Effectiveness of the Philippine Government’s Responses to COVID-19 Pandemic

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Author’s contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Background: The COVID–19 pandemic is a health issue and concern that posed domino effects along with health, economy, transportation, and education, among others. In response to the pandemic, governments and institutions worldwide have implemented various measures to slow down the spread of the virus. In the Philippines, both the national and local governments have responded to the COVID-19 pandemic with declarations of emergency, community quarantine, closure of schools and public meeting places, and other restrictions intended to slow the progression of the virus.

Aims: The study assessed the effectiveness of the government’s responses to the COVID-19 pandemic as perceived by professionals.

Place and Duration of the Study: Pangasinan State University between March 2020 to May 2020.

Methodology: The descriptive-survey research design was employed to a total of 522 professionals from Northern Luzon, Philippines. Data was gathered for one week after the 60 days implementation of enhanced community quarantine/lockdown using google form.

Results: The results of the study showed that the government’s responses to the COVID 19 pandemic was perceived effective (grand mean = 3.53); and most effective on the implementation of physical isolation (overall mean = 3.60; DR – effective) but least effective in the implementation of medical responses (overall mean = 3.37; DR – moderately effective). Further, 64.56% believed

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that the President's decisiveness to address the pandemic was the number factor contributing to the effectiveness of the government's responses. On the other hand, the general public's lack of discipline was seen as the number one factor contributing to the failure of the government's responses to the pandemic, as perceived by 77.39% of the respondents.

**Conclusion:** Despite the pandemic's continuous progression, the people believed that the national and local governments have effectively responded to the pandemic.

**Keywords:** COVID-19; pandemic; government responses; effectiveness; community quarantine; government policies.

### 1. INTRODUCTION

The COVID–19 pandemic is a health issue that endangered the lives of millions of people. The widespread of the deadly virus has caused panic among the people of the world, with infection and death tolls rising very fast in almost all countries. The panic is even aggravated with the speedy proliferation of misinformation on social media platforms generating hefty deleterious consequences on health amid a disaster like COVID-19 [1]. The pandemic had posed domino effects along with health, economy, transportation, and education among others. The biggest global threat has paralyzed the economies worldwide [2].

At the onset of the health crisis, the imminent threat to public health led most governments to impose quick and tough policies [3]. Some of which were urgent and necessary, some that may continue to be beneficial once the pandemic has subsided. In contrast, others are potentially disruptive to markets' functioning or damaging to the environment [4]. The most common strategy has been scaling up testing, closure of international borders, closure of schools and non-essential services, instituting social distancing protocols, ban on public gatherings and functions, and mandatory partial or full lockdowns [5]. Compliance with lockdown orders presented a more significant challenge among rural populations and others with more precarious livelihoods [6]. These regulations forced most sectors to limit or halt their activities, except for health, agriculture, food, and a few other sectors deemed essential for the population's basic needs [7]. The interruptions that the pandemic caused in off-farm employment are essential channels that led households to perceive falling back into or falling into poverty [8]. To manage the social and economic impact, governments have resorted to offering stimulus packages and handouts to small businesses and individuals most impacted by the pandemic [9].

The pandemic has invoked unheard-of containment measures in numerous countries to reduce the number of new infections [10]. The implementation of severe measures affects public mental health. However, the negative mental health effects of COVID-19 may be reduced if severe governmental restrictions are kept in place as briefly as possible [10]. Policy-makers need to focus on bringing awareness and social restraint among people rather than stringent lockdown measures [11]. Scholars and policy-makers agree that cross-border and multi-sector cooperation are essential components of coordinated efforts to contain the spread of COVID-19 infections [12]. In Ireland, transparency, a commitment to a relatively open data policy, the use of traditional and social media to inform the population, and the frequency of updates from the Department of Health and the Health Services Executive led to a high level of compliance among the general public with the various non-medical measures introduced by the government [13]. On the other hand, the national preparedness and response to the COVID-19 outbreak in Nigeria were below expectations. Healthcare workers were worried about infection with SARS-CoV-2 [14].

To respond to the Covid-19 pandemic, the Philippine government has created the Inter-agency Task Force (IATF) on Emerging Disease chaired by the Department of Health. The IATF has been responsible for formulating policies and guidelines to contain the pandemic's spread and combat its effects on education, food security, and the economy. Both the national and local governments have responded to the COVID-19 pandemic with declarations of emergency, community quarantine, closure of schools and public meeting places, and other restrictions intended to slow the virus's progression. It was said that the Philippines had implemented the longest lockdown. The use of a face mask and face shield became mandatory whenever people
move out of the residence. Financial aid and food supplies were given to the affected families to help them survived the pandemic. However, the provision of financial aid has received a lot of complaints from those who were not included as beneficiaries.

