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GOVERNMENT EFFORTS IN PUBLIC POLICY: INFOGRAPHIC AND DISTRIBUTION OF COVID 19

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Abstract

coronavirus 19 (Covid-19) is a global threat to millions of people. Major efforts in knowledge production have been made in recent months, requiring comprehensive analysis to examine research gaps and to help guide the agenda for further study. The method used is quantitative analysis. This study aims to determine the comparison of Covid 19 data in the West Nusa Tenggara region. The results showed that the publication of data by the Task Force and the Government of West Nusa Tenggara was different. The impact of this finding is that data availability has an effect on public opinion about data evaluation.

Keywords : Covid 19, Government, and Policy.

A. INTRODUCTION

(Sharfstein, Becker, & Mello, 2020) Who virus 19 (COVID-19)[1], caused by acute respiratory (Murray, Kerrigan, & Paiva, 2019) syndrome coronavirus 2 (SARS-CoV-2)[2], currently threatens millions of lives in the world. Since the first introduction at the end of 2019, the disease was officially declared a global pandemic by the World Health Organization (WHO) on March 11, 2020. On April 30, 2020, 185 countries/regions reported 3.2 million confirmed cases with a total of 227,847 cases (Poe & Corn, 2020)[3]. death and the highest-burden has been placed on European and American countries. The serious health, social and economic consequences of COVID-19 are known, especially among parents with

[1] Sharfstein, J. M., Becker, S. J., & Mello, M. M. (2020). Diagnostic Testing for the Novel Coronavirus. *JAMA - Journal of the American Medical Association*, *323*(15), 1437–1438. Page 02.

[2] Murray, L. R., Kerrigan, D., & Paiva, V. S. (2019). Rites of Resistance: Sex Workers' Fight to Maintain Rights and Pleasure in the Centre of the Response to HIV in Brazil. *Global Public Health*, *14*(6–7), 939–953. Page 942.

[3] Poe, F. L., & Corn, J. (2020). N-Acetylcysteine: A potential therapeutic agent for SARS-CoV-2. *Medical Hypotheses*, *143*. Page 03.

comorbidities, homeless individuals, and also residents who face financial, mental, and physical difficulties due to social distance policy (Hasan et al., 2020)[4].

Given that COVID-19 is a new threat without antiviral or vaccine therapy, current actions to reduce this crisis are highly dependent on national and regional preparedness, and response. However, the optimal strategy for overcoming the complexity of a pandemic requires substantial scientific evidence (Carinci, 2020; Chaari & Golubnitschaja, 2020)[5]. Recently, WHO has published technical guidelines for countries/regions and research institutions, and has worked with global researchers to update empirical evidence. Efforts have been made throughout the world to find out the spread of COVID-19 data, develop effective vaccines and treatment regimes, and evaluate the impact of current responses on the health and well-being of different populations. As a result, in the past four months, the number of publications of dissemination data related to COVID-19 has increased dramatically in public publications. This contribution has proven the importance of scientific research in pandemic preparedness and helps the government to respond to crises quickly and effectively (Selvam et al., 2020; Tahlil et al., 2020).

The effort that is developing now is rapidly making our knowledge of COVID-19, but also increases the need for research to be prioritized. However, some reject research that requires country and regional variations in the focus of research related to COVID-19. However, this study only discusses specific aspects of COVID-19 data in West Nusa Tenggara, and only analyzes data, which cannot be accessed by studying global COVID-19 research (Lancet, 2020)[6]. One potential solution to overcome this limitation is graph analysis. Using systematic quantitative analysis for the contribution of information to the 2 central and local government media, this method is widely used to study published graph reporting, regions and institutions, in the development of Covid 19. In this paper, we use graph analysis for the purpose of viewing The focus of the current research and their country variations is

[4] Hasan, M. Z., Dean, L. T., Kennedy, C. E., Ahuja, A., Rao, K. D., & Gupta, S. (2020). Social capital and utilization of immunization service: A multilevel analysis in rural Uttar Pradesh, India. *SSM - Population Health*, *10*. Page 04.

[5] Chaari, L., & Golubnitschaja, O. (2020). Covid-19 pandemic by the "real-time" monitoring: the Tunisian case and lessons for global epidemics in the context of 3PM strategies. *EPMA Journal*. Page 04.

