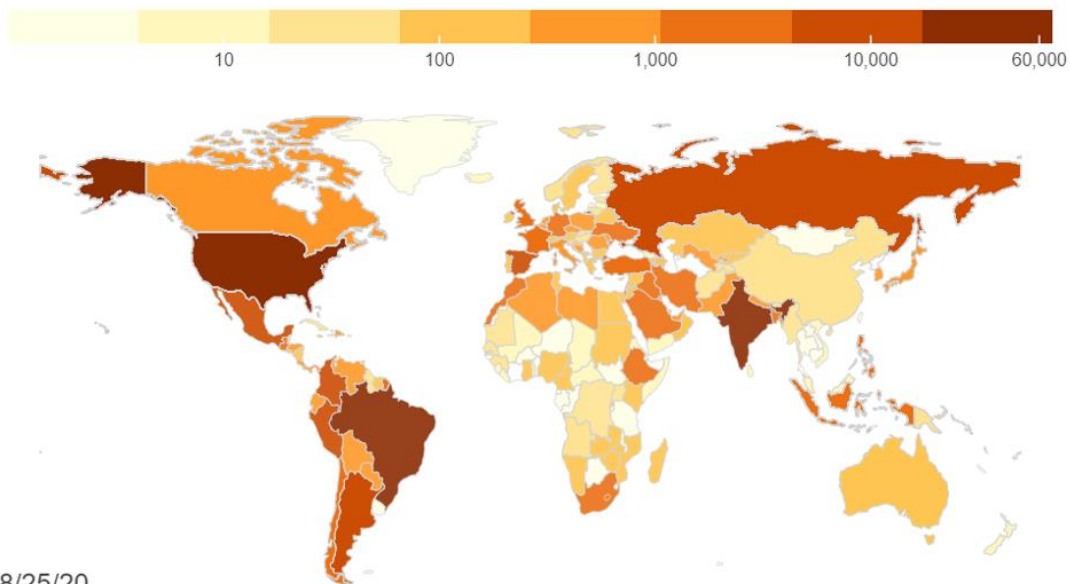

CED Public Policy WATCH

8.28.2020

COVID-19
Global Spotlight on Reopening
A Compendium



8/25/20

Source: CSSE at Johns Hopkins University

I. **Overview**

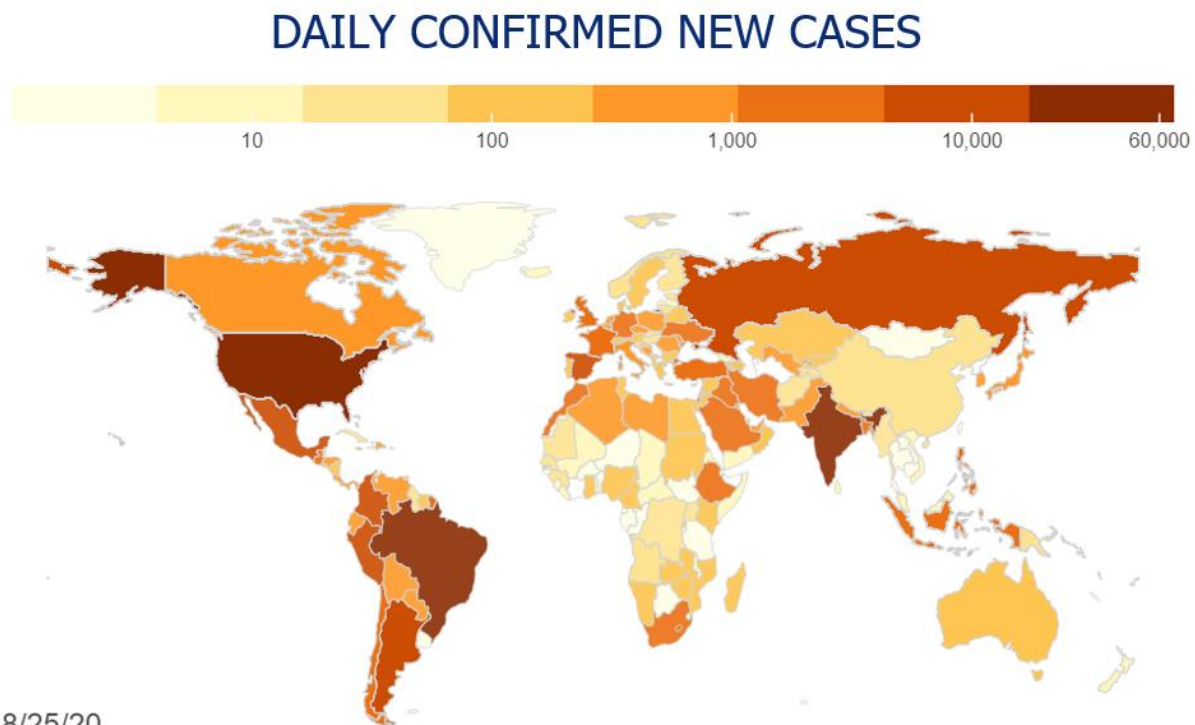
II. **List of countries:**

1. [Australia](#)
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Overview

The novel coronavirus, which was first recorded in China towards the end of 2019, has spread all around the world, and has been declared a pandemic by the World Health Organization. According to the [Center for Systems Science and Engineering \(CSSE\) at Johns Hopkins University](#), as of 25 August 2020, there were a total of 23,992,899 COVID-19 cases and 821,559 deaths confirmed globally. Keeping in perspective the concerns about the reliability of reporting from countries, the United States has (so far) recorded the highest number of cases in addition to the greatest number of COVID-19 related deaths in the world. For total number of cases as a share of population, the United States ranks third.