This study aims to assess how the public perceived the effectiveness of the Philippine governments' responses to the COVID-19 pandemic. Further, the factors that contribute to the effectiveness and failures of the given responses were also determined. The study is one of the first to assess how the people who are greatly affected by the responses and policies implemented by the national or local governments perceived the given responses' effectiveness.

2. METHODS

A descriptive study was carried out among professionals from the Ilocos Region, Northern Philippines. A total of 522 professionals (423 teachers, 25 policemen, 38 health workers, 15 agriculturists, and 21 other government employees) served as respondents of the study. The sample sized exceeded the minimum acceptable sample size of 384 for unknown population at 95% level of confidence and 5% margin of error. Since there is no available data on the list of professionals in region 1, Philippines, snowball sampling was utilized by the researcher. The Google form was first given to friends, acquaintances, and school principals, and then it was shared on Facebook. The researcher has requested that the questionnaire's e-copy or google form be forwarded to other professionals so that they can respond and participate in the study.

The main instrument used in the gathering of data was a survey questionnaire that was personally prepared by the researcher based on the reviewed literature. The questionnaire was of three parts. Part 1 dealt with the effectiveness of the government responses to the pandemic. On the other hand, part two dealt with the factors that might have contributed to the effectiveness of the different responses to the pandemic. Moreover, Part 3 dealt with the factors that might have contributed to the ineffectiveness of the government's responses to the pandemic. The questionnaire was reviewed by other experts in the field of development studies.

The data was gathered for one week, from May 16, 2020 to May 22, 2020, after the Philippine government's first 60-day lockdown. During this time, Luzon is still declared under enhanced community quarantine (ECQ). The gathered data was analyzed using descriptive statistical tools, including frequency and percentages, and average weighted mean.

Finally, the gathered data was used only for the purpose of this research. Answering the questionnaire is an implication of the respondents' willingness and consent to take part of the study.

3. RESULTS

Presented in Table 1 is the effectiveness of the government's physical isolation procedures in response to the pandemic as perceived by the professionals.

The study results showed that a large percentage (46.17%) of the professionals believed that the government was effective in the implementation of lockdown, ECQ, and GCQ. Almost the same percentage (44.25%) perceived the same in the implementation of physical distancing. However, 33.52% of the professionals believed PUI and PUI's quarantine was moderately effective, with 8.43% believing that the government was ineffective in implementing the said measure. In general, the professionals believed that implementing the physical isolation procedures was effective, as indicated by the overall mean value of 3.60.

Table 2 shows the perceived effectiveness of the medical procedures implemented by the government in response to the COVID-19 pandemic.

Along with medical, it was found that the Philippine government was moderately effective in implementing the different responses as manifested by the overall mean value of 3.37. As perceived by the respondents, the government is most effective in conducting mass testing and providing the results with an average weighted mean value of 3.64, descriptively rated as effective. Further, 14.75% of the professionals believed that the response mentioned above was highly effective, while 42.15% found it effective. On the other hand, the government was least effective in providing personal protective equipment to front liners. An average weighted mean value of 3.07 was computed, descriptively rated as moderately
Effective. Moreover, only 8.62% believed that the response was highly effective, while 7.28% perceived it as ineffective. The moderate effectiveness of the government's medical responses is a manifestation that the people wanted a more efficient and effective response from the government to address the pandemic and stop its spread.

Presented in Table 3 is the assessment of the professionals on the effectiveness of the provision of relief goods and financial assistance in response to the COVID-19 pandemic.

In response to the adverse effect of the pandemic, the Philippine government has signed into law Republic Act 11469, popularly known as “Bayanihan to Heal as One Act”. Part of the law is the provision of relief goods and cash/financial assistance especially to the poor families, displaced workers, OFWs, and farmers and fishermen among others that were greatly affected by the pandemic. Each household was given 5,000 – 8,000 depending on the location and quarantine status. However, the selective provision of financial/cash assistance has caused the middle class's ire and other workers who were not included. Despite the situation, the results of the study showed that the provision of relief goods was seen as effective by the professionals, as manifested by the overall mean value of 3.74. Further, 21.07% of the professionals believed that the response was highly effective. However, 2.30% believed that the response was ineffectively implemented by the government. On the other hand, the provision of financial assistance was moderately effective, as indicated by the average weighted mean value of 3.42. Only 12.45% of the professionals believed that the response was highly effective, while 4.60% believed it was ineffective.

