



EVALUATING AWARENESS AND KNOWLEDGE REGARDING HEALTHCARE POLICIES FOR MAKING DISEASE'S FREE NATION WITH A FUTURE-ORIENTED HEALTHCARE POLICY

Dr Raksha Shukla^{1*}, Dr Shubhangini Kushwah²

¹Head Of Department, Department of Public Health & MBA HA, RNTU, Bhojpur, Chiklod Road, near BangrasiyaChouraha, Bhopal, Madhya Pradesh – 464993, Email: rakshashukla01@gmail.com,

²Assistant Professor, Department of Public Health & MBA HA, RNTU, Bhojpur, Chiklod Road, near BangrasiyaChouraha, Bhopal, Madhya Pradesh – 464993, Email: shubhangini.kushwah@aisectuniversity.ac.in,

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Abstract : *The present study aimed to what extent a progressive healthcare approach can lead us forward to a disease-free nation. A total of 200 respondents (healthcare workers, normal people, NGOs, and pharma associates) were asked to fill out a 5-point likert scale questionnaire. The questionnaire included questions related to socio-demographics, knowledge regarding healthcare policies, perception regarding healthcare policies after COVID-19 pandemic, and opinion about future-oriented healthcare policy. The statistical analysis was done by SPSS 25.0. There were 200 respondents, aged from 25 to 36, including 102 men and 98 women. The findings showed that most participants from mediocre cities had little awareness of healthcare policies. There was a statistically significant difference in the replies of respondents from metro and mediocre cities. This finding may aid in increasing awareness regarding healthcare policies in people from mediocre city and accordingly making plans that might ultimately result in a disease-free country.*

Keywords: *Disease;Healthcare; Knowledge; NGOs; Perception; Policies*

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INTRODUCTION

A country's development strategy is set by the quality of its human resources, which in turn is determined by the status of its population's health and well-being. It has long been understood that human health and the state of the natural world are intrinsically related. As an essential component of human health and happiness, the environment must be safeguarded and conserved. Planning for urban health becomes more important when considering the expanding urban areas and rising urban populations. There are plans to construct one hundred new "smart cities" in India, with an eye toward meeting the country's anticipated future demands. This is done considering "the Sustainable Cities" and "Human Settlements" objectives to create well-planned, sustainable cities that are resilient to natural and man-made calamities and that prioritize residents' health and happiness. To build sustainable cities, it is crucial to prioritize the use of energy sources with low carbon emissions in sectors such as transportation, industry, and agriculture (Haque et al., 2017).

With 18% of the global population, India is the world's most populous democracy and the second most populous country (UN, 2017). Malnutrition, hygiene, vaccination, sanitation, and infectious illnesses are important problems on the lower end, whereas environmental health problems, unhealthy lifestyles, and other non-communicable diseases are big problems in the nation. Major health problems for this population include cardiovascular disease, TB, cancer, respiratory infections, malaria, vector and water-borne illnesses dengue fever, chikungunya, and diabetes (Kalita et al., 2015). The influenza A H1N1 virus, acute respiratory illnesses, and pneumonia together contributed to 20% of all deaths in 2015. Sixty-seven percent of all communicable disease-related morbidity was caused by acute respiratory infections

requiring hospitalisation (Grover et al., 2023). Population growth and composition, as well as the availability and quality of the workforce, will be major issues during the next decade.

In the present scenario, India is the world's fourth-largest economy, and its growth rate is among the highest. India made great leaps in the economic sector, and these gains helped the country make even greater ones in other areas, such as health care, where the country saw a rise in life expectancy to 65 year and a decrease in both infant and maternal mortality (Planning report, 2012). Fewer people are affected by deadly diseases including polio, smallpox, guinea worm, and leprosy. Similar trends may be seen in the birthrate. Several previously unreached areas of the nation now have access to medical care because of a growth in the number of physicians, health centres, and nurses. This achievement may be attributed to increased access to healthcare, higher immunisation rates, improving literacy rates, and several other governmental and private sector initiatives (Grover et al., 2023; Central Bureau of health intelligence, 2018).

