approach has been largely implemented, with regional cooperation through the European Centre for Disease Prevention and Control (ECDC) to harmonize response efforts (Jönsson, 2021). However,

some countries within the region, such as Sweden, opted for an individual state approach, focusing on protecting individual freedoms while relying on the populace's voluntary compliance with health measures (Lundberg & Svensson, 2021). This has sparked a debate on the efficacy of state-driven versus collaborative models during a pandemic.

On a local level, countries such as New Zealand and Taiwan have demonstrated that strong individual state-led approaches can be successful in controlling pandemics. Localized strategies such as strict border controls, quarantine measures, and real-time data surveillance have proven effective in these regions (Chang et al., 2020). The success of these state-driven models suggests that individual nations with robust healthcare infrastructures can prioritize the health of their populations through decisive and tailored responses. However, critics argue that local responses must still be aligned with global efforts to prevent new variants from spreading internationally (Vasileiou et al., 2021).

In summary, the models of choosing between an individual state or collective approach in pandemics are influenced by various factors at global, regional, and local levels. The evidence suggests that while collective approaches can offer broader coordination and resource-sharing, individual state approaches may be more effective in localized contexts where specific interventions can be closely monitored and enforced. The future of pandemic management may require a hybrid model that combines both strategies to balance global cooperation with local autonomy.

CONCLUSION

The crisis of public policy during pandemics highlights the delicate balancing act between safeguarding public health and maintaining effective governance across the globe. In the USA, Europe, Africa, and Asia, diverse approaches to pandemic management underscored the complexity of responding to health emergencies while ensuring the stability of economies and societies. In the United States and Europe, the initial response was marked by challenges in preparedness, leading to strained healthcare systems, economic shutdowns, and civil unrest. Public policies often swung between stringent lockdowns and efforts to minimize economic damage, creating a tension between immediate health needs and long-term governance objectives.

In Africa, where healthcare infrastructure was often limited, the crisis revealed the pressing need for investment in public health systems. Yet, many countries faced difficult decisions, weighing the necessity of lockdowns against the risk of exacerbating poverty and food insecurity. Similarly, in Asia, countries like China and South Korea employed aggressive containment strategies, such as widespread testing, quarantine measures, and digital tracing, to curb the spread. However, these policies also raised questions about civil liberties and state surveillance, bringing attention to the fine line between security and individual rights.

Ultimately, the pandemic exposed systemic vulnerabilities and the limitations of existing governance structures, particularly in times of unforeseen crises. The ability of countries to balance health security with effective governance and public trust was tested on multiple fronts. Moving forward, global collaboration and a more robust international framework are necessary to address public health emergencies while ensuring that governance is transparent, equitable, and responsive to the diverse needs of populations. Policymakers must embrace lessons learned from this crisis to create resilient, adaptable systems that prioritize both health security and the welfare of citizens in future emergencies.

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