Table 4 shows the effectiveness of the information dissemination made by the Philippine government in response to the COVID-19 as perceived by the professionals.

The government was found effective in their information dissemination as manifested by the overall mean value of 3.78 (Table 4). The study found that in the Philippines, 17.05% of the professionals believed that the information dissemination on the flattening of the curve (positive cases and death toll) was highly effectively done by the government. Likewise, it is worthy to note that 32.18% of the professionals believed that the government was highly effective in disseminating information about the policies to be observed during the quarantine.

Presented in Table 5 is the summary of the effectiveness of the government's responses to the COVID-19 pandemic as perceived by the professionals.

As reflected in Table 5, the government was most effective in information dissemination followed by isolation procedures, provision of relief goods and cash/financial assistance, and medical responses.

Presented in Table 6 are the factors that contribute to the effectiveness of the government's responses to the pandemic.

The number one factor that contributes to the effectiveness of the government's responses is the President's decisiveness to address the pandemic, followed by the creation of the IATF. However, data-based decisions were considered as the last factor that contributes to the effectiveness of the responses.

Table 7 shows the different factors that contribute to the failure of the government's responses to the pandemic as perceived by the professionals.

As shown in Table 7, the general public's lack of discipline was seen as the number one factor that leads to the failure of the government's responses to the pandemic. The lack of cooperation followed. These factors are seen as the most significant factors that contribute to the continuous spread of the virus.

The in-availability of medical supplies, equipment, and facilities to address the pandemic was also seen as a major factor contributing to the failure to stop or slow down the virus's spread. It has to be noted that during those times, medical front-liners are asking for more PPEs and other medical supplies and equipment to be used in responding to the pandemic. Other front liners have used their creativity and developed PPEs to protect themselves from the virus while performing their duties and functions.

The proliferation of fake news in social media was also considered by 54.41% of the respondents as one of the contributing factors to stop or slow down the spread of the COVID-19 virus.
Table 1. Effectiveness of the isolation procedures implemented in responses to the COVID-19 pandemic as perceived by the professionals

| Governments’ Response | 5   | 4   | 3   | 2   | 1   | AWM | DR |
|-----------------------|-----|-----|-----|-----|-----|-----|----|
|                       | f   | %   | f   | %   | f   | %   | f  |
| a. Physical Isolation Procedures |     |     |     |     |     |     |    |
| 1. Implementation of lockdown, ECQ, GCQ | 95  | 18.20 | 241 | 46.17 | 158 | 30.27 | 16  | 3.07 | 12  | 2.30 | 3.75 | E  |
| 2. Implementation of physical distancing | 121 | 23.18 | 231 | 44.25 | 133 | 25.48 | 31  | 5.94 | 6   | 1.15 | 3.82 | E  |
| 3. Quarantine of PUI, PUM | 67  | 12.84 | 152 | 29.12 | 175 | 33.52 | 84  | 16.09 | 44  | 8.43 | 3.22 | M  |
| Overall Mean           |     |     |     |     |     |     |     |     |     |     |     | 3.60 | E  |

1.0 - 1.50 – Ineffective; 1.51 – 2.50 – Lowly Effective; 2.51 – 3.50 – Moderately Effective; 3.51 – 4.50 – Effective; 4.51 – 5.0 – Very Effective

Table 2. Effectiveness of the medical procedures implemented in responses to the COVID-19 pandemic as perceived by the professionals

| Governments’ Response | 5   | 4   | 3   | 2   | 1   | AWM | DR |
|-----------------------|-----|-----|-----|-----|-----|-----|----|
|                       | f   | %   | f   | %   | f   | %   | f  |
| 1. Reminding the public on how to avoid COVID infection | 52  | 9.96 | 158 | 30.27 | 188 | 36.02 | 87  | 16.67 | 37  | 7.09 | 3.19 | ME |
| 2. Conduct of mass testing and provision of results | 77  | 14.75 | 220 | 42.15 | 190 | 36.40 | 32  | 6.13 | 3   | 0.57 | 3.64 | E  |
| 3. Conduct of rapid testing and provision of results | 50  | 9.58 | 213 | 40.80 | 199 | 38.12 | 49  | 9.39 | 11  | 2.11 | 3.46 | ME |
| 4. Treatment of COVID patients | 63  | 12.07 | 186 | 35.63 | 193 | 36.97 | 67  | 12.84 | 13  | 2.49 | 3.42 | ME |
| 5. Provision of quarantine facilities | 82  | 15.71 | 171 | 32.76 | 189 | 36.21 | 59  | 11.30 | 21  | 4.02 | 3.45 | ME |
| 6. Provision of personal protection equipment to front-liners | 45  | 8.62 | 125 | 23.95 | 210 | 40.23 | 104 | 19.92 | 38  | 7.28 | 3.07 | ME |
| Overall Mean           |     |     |     |     |     |     |     |     |     |     |     | 3.37 | ME |