Although countries around the world are working to “flatten the curve” of the pandemic (i.e. reducing the number of new COVID-19 cases from one day to the next), the world is still seeing a rise in the number of daily new infections. The New York Times reported that as the pandemic continues to grow around the world — new cases have [risen](#) more than 35 percent since the end of June — troubling resurgences have hit several places that had been seen as models of how to respond to the virus.



8/25/20

Source: CSSE at Johns Hopkins University

Many countries have begun reopening after weeks under lockdowns. France, Italy, Spain, and the UK, which were the worst hit in Europe, seem to have passed the peak, and are seeing a fall in the number of new cases (as well as deaths). France has allowed restaurants and cafes to open, Germany has seen the reopening of schools with students self-testing periodically, and along with Belgium, and the

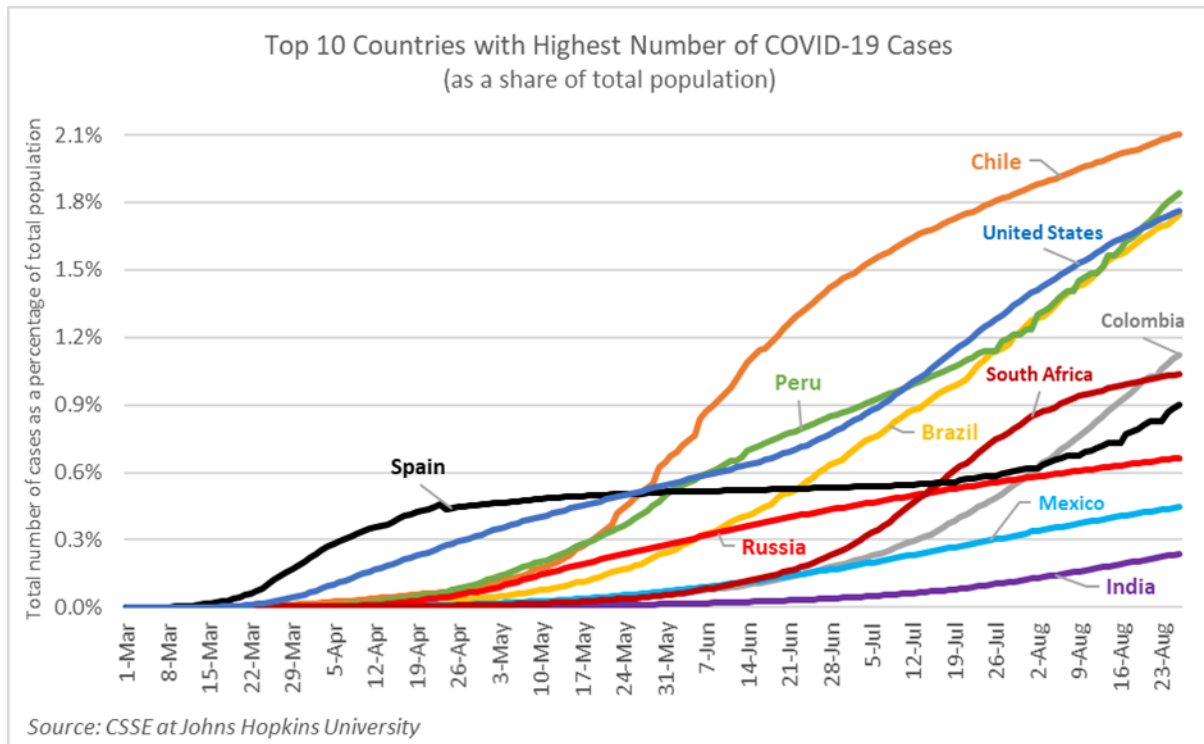
Netherlands, etc., announced that as of June 15, travel warnings would be removed for most European countries. Concerns remain about a possible coronavirus-arbovirus “[syndemic](#)” in Latin American countries.