As compared to other highly populated developing nations and wealthy countries, India's spending on healthcare is relatively less. In 2020, health care in India cost the country 4.10 percent of its gross domestic product (Grover et al., 2020). As compared to the worldwide average of 9.7%, the United States' contribution was the highest among major economies at 15.70%, followed by the United Kingdom and Brazil, both of which contributed 8.40%. The contribution from the government was found to be 26.20%, while the private sector contributed 73.80%. Compared to Brazil (41.60%), China (44.70%), the United Kingdom (81.70%), and the United States (45.5%), the public sector expenditure was the lowest. Although the worldwide average is 40.50 percent, the private sector contribution is greatest in India (2010). India also has among the world's lowest healthcare expenditures per capita (40 USD). But it's notable to see that India's healthcare industry is expanding because of demographic shifts, including an expected rise in the elderly population and the prevalence of lifestyle-related diseases, as well as other factors like rising literacy and disposable income that make medical treatment more accessible to the general public (ASSOCHAM, 2016).

There are substantial gaps between objectives and reality despite significant expenditures. The Indian government must ensure that its citizens have access to high-quality healthcare at reasonable costs. Since the Bhore Committee's 1946 recommendations gave birth to the health sector, there have been significant advancements. To conduct a thorough health survey for the sake of the nation's growth, the Bhore Committee was established in 1943. It established the "fundamental framework for health planning that subsequently influenced the types of programmes and policies in India." The creation of a well-organized public health system was one of the most significant proposals that gave top priority to mother and child health care (ASSOCHAM, 2016). The present study aimed to what extent can a progressive healthcare approach acquire us forward to a disease-free nation.

MATERIALS AND METHODS

Study design

A cross-sectional survey was conducted using a questionnaire to obtain responses from healthcare workers, normal people, policy decision-makers, NGOs, and pharma associates, of metro cities and mediocre cities, who provide informed consent, and comprehend the English language. For the sample size, 200 participants were selected.

Ethical consideration

The research be carried out with the approval from the institutional ethics committee. A PIS (in the English language) was provided, and informed consent was obtained from each participant before answering survey questions as well as they were requested to confirm their willingness to participate by answering Yes/No questions. The confidentiality of all study participants was maintained by making their information anonymous and they were requested to provide authentic answers.

Survey questionnaire

A questionnaire (in the English language) was formulated using an extensive literature review, fact sheets, eliciting the opinion of subject experts, and information on COVID-19 developed by WHO, CDC, and the Indian Health Ministry. The survey instrument was first created and validated to pretest the questionnaire among a small group of 5–10 chosen experts for importance, clarity, and acceptance. Multiple-choice questions were included in the questionnaire. The survey was composed of three components: a participant information sheet, an informed consent form, and a questionnaire. The questionnaire comprised questions regarding sociodemographic characteristics, knowledge about the healthcare policies; perception regarding the new healthcare policies after the COVID-19 pandemic, and opinion about future-oriented healthcare policy. Each section included a 5-point Likert scale, multiple choice questions (select one/ more than one option) and forced-choice questions (yes or no or I don't know) items. The 'yes' response was coded as 2, while the 'No/I Don't know' responses were coded as 1 and 0. Few questions had possible responses to choose correct options and true/false options. A correct answer was assigned one point, and an incorrect/unknown answer was assigned 0 points.