1.0 - 1.50 – Ineffective; 1.51 – 2.50 – Lowly Effective; 2.51 – 3.50 – Moderately Effective; 3.51 – 4.50 – Effective; 4.51 – 5.0 – Very Effective
Table 3. Effectiveness of the provision of relief goods and financial assistance in Responses to the COVID-19 pandemic as perceived by the professionals

| Governments’ Response | 5 f | 4 % | 3 f | 2 % | 1 f | AWM | DR |
|-----------------------|-----|-----|-----|-----|-----|-----|----|
| 1. Distribution of relief goods to affected households | 110 | 21.07 | 230 | 44.06 | 131 | 25.10 | 39 | 7.47 | 12 | 2.30 | 3.74 | E |
| 2. Provision of financial assistance | 65 | 12.45 | 197 | 37.74 | 176 | 33.72 | 60 | 11.49 | 24 | 4.60 | 3.42 | ME |
| Overall Mean | | | | | | | | | | | 3.58 | E |

1.0 - 1.50 – Ineffective; 1.51 – 2.50 – Lowly Effective; 2.51 – 3.50 – Moderately Effective; 3.51 – 4.50 – Effective; 4.51 – 5.0 – Very Effective

Table 4. Effectiveness of the information dissemination in responses to the COVID-19 pandemic as perceived by the professionals

| Governments’ Response | 5 f | 4 % | 3 f | 2 % | 1 f | AWM | DR |
|-----------------------|-----|-----|-----|-----|-----|-----|----|
| 1. Information dissemination on curve flattening of COVID-19 positive cases | 89 | 17.05 | 181 | 34.67 | 183 | 35.06 | 47 | 9.00 | 22 | 4.21 | 3.51 | E |
| 2. Information dissemination on policies to be observed during ECQ, GCQ | 168 | 32.18 | 235 | 45.02 | 99 | 18.97 | 16 | 3.07 | 4 | 0.77 | 4.05 | E |
| Overall Mean | | | | | | | | | | | 3.78 | E |

1.0 - 1.50 – Ineffective; 1.51 – 2.50 – Lowly Effective; 2.51 – 3.50 – Moderately Effective; 3.51 – 4.50 – Effective; 4.51 – 5.0 – Very Effective
Table 5. Summary of the effectiveness of the government’s responses to the COVID-19 pandemic as perceived by the professionals

| Governments’ Response                          | OAWM | DR       |
|------------------------------------------------|------|----------|
| a. Information Dissemination                   | 3.78 | Effective|
| b. Physical Isolation Procedures               | 3.60 | Effective|
| c. Relief Goods and Cash/Financial Assistance  | 3.58 | Effective|
| d. Medical Responses                           | 3.37 | Moderately Effective|
| Grand Mean                                     | 3.53 | Effective|

Table 6. Factors contributing to the effectiveness of the government’s responses to the pandemic

| Factor                                                                 | f   | %       |
|------------------------------------------------------------------------|-----|---------|
| 1. Decisiveness of the President to address the pandemic.              | 337 | 64.56   |
| 2. Organization of the IATF to advise the President on how to handle the COVID 19 Pandemic. | 331 | 63.41   |
| 3. Supports from various organizations and institutions.               | 313 | 59.96   |
| 4. Availability of information about the pandemic.                     | 289 | 55.36   |
| 5. Local leaders are vigilant to respond to the pandemic.              | 283 | 54.21   |
| 6. Cooperation of the general public.                                  | 267 | 51.15   |
| 7. Immediate action of Congress to allocate budget to address the pandemic. | 245 | 46.93   |
| 8. Data-based decisions                                                | 162 | 31.03   |