An [outbreak](#) in Melbourne, Australia, has rattled officials after extensive testing and early lockdowns had limited infections for months. Hong Kong — where schools, restaurants and malls were able to stay open — has announced [new restrictions](#) in the face of its largest outbreak since the beginning of the pandemic. And cases have surged in Tokyo, which has [avoided](#) a full lockdown and relied on aggressive contact tracing to contain flare-ups. Spain’s [reopening](#) has stumbled in the month after it lifted a national lockdown. New cases have quadrupled, with high infection rates among young people, and forced hundreds of thousands of people to return to temporary lockdown. As governments around the world look to relax rules put in place to combat the virus, their experiences show how difficult it will be to keep outbreaks at bay. And they reflect, in some places, a weakening public tolerance for apparently necessary restrictions as the pandemic drags on.

After close to two months of no new infections, Beijing [reported](#) new, locally transmitted cases of COVID-19 from 12 June. The Beijing Center for Diseases Prevention and Control [stated](#) that sequencing of the virus indicated that the strain could possibly be from Europe, although the origin is still uncertain. Government-owned media outlets reported that the Xinfadi wholesale market (the biggest wholesale food market in Asia) and the Jingshen seafood market, both of which were visited recently by the affected patients, would be closed for testing and sanitizing measures. In addition, city officials announced that an epidemiological investigation with environmental sampling, human contact tracing and testing (targeting market workers, visitors and anyone with whom they recently came into contact) would be carried out in all the areas recently visited by the infected. Strict lockdown measures were also [imposed](#) in approximately twenty-nine communities where the newly infected patients lived. Residents from “high-risk” areas were prohibited from leaving the city, with taxis services being banned from taking people outside Beijing. Airlines have canceled flights, and although airports have not been shut down, travel into and out of the city has been [reduced](#). While there have been reports of the outbreak having already spread to neighboring provinces, all the new cases were traced to those who had been in close contact with the infected patients from Beijing. Schools have begun shutting down and public venues have been asked to close, leading to a “[soft lockdown](#)” being imposed in the capital.

Russia’s equivalent of the US Food and Drug Administration (FDA) has granted approval to that nation’s first (and the world’s first) coronavirus vaccine. As of this date, it appears that the vaccine has gone through what the FDA would consider to be a quite limited version of a combined Phase 1 and Phase 2 trial. Russia announced that it would begin a Phase 3 trial simultaneously with administering the vaccine to the public, but the apparent size of the Phase 3 trial is also quite attenuated by US standards. And at this date, the findings of the Phase 1-Phase 2 trial have not yet been publicly released for peer review. US FDA experience indicates that a non-trivial number of drugs that appeared promising at the Phase 2 level subsequently have failed at Phase 3 – for efficacy, safety, or both. (In fact, nine out of ten drugs that are tested in humans are never submitted for approval, indicating that the percentage of drugs that are developed that actually achieve approval and use is very low.) In the US model, populations for the Phase 3 trial are very large to provide evidence of problems that may materialize in