Statistical analysis

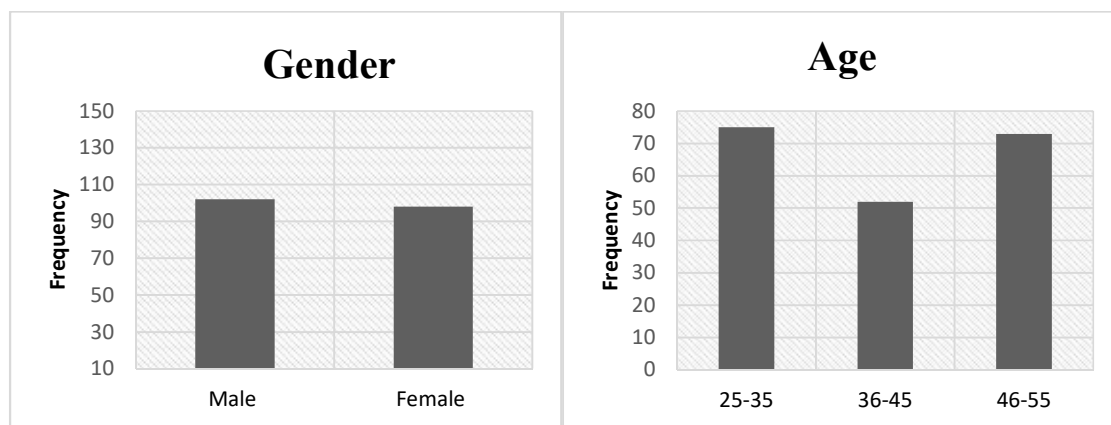
The SPSS (Version 25) software was used to perform the statistical tests. The mean and standard deviation were used to describe all continuous values, whereas numbers and percentages were used to represent categorical data. Descriptive statistics were used to determine the frequencies and proportions.

RESULTS/OBSERVATIONS

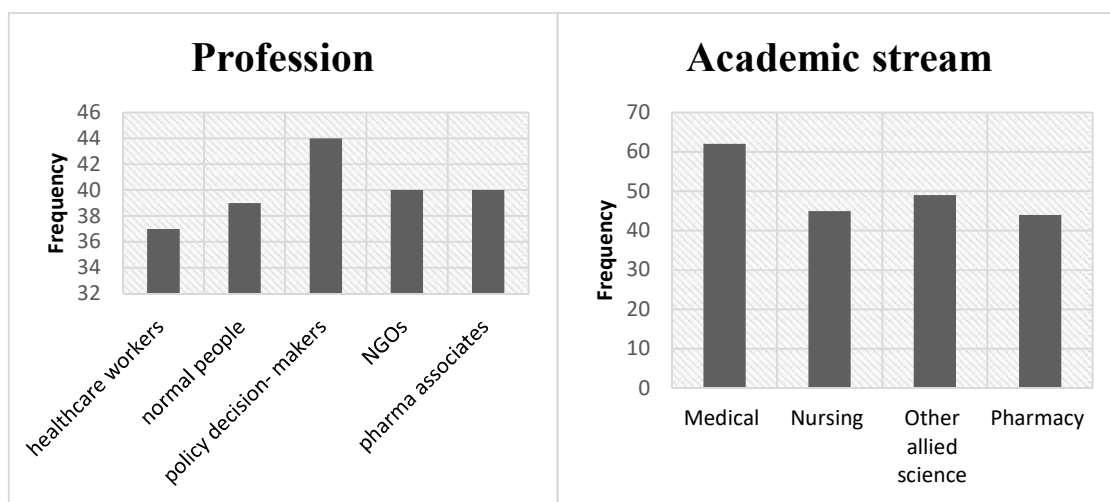
Table 1 depicts the demographic details of the respondents. Of a total of 200 participants, 51% were male, and 49% were female. Most of the participants ranged between 25-35 years (37.5%). Most of the participants were policy decision makers (22%) followed by NGOs (20%) and pharma associates (20%) and 31% of participants were from the medical stream. Approximately half of the participants were from metro cities (50%) whereas 50% were from mediocre cities (Figure 1a-e).

Table 1. Demographics of the respondents

Variables		Frequency	Percentage
Gender	Male	102	51%
	Female	98	49%
Age	25-35	75	37.5%
	36-45	52	26%
	46-55	73	36.5%
Profession	Healthcare workers	37	18.5%
	Normal people	39	19.5%
	Policy decision-makers	44	22%
	NGOs	40	20%
	Pharma associates	40	20%
Academic Stream	Medical	62	31%
	Nursing	45	22.5%
	Other allied science	49	24.5%
	Pharmacy	44	22%
City	Metro	100	50%
	Mediocre	100	50%