[6] Lancet, T. (2020). COVID-19 in Africa: no room for complacency. *The Lancet*, *395*(10238), 1669. Page 05

related to COVID-19 chart data. The findings of this study discuss revised data for current knowledge about COVID-19, as well as those proposed for future research.

B. LITERATURE REVIEW

as in previous studies, an outbreak caused by the 2019 coronavirus novel (2019-nCoV) was first identified in Wuhan City, Hubei Province, China. The new virus was later named SARS-CoV-2. The virus has affected tens of thousands of patients in the world. The infection of SARS-CoV-2 causes severe pneumonia and even death. It is urgently needed to find a therapeutic method to treat patients with SARS-CoV-2 infection. Studies showed that the surface spike (S) protein is essential for the coronavirus binding and entry of host cells. The heptad repeats 1 and 2 (HR1 and HR2) in the S protein play a decisive role in the fusion of the viral membrane with the host cell membrane.

We predicted the HR1 and HR2 regions in S protein by sequence alignment. We simulated a computational model of HR1 / 2 regions and the fusion core. The binding energy of the Pre-proof Journal 2 HR1 and HR2 of the fusion core was -33.4kCal / mol. We then designed antivirus peptides by molecular dynamics simulation of the fusion core. The binding energy of HR2-based antiviral peptide to HR1 was -43.0kCal / mol, which was stronger than the natural stage of the fusion core, suggesting that the predicted antiviral peptide can be competitively bound with HR1 to prevent forming of the fusion core. The antiviral peptides can prevent SARS-CoV-2 membrane fusion and can potentially be used for the prevention and treatment of infections (Ling et al., 2020). In late December 2019, several cases of pneumonia of unknown origin were reported from China, which in early January 2020 were announced to be caused by a novel coronavirus. The virus was later denominated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and defined as the causal agent of coronavirus disease 2019 (COVID-19). Despite massive attempts to contain the disease in China, the virus has spread globally, and COVID-19 was declared a pandemic by the World Health Organization (WHO) in March 2020. Here we provide a short background on coronaviruses, and describe in more detail the novel SARS-CoV-2 and attempts to identify effective therapies against COVID-19[7].

[7] Ling, R., Dai, Y., Huang, B., Huang, W., Yu, J., Lu, X., & Jiang, Y. (2020). In silico design of antiviral peptides targeting the spike protein of SARS-CoV-2. *Peptides, 130*. Page 01

Vaccines for 17 viral pathogens have been licensed for use in humans. Previously, two critical biological parameters of the pathogen and the host–pathogen interaction—incubation period and broadly protective, relative immunogenicity—were proposed to account for much of the past successes in vaccine development, and to be useful in estimating the "certainty of success" of developing an effective vaccine for viral pathogens for which a vaccine currently does not exist. In considering the "certainty of success" in development of human coronavirus vaccines, particularly SARS-CoV-2, a third, related critical parameter is proposed—infectious inoculum intensity, at an individual-level, and force of infection, at a population-level. Reducing the infectious inoculum intensity (and force of infection, at a population-level) is predicted to lengthen the incubation period, which in turn is predicted to reduce the severity of illness, and increase the opportunity for an anamnestic response upon exposure to the circulating virus. Similarly, successfully implementing individual- and population-based behaviors that reduce the infectious inoculum intensity and force of infection, respectively, while testing and deploying COVID-19 vaccines is predicted to increase the "certainty of success" of demonstrating vaccine efficacy and controlling SARS-CoV-2 infection, disease, death, and the pandemic itself (Kaslow, 2020)[8].