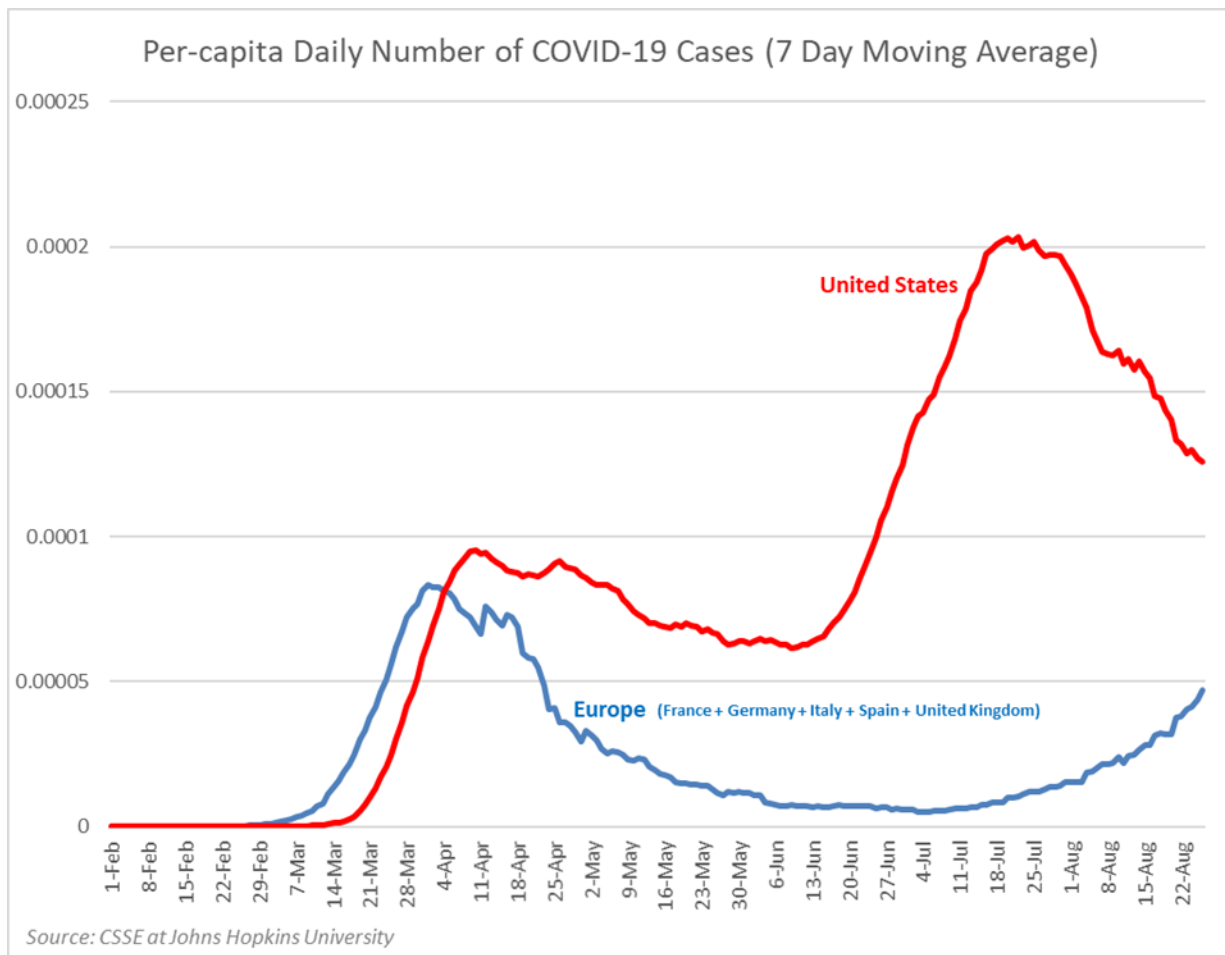
only a small number of cases – because, in the instance of vaccines, so many people may receive them that only a small percentage of ill effects could harm a large number of people. All of which indicates that the ultimate effect of Russia's vaccine, on the basis of the limited information that we have, is highly unpredictable.



Most of the global population has been under some kind of social distancing measures and other lockdown rules to help combat the spread of the novel coronavirus. These restrictions have had a massive impact on the world economy. The International Monetary Fund warned that the world may face the worst recession since the 1930s Great Depression. The pandemic has also caused concerns about global supply chains and possible food shortages, with the United Nations warning that the number of people suffering acute hunger could double. Unemployment all over the world has increased to unprecedented levels, and many fear that some jobs and small businesses may never return.

US vs Europe

A stark difference can be observed when comparing the path that the COVID-19 pandemic has followed in the United States to the hardest hit European countries with a combined population similar to that of the US. The chart below shows the daily number of cases [recorded](#) by the five most affected European Union countries (France, Germany, Italy, Spain, and the United Kingdom) in comparison to the number [confirmed](#) by the US, as shares of their populations.