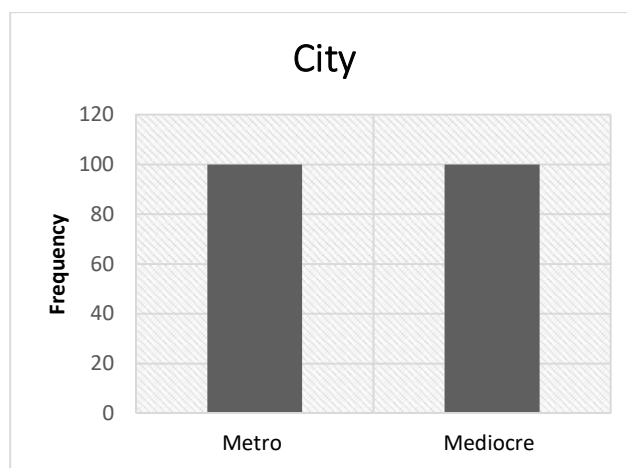


(b)



(c)

(d)



e)

Figure 1. Graphical representation of demographic characteristics

Knowledge and perception of the respondents on healthcare policies

The respondent's knowledge about healthcare policies, perception regarding the new healthcare policies

after the pandemic, and opinion about future-oriented healthcare policies are shown in table 2, 3. To assess the knowledge and how the respondents felt about healthcare policies and their effectiveness, different responses were observed. The majority of the participants know that new policies after the pandemic was introduced and are effective in controlling the illness. Participants in the metro (52%) and mediocre (49%) groups both respond "NO" when asked whether the government's regulations are sufficient to fight disease. They also agree that technological advancements in communication, machine learning, and transportation (67%) are essential to the transformation of healthcare. In response to the follow the safety protocols, the majority of the participants in mediocre cities(43%) stopped following the safety protocol after getting vaccinated but in metro cities (56%) people still followed the protocols. In comparison with metro city participants, mediocre city participants are less aware of government policies.

Table 2. Knowledge of the respondents regarding healthcare policies

Questions	Responses	Metropolitan (%)	Mediocre (%)	P value
Are you aware of the negligence and non-negligence act?	Yes	51	14	0.000
	No	49	53	
	I don't know	0	33	
Are new government programs available for the healthcare system after covid-19 pandemic?	Yes	51	46	.000
	No	22	32	
	I don't know	27	22	
Does this State Children's Health Insurance Program help maintain the health of children?	Yes	50	60	.000
	No	32	27	
	I don't know	18	13	
Are people aware of these programs?	Yes	50	52	.000
	No	38	37	
	I don't know	12	11	
Does the government take any strict steps to improve maternal health?	Yes	60	72	.000
	No	27	14	
	I don't know	13	14	
"Is this true that the Union Ministry of Health and Family Welfare is responsible for the implementation of various programs related to health and family welfare, prevention and control of major communicable diseases, and promotion of traditional and indigenous systems of medicine at the national level."	Yes	68	41	.000
	No	26	52	
	I don't know	6	7	
Does the adoption of the "precautionary principle" reasonable to ensure public safety?	Yes	60	47	.000
	No	26	41	
	I don't know	14	12	

Table 3. Perception of the respondents regarding healthcare policies

Questions	Responses	Metropolitan (%)	Mediocre (%)	P value
Do you think Standard precautions can protect us against diseases after the covid-19 pandemic?	Yes	68	50	.000
	No	26	24	
	I don't know	6	26	
Do you think that India can overcome the pandemic and become disease free nation?	Yes	25	22	.000
	No	55	36	
	I don't know	20	42	
Do you feel confident in the information disseminated by the MOPH about future-oriented healthcare policies and a disease-free nation?	Yes	59	28	.000
	No	31	43	
	I don't know	10	29	
Do you think the number of cases after the pandemic recovered from disease?	Yes	67	45	.000
	No	21	29	
	I don't know	12	26	
Do you think regulations taken by the government are enough to combat disease?	Yes	34	29	.000
	No	52	49	
	I don't know	14	22	
Do you feel confident in the hospital's healthcare system dealing with and treating severely ill patients?	Yes	34	34	.000
	No	48	42	
	I don't know	18	24	
Do you think the overall health of our nation is taken for granted by the government?	Yes	40	34	.000
	No	60	39	
	I don't know	0	27	
Do you consider the youth of today's time to be healthy?	Yes	40	27	.000
	No	60	43	
	I don't know	0	30	
Do you think Health insurance is affordable	Yes	61	36	.000
	No	21	39	
	I don't know	18	25	
"Do you agree with the statement that the transformation in healthcare would not be possible if it is not associated with technological innovations in communication, machine learning, and transportation?"	Yes	67	50	.000
	No	21	41	
	I don't know	12	9	
"Do you think quick mobilization and response times to the clinical needs, and further global activities such as those within the Innovative Medicines Initiative (IMI) framework will be strengthened?"	Yes	63	38	.000
	No	12	47	
	I don't know	24	15	
"Do you think the scale of investment needed for combatting COVID-19 is certainly ambitious and a key consideration for the immediate future in developing new financial models to support	Yes	48	49	.000
	No	41	27	
	I don't know	11	24	