Note: Respondents have multiple responses

Table 7. Factors contributing to the failure of the government’s responses to the pandemic

| Factor                                                                 | f   | %       |
|------------------------------------------------------------------------|-----|---------|
| 1. Lack of discipline of the general public.                           | 404 | 77.39   |
| 2. Lack of cooperation from the general public.                       | 346 | 66.28   |
| 3. In-availability of medical supplies, equipment, and facilities to address the pandemic. | 342 | 65.52   |
| 4. Lack of government funds to provide the needed supplies, equipment, and facilities to address the pandemic. | 298 | 57.09   |
| 5. The proliferation of fake news in social media.                     | 284 | 54.41   |
| 6. Different interpretations on the guidelines by the implementers.    | 230 | 44.06   |
| 7. Failure of the administration to identify risks to implement lockdown. | 167 | 31.99   |
| 8. Difficulty in gathering accurate information by the concerned institutions about Covid cases. | 166 | 31.80   |
| 9. Inadequate human resource                                           | 140 | 26.82   |
| 10. In-availability of goods to buy for relief distribution.           | 138 | 26.44   |
| 11. Too much reliance of the administration to information from leaders of other countries and the World Health Organization. | 120 | 22.99   |

Note: Respondents have multiple responses

4. DISCUSSION

The study was conducted to determine the perception of the professions on the effectiveness of the governments’ responses to the pandemic. The results show that the isolation procedures implemented by the local and national governments of the Philippines are effective despite the increasing number of COVID-19 cases. These isolation procedures are also implemented by the different countries of the world wherein, the most common strategy
5. CONCLUSION

Based on the findings of the study, despite the continuous spread of the virus, the government's responses to the pandemic are effective, most effective in information dissemination followed by isolation procedures, provision of relief goods and cash/financial assistance, and medical responses. The IATF plays a vital role in the effectiveness of the government in responding to the pandemic. On the other hand, failure to stop or slow down the spread of the virus is attributed to the general public's lack of discipline and cooperation. The interruption of economic activities that led households to perceive falling back into or falling into poverty made the poor say that they will not die from the virus but with extreme hunger forcing them to violate the rules implemented by the IATF.

For the government to better respond and address the negative effects of the pandemic, it is recommended that in the formulation of policies, the IATF must consult the local government units who are directly in contact with the local populations. Lockdown policies must be localized since the different municipalities and provinces have different status and situations during the pandemic.

Since information is vital during the times of crisis, the government must provide factual data and eliminate the proliferation of fake news especially in the Facebook and other social media. The government should work closely with the Facebook administrators to filter out the fake news posted in the platform. It has been observed that fake news posted in the social media had caused greater panic among the people.

More importantly, relief goods and financial supports must be distributed prior to the implementation of lockdown especially to the poor for them to be able to buy foods and other supplies that are essential during the lockdown. It has to be noted that the people are not allowed to move out of their residences during the implementation of hard lockdowns. The lack of resources and supplies have caused people to disobey lockdown procedures.

Lastly, it is highly recommended that the government will enact a law on how to address crises in the future. It has to be noted that the spread of the COVID-19 virus in the Philippines was due to the late implementation of (domestic and international) lockdown by the government. The widespread of the virus in the Philippines has been scaling up testing, closure of international borders, closure of schools and non-essential services, instituting social distancing protocols, ban on public gatherings and functions, and mandatory partial or full lockdowns [15,16].

To manage the pandemic's social and economic impact, governments have also resorted to offering stimulus packages and handouts to small businesses and individuals most impacted by the [17]. Compliance with lockdown orders presented a more significant challenge among rural populations and others with more precarious livelihoods [18]. These regulations forced most sectors to limit or halt their activities, except for health, agriculture, and food, and a few other sectors deemed essential for the basic needs of the population [19]. The interruptions that the pandemic caused in off-farm employment are important channels that led households to perceive falling back into or falling into poverty [20]. The imposition of lockdown and interruption of economic activities made the poor people say that they will not die from the virus but from extreme hunger, forcing them to violate the rules implemented by the IATF. The Philippine government was effective in addressing needs of its people, especially those living under poverty, by providing relief goods, and financial assistance even at small amount.

Despite the very fast proliferation of misinformation on social media platforms generating hefty deleterious consequences on health amid a disaster like COVID-19 [21], the Philippine government is able to provide vital information to the general public. It has to be noted that the government, through the IATF and the Department of Health, regularly give daily updates about the active cases and death tolls in the Philippines with news briefing. Likewise, various platforms were used in information dissemination, including television, radio, print media, and social media. The use of various media has reached many Filipinos in almost all parts of the Philippines. With this, Filipinos became aware of what is happening during this time of the pandemic. The circulation of false information about COVID-19 has been limited with the implementation of effective practices [22].
might have been slowed if there exist specific policies and rules on how to handle crisis like the COVID-19 pandemic.

DISCLAIMER

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT

As per international standard, answering the questionnaire is an implication of the respondents' willingness and consent to take part of the study.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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