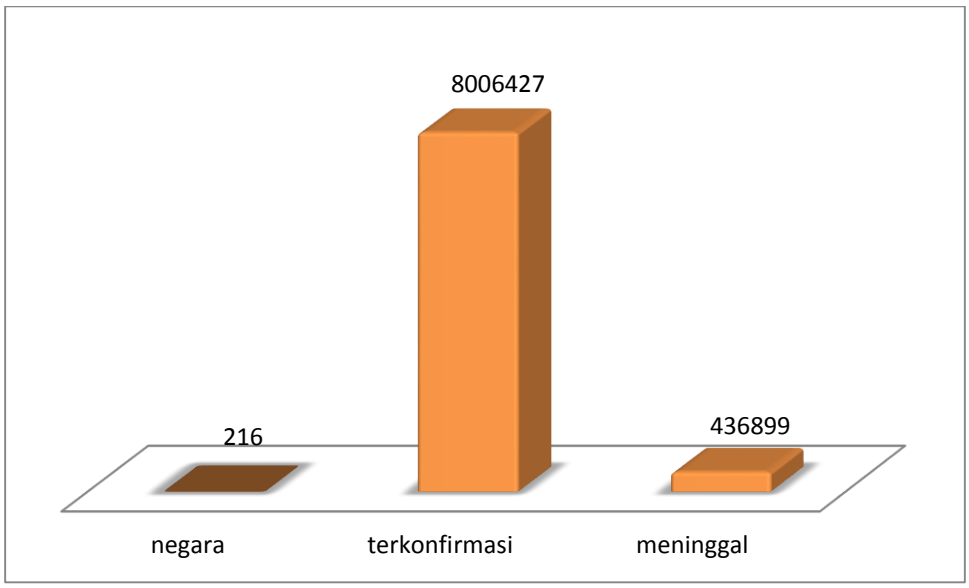
C. RESEARCH METHODOLOGY AND DATA

The method used quantitatively with graph analysis, information about COVID-19 related documents using on the covid19.go.id page, the data was updated last 17 June 2020, and corona.ntbprov.go.id with sources from the Health Office of West Nusa Tenggara. This database allows us to retrieve important information for chart analysis in analyzing data from these 2 sources. A collection of graphic data in the form of images analyzed to find out the findings of the study.

[8] Kaslow, D. C. (2020). Certainty of success: three critical parameters in coronavirus vaccine development. *Npj Vaccines*, *5*(1). Page 01