As of the end of July, many southern and western US states, which began reopening in May, mostly after stay-at-home policies since March, [saw](#) huge spikes in the daily numbers of coronavirus cases. This led public health experts to call to reverse reopening plans and enforce strict social distancing measures to help curb the spread of the virus, or even to impose new lockdowns. Dr. Anthony Fauci, the country's leading infectious disease expert, [indicated](#) that some states may have reopened too [early](#) and that it may be necessary to initiate another lockdown for those with large numbers of reinfections, or to [establish](#) other measures to combat the spread. Some [research](#) shows that lockdowns in the US, which limited social gatherings and unnecessary travel and closed non-essential businesses, did indeed prevent the large-scale spread of COVID-19 cases.

Researchers have further found that many COVID-19 related deaths in the US could have possibly been avoided if the lockdowns and social distancing measures had been implemented [earlier](#). While many European countries began opening up their economies around the same time that many southern US states did, lockdowns in Europe were implemented earlier – giving the countries more time between stages of reopening to establish “new normal” [measures](#) (such as mandating masks in all public spaces) and to bring the virus under greater control. Karl Lauterbach, a German professor of health economics and epidemiology and member of the Bundestag who advised the government during the pandemic, has [credited](#) American research as a big factor in helping shape the country's pandemic-related policy

responses going forward – Germany has resolved to reopen based on case numbers, reapplying restrictions in regions where cases exceed a fixed threshold. The US has, however, focused largely on managing the economic impact of the outbreak rather than addressing the [growing](#) number of cases. Some experts have also indicated that the US testing efforts may have fallen short of what was needed to [manage](#) the virus and help safely reopen the economy.

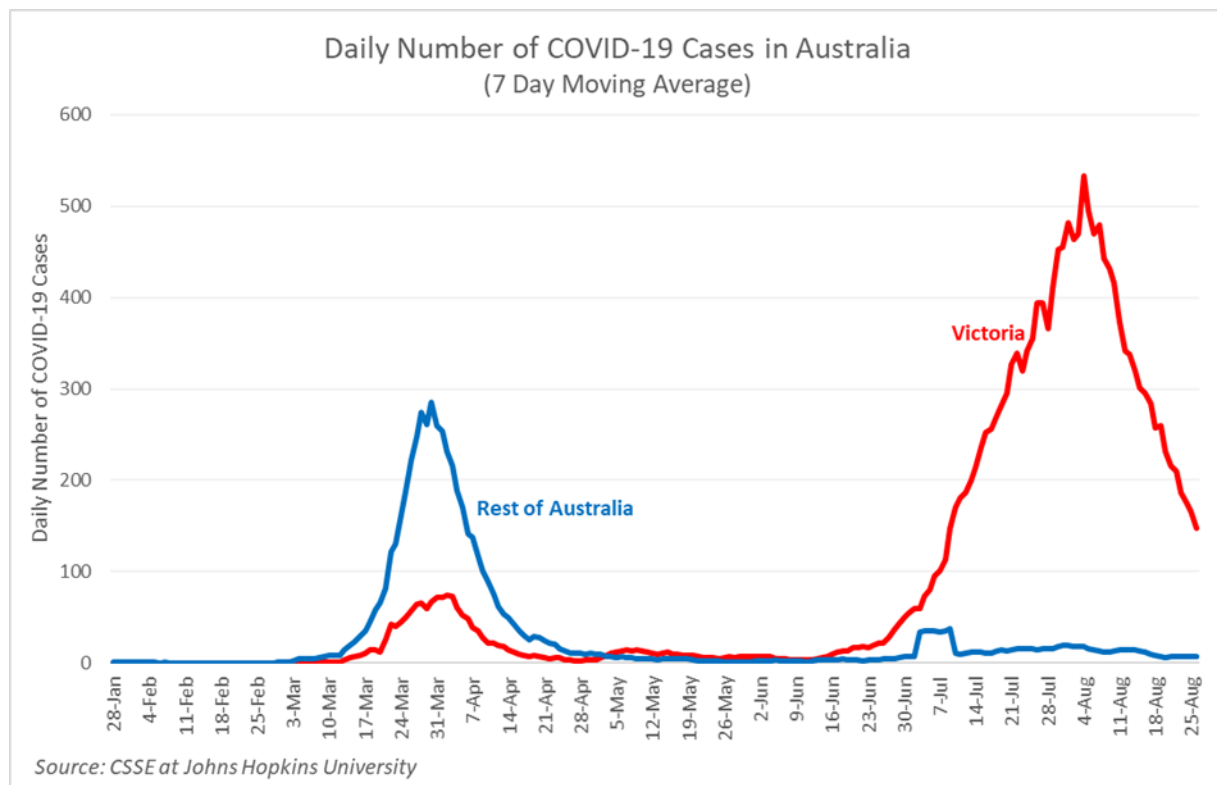
The US and European economies have both been devastated by the pandemic, and like almost every country impacted by the coronavirus have resorted to government support for economic relief and recovery. The International Monetary Fund has [estimated](#) that global debt (relative to GDP) will rise by about 19 percentage points in 2020. While the US had recovered more quickly than Europe after the 2008 financial crisis, experts have suggested that the tables may have turned this time around due to differences in the countries' systems. An [article](#) in the *New York Times* describes how during the financial crisis, the US economy was able to remain flexible due to its ease of quickly firing as well as rehiring workers, while Europe faced difficulties because of “automatic stabilizers.” However, the article further mentions that as the mandated shutdowns due to the COVID-19 pandemic have simultaneously affected both demand and supply, Europe’s “freezing the economy” response may indeed be the better reaction this time. In addition, the trajectory of the spread of COVID-19 could influence economic outcomes by affecting the duration of necessary government aid and increasing unemployment rates.