scientific research, cooperation, and crisis preparedness?"				
Do you think taking consent for the treatment the doctor provides or for the pathological tests and medication should be mandatory?	Yes	50	28	.000
	No	41	43	
	I don't know	9	29	
"Do you consider video consultations to be an appropriate means by which to provide health care?"	Yes	48	35	.000
	No	32	45	
	I don't know	20	20	
"Do you consider the affected patients would mainly benefit from this modality of health care?"	Yes	43	47	.000
	No	47	38	
	I don't know	10	15	
"Do you consider that healthcare professionals need to be trained in this modality of healthcare?"	Yes	43	59	.000
	No	21	28	
	I don't know	36	13	
"Do you believe the health facility receives good support from national/ regional/ local public health authorities, who provide guidance and training on how to manage COVID-19?"	Yes	43	18	.000
	No	40	68	
	I don't know	17	14	
"The local community where I currently live day-to-day is generally supportive of healthcare workers."	Yes	41	29	.000
	No	44	44	
	I don't know	15	27	
"I intend to always use the recommended personal protective equipment (medical mask, eye protection, gown, and gloves) when taking care of patients with suspected or confirmed COVID-19 when I have access to these."	Yes	67	42	.000
	No	20	33	
	I don't know	13	25	
"I have received general training for infection, prevention, and control procedures for other communicable diseases."	Yes	60	34	.000
	No	24	48	
	I don't know	16	18	
"I am encouraged and supported by senior medical/nurse staff to apply recommended infection prevention and control measures."	Yes	46	61	.000
	No	31	21	
	I don't know	23	18	
"Most of my colleagues regularly follow infection, prevention, and control measures (for example, regular hand washing, use of personal protective equipment, and proper disposal of equipment)."	Yes	56	28	.000
	No	28	43	
	I don't know	16	29	

DISCUSSION

Policy change is a well-studied phenomenon in the fields of public policy and political science. Nonetheless, 'what works' is typically approached in an ad hoc fashion in subjects like education policy (Kakderi et al., 2021; Dussauge et al., 2012). This research aims to address that knowledge gap by surveying the most prominent theoretical frameworks for influencing policy. Yet, if the implementation process is ignored, a policy shift may not provide the expected outcomes.

The present study approaches a disease-free nation with a future-oriented healthcare policy. A cross-sectional survey was directed using a questionnaire to obtain answers from healthcare workers, normal people, policy decision-makers, NGOs, and pharma associates, of metro cities and mediocre cities, who

provide informed consent, and comprehend the English language. The findings revealed a considerable difference between mediocre and metro replies. The results also show that participants who belong to the metro city have good knowledge regarding healthcare policies but both mediocre and metro city participants agree with the same statement that the “transformation in healthcare would not be possible if it is not associated with technological innovations in communication, machine learning, and transportation.”

Research from the past suggests that public health risk behavior is positively influenced by the use of mass media (Wakefield et al., 2010). Social media, on the other hand, is developing at a breakneck pace and is quickly surpassing conventional mass media in terms of appeal, thanks to recent developments in information technology. Even established news outlets are changing to become more compatible with social media. The speedy and effective diffusion of knowledge is facilitated by sharing validated health information through social media (Chan et al., 2020). On the other side, having access to too much data cause media burnout, incorrect assumptions, and the proliferation of false news (Tasnim et al., 2020). Understanding and evaluating health-related data depends in large part on health literacy (Li and Liu, 2020).

