Health Dynamics
eISSN: 3006-5518
Publisher: Knowledge Dynamics
DOI: https://doi.org/10.33846/hd20804

Editorial

A Comparison of Health Policy Approaches to COVID-19: 2020–2022 and 2025

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Article history
Received: 10 June 2025
Revised: 30 August 2025
Accepted: 31 August 2025
Published Online: 31 August 2025

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How to cite this article: Budiono A, Mamun AA. A Comparison of Health Policy Approaches to COVID-19: 2020–2022 and 2025. Health Dynamics, 2025, 2(8), 321-322. https://doi.org/10.33846/hd20804

Public health systems have been put to the ultimate test by the global COVID-19 pandemic. During the early outbreak years (2020–2022), urgency, uncertainty, and quickly changing evidence influenced health policy responses. By 2025, on the other hand, countries are functioning with the advantage of experience, gathered data, and more organized public health systems. The world faced a new virus in 2020 with little information, no vaccines, and a lack of organized preparation. Emergency measures played a major role in the reactive decisions made about health policy. In quick succession, nations implemented border closures, mobility restrictions, and lockdowns. Hospital resources, personal protective equipment (PPE) supply chains, and testing capacity were all hurriedly expanded by public health systems. The World Health Organization (WHO) published guidelines, but because of variations in political will, healthcare infrastructure, and governance systems, these principles were implemented quite differently in each country. While some low- and middle-income nations (LMICs) battled with basic healthcare delivery and underreporting, high-income countries frequently had greater access to resources but faced fragmented federal responses.

A key characteristic of the 2020–2022 phase was the reliance on non-pharmaceutical interventions (NPIs) such as social distancing, school closures, and mask mandates.(1) Health communication became a central policy tool, though often mired in political controversy and public distrust. Vaccine development, a landmark achievement of this period, culminated in emergency use authorizations by late 2020. However, global vaccine equity remained elusive through 2021–2022, with wealthier nations securing early and disproportionate access. Health policy during this time also exposed critical gaps in preparedness. Mental health, chronic disease management, and routine healthcare services were deprioritized, causing collateral damage that would become more evident in the following years. Fast forward to 2025, and the global response has shifted from emergency management to long-term adaptation. Most countries now treat COVID-19 as an endemic threat, integrated into routine surveillance and public health programming.

Many countries have established permanent pandemic preparedness offices or strengthened their public health institutions. National and regional health security strategies are now embedded within broader health systems, often with dedicated funding streams. Public

health law has been revised in some settings to clarify mandates, inter-agency coordination, and emergency powers. Surveillance and Data Systems: COVID-19 surveillance has become more systematic and technology-enabled. Integrated digital health records, wastewater testing, genomic sequencing, and real-time dashboards now inform policy decisions. Importantly, these systems are being used not just for COVID-19, but also for influenza and other emerging pathogens.

In 2025, annual or biannual COVID-19 booster campaigns, particularly targeting high-risk populations, have become standard in many countries.[2] The availability of multivalent vaccines has improved population-level immunity. Vaccine hesitancy remains a policy challenge, but trust-building initiatives, community engagement, and misinformation counterstrategies have evolved to be more evidence-informed and inclusive. The stark inequities of the early pandemic years prompted policy reforms aimed at addressing structural determinants of health. Some countries now emphasize inclusive health policy that explicitly considers vulnerable groups such as migrants, the elderly, and those with disabilities. Universal health coverage (UHC) has gained political momentum in parts of Asia, Latin America, and Africa as a strategic imperative post-COVID.

One of the most prominent policy shifts has been the integration of mental health into core public health planning. In 2025, more governments are implementing national mental health strategies, expanding telehealth services, and investing in the wellbeing of healthcare workers—many of whom experienced burnout and moral injury during the height of the pandemic. While geopolitical tensions remain, there is a notable increase in multilateral cooperation through WHO, Gavi, and new regional coalitions such as the African Medicines Agency (AMA). Shared stockpiling of essential medicines, coordinated research, and data-sharing agreements represent a maturing of global health governance.

The comparative trajectory from 2020 to 2025 highlights several lessons including preparedness must be institutionalized, public trust is a cornerstone of effective health policy, health policy is not merely a technical exercise—it is deeply political. Finally, COVID-19 has underscored the inseparability of health and broader societal systems. Policy approaches that focus only on hospitals and vaccines miss the full picture. Housing, education, labor, and environmental policies all interact with health outcomes. The future of pandemic policy must therefore be multisectoral by design. As we compare the health policy landscapes of 2020–2022 and 2025, a clear evolution emerges—from reactive containment to proactive resilience. While significant progress has been made, the global community must guard against complacency. Emerging variants, climate-linked health threats, and antimicrobial resistance loom on the horizon. The COVID-19 experience has taught us that preparedness is not a one-time investment, but a continuous, adaptive process. By embedding these lessons into policy, we can not only better manage COVID-19 in the years ahead, but also build a more just and resilient global health system.

Ethics Approval

Not Required.

Acknowledgement

None.

Competing Interests

The authors declare no conflict of interest.

Funding Information

No funds were received for this study.

Underlying Data

Not Required.

REFERENCES

1. Zhou CM, Qin XR, Yan LN, Jiang Y, Yu XJ. Global trends in COVID-19. Infectious Medicine. 2022;1(1):31–39. Available from: http://dx.doi.org/10.1016/j.imj.2021.08.001
2. Al hashimi F, Shuaib SE, Bragazzi NL, Chen S, Wu J. COVID-19 Vaccine Timing and Co-Administration with Influenza Vaccines in Canada: A Systematic Review with Comparative Insights from G7 Countries. Vaccines. 2025;13(7):670. http://dx.doi.org/10.3390/vaccines13070670