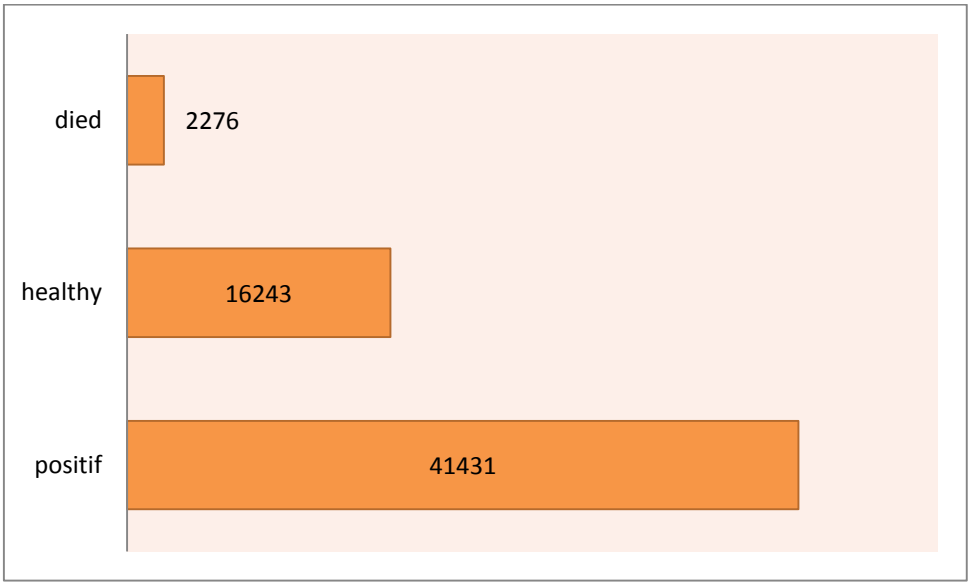
D. SUPLAY DATA AND DISCUSSION

a. Covid Global Image 19



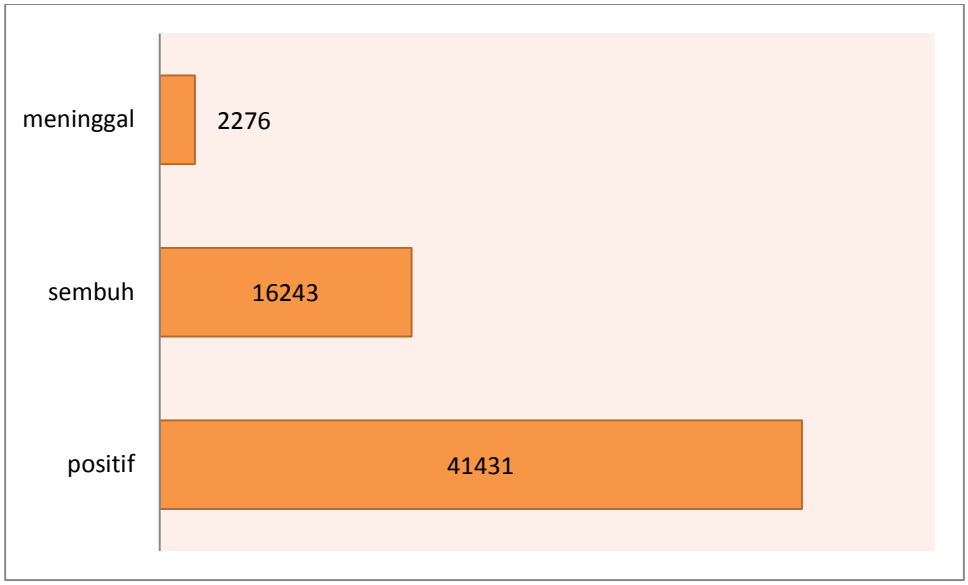
The graph shows 216 countries with 8006427 confirmed cases of covid 19 and 436899 deaths in covid 19. The threat in 216 countries is a certainty so that it can be confirmed, plus the number of people affected by covid 19 with a high number.

Image of covid 19 cases in Indonesia



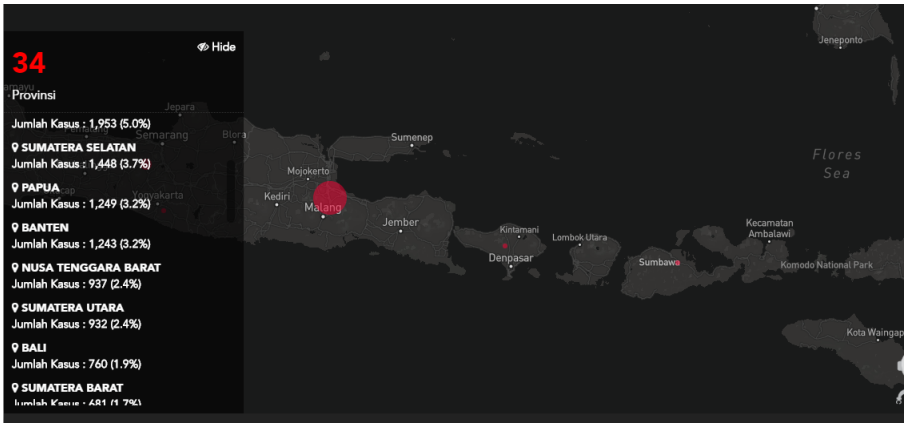
Covid 19 cases in Indonesia with a total of 2276 people died, then the number of patients recovering in the Covid 19 case was 16243 people, this was based on data from positive 19 Covid patients totaling 41431 people based on data from the central government.

b. Picture of Covid 19 in Nusa Tenggara Barat



Based on the latest data on covid 19 in the West Nusa Tenggara region with a total of 289 people treated, and a total of 676 patients are said to be cured in the total number. Then 43 people died in covid 19 cases in West Nusa Tenggara, with a total of 1008 in West Nusa Tenggara.

Image of covid spread map 19 in 34 provinces



Picture of Covid 19 in Nusa Tenggara Barat

E. RESULTS AND CONCLUSIONS

The results of the infographic of 5 (five) images are numbers from 2 (two) different sources, namely the central government and regional governments, calculating the difference in the number that is less significant in the infographic is one that is newly made in accordance with the perception and the public. In addition, government policies in infographics are not accurate and coordinated, so public opinion is possible.

COVID-19 is a new threat without antiviral or vaccine therapy, current actions to reduce this crisis are highly dependent on national and regional preparedness, and responses. The results of this study are explained in pictures and graphic data from this study which shows the map of the spread of COVID 19 is a serious threat on a world and national scale, especially in the West Nusa Tenggara region. The figures given in the info graph are a way to predict regional attention, especially in West Nusa Tenggara Province. The impact of spread has effects on all aspects concretely, especially on the positive impact of COVID 19, then on the increase in deaths due to COVID 19 and the number of patients who can be saved in COVID 19 cases, in further studies recommended in other regions in Indonesia. data used from COVID 19 infographics and West Nusa Tenggara Province.

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Selfi Ami Susanti is Praja, another name for students in domestic government institutions. Praja S1 Program at the Faculty of Government Politics. Interested in research in all countries with a focus on expertise in political attitudes and interested in Islamic and political views. is the lead researcher in this study: Government Efforts in Public Policy: Infographics and COVID Distribution 19.