One of the most intriguing conclusions drawn from this research is the link between health and subjective measures of well-being, including social proximity and psychological support. More collaboration and eventual integration between indigenous and biomedical health systems have been encouraged by the World Health Organization to raise the likelihood of improving the health of people living in underdeveloped regions, and this should be researched in India. Our findings show that interventions in health education and primary healthcare delivery must include people's actual behaviors and the attitudes that motivate them. Successful methods of health care teaching and treatment in one system are not always transferable to another (Braine, 2005).

The health insurance sector has taken major strides in improving public health. Despite the growth of the private sector in the health insurance market after its deregulation, the government continues to account for most policyholders (74%). The government has made significant expenditures in India's healthcare industry, only two examples of which are the five-year income tax exemption for rural hospitals and the exemption from customs duties for lifesaving equipment (Vlassis, 2021). The results of our survey reveal that health insurance is inexpensive for most participants but that only half of the public is aware of this fact.

The advancement of conventional and indigenous medical practices as well as the prevention and control of serious infectious diseases are just a few of the initiatives that the Union Ministry of Health and Family Welfare is in charge of putting into effect. For seasonal disease outbreaks and epidemic control, it also conducts research, offers technical help, and allocates financial resources. India's health policy has been significantly influenced by international treaties and declarations (Wallenburg et al., 2022).

The majority of the health system's functional domains observed pre-crisis changes simply expedited or advanced by the epidemic. For example, the government's involvement in guiding and organizing the sector increased, a tendency that first became apparent a decade ago in healthcare systems. Again, continuing a pattern that had begun long before the pandemic, governments increased public provision and finance in response to the epidemic. The government also moved rapidly to gather more funds for the industry, although it has mostly stuck to its traditional methods of dispersing funds. Instead of introducing radical new policies, most of the changes that have taken place may be seen as a fine-tuning of the already existing framework and instruments. Only in the areas of expedited licensing of vaccinations and medicines and slightly stricter regulation of private providers have we seen any significant changes.

This paper's analysis of health policy shifts highlights the necessity for precise definitions of key concepts when discussing the influence of crises on policymaking. According to Cashore and Howlett's (2007) classification of policy shifts into macro, meso, and micro levels, the shifts discussed in this paper fall into the meso and micro categories, respectively, because they include modifying already-in-use policy tools including enhancing public provision, funding, and coordination as well as tightening regulations on commercial service providers (Cashore and Howlett, 2007). Macro-level innovations in health care, such as new ideas, players, or institutions, have been few. While crises might hasten certain

transitions and eliminate barriers to transformation, so far, they have only occurred on a local and regional scale in the healthcare sector (Knill and Steinebach, 2022).

The reasons why the Covid-19 epidemic only resulted in minor shifts are not difficult to deduce. As much as the epidemic highlighted the problems with health care systems and improved the political climate, it was not enough to overcome the forces that are entrenched in the existing quo. One such factor is the convergence of interests of important players who gain from current arrangements that persist through and despite crucial junctures like crises (Evans, 2005). But without political leaders and businesspeople who take the opportunity and carry out the desired reforms, crises are insufficient to overcome their opposition (Mintrom, 2019). Policy innovators were unable to capitalize on the situation because of how quickly the Covid-19 outbreak began. Although the present crisis has the hallmarks of a watershed moment, it has merely served to accelerate the pace of policy change and advances that were already underway rather than usher in any radically new approaches.

The main goal of this essay was to examine how far a progressive healthcare strategy may take us in the direction of a country free of sickness. Health policy is one of the most divisive because it involves so many different groups with competing goals and objectives. Our research focused on five major areas of health systems—coordination, provision, finance, payment, and regulation—in search of indicators of continuity and change in response to the pandemic. Our study provides a dismal picture of recent developments in the health system, in contrast to hopes that the epidemic would pave the way for reforms or stimulate change given its closeness to the crisis. For effective outcomes in the health sector, the government's involvement must be strengthened, and more funds must be allocated.

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CONFLICT OF INTEREST

The author declares that they have no conflict of interest.

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