The US and Europe have seen [different](#) unemployment trends during the pandemic – while unemployment rates have soared in the US, they have mostly remained steady in Europe. The *NYT* article mentions that although the US government responded quickly to the current crisis, it did so by arbitrarily handing out funds to companies and taxpayers while relying on the market for job reallocations. European governments, on the other hand, due to their existing social welfare systems, have chosen wage subsidies to try to preserve jobs, in the hope of a rapid economic recovery. It has been noted that European governments may not be able to sustain such support for a prolonged period of time, especially if there is a second wave of the pandemic.

Australia

[PPW 08.08]

Australia confirmed its [first](#) case of the novel coronavirus on 25 January, and as of 26 August it has recorded 25,205 cases and 549 COVID-19 related deaths. The number of cases in Australia grew sharply in the initial months, peaking towards the end of March, and eventually falling since the beginning of April. However, since the month of June, Australia – specifically, its second-most populous state, Victoria – has been going through a second wave of COVID-19 transmissions. Additionally, recent [estimates](#) by the country's Department of Health show that majority of infections in the country are due to local (community) transmissions.



Australia began [screening](#) flight passengers traveling from China on 23 January, and eventually established a travel ban on non-residents and [closed](#) its borders. By the end of March, the country imposed social distancing measures, banned non-essential indoor gatherings of a hundred people or more and instituted a [standard](#) for the number of people per unit of floor area – a “four square meter” rule. State governments began closing hotels, pubs, clubs, cinemas, and places of worship, while cafes and restaurants were restricted to takeaway options only. Australian Prime Minister Scott Morrison stated that, following medical advice, schools were to remain open, but try to move towards online learning. By the beginning of April, state governments in Western Australia introduced restrictions on interstate, and even some intrastate, travel. By the month of May, many states (see [here](#), [here](#) & [here](#)) began reporting that they were free of active COVID-19 cases. However, since mid-June, the Australian state of Victoria began [experiencing](#) an alarming rise in the number of new cases.

Authorities have narrowed down the cause of this second wave of cases to a [failure](#) of a quarantine program in hotels through genomic testing. Residents returning to Australia from travel abroad were held in quarantine for two weeks in hotels. However, breaches in social distancing protocols in such hotels in Melbourne were [reported](#) – travelers passed the virus to hotel security guards, who then carried the infection back home. The lack of training for security guards and the lack of protective equipment (such as gloves) have also been cited. In addition, the *New York Times* reports [that](#), “the pandemic has come raging back [in Melbourne] even after the highest level of restrictions... leaving officials flummoxed by the persistent complacency of just enough people to let the virus thrive and multiply.”

Due to the rise in the spread of community-transmitted infections, [restrictions](#) were levied once again on 20 June in Victoria, limiting the number of people allowed in household gatherings to five. Subsequently, the state government re-enforced local lockdowns [across](#) ten different Melbourne postcodes – about thirty six suburbs. Residents have been [asked](#) to self-quarantine and leave their houses only for essential needs like groceries, medical needs, or education. Interstate borders with Victoria were [closed](#) towards the beginning of July, and on 2 August, authorities [declared](#) a state of disaster in Victoria in addition to establishing a nighttime curfew across Melbourne, resulting in about a million workers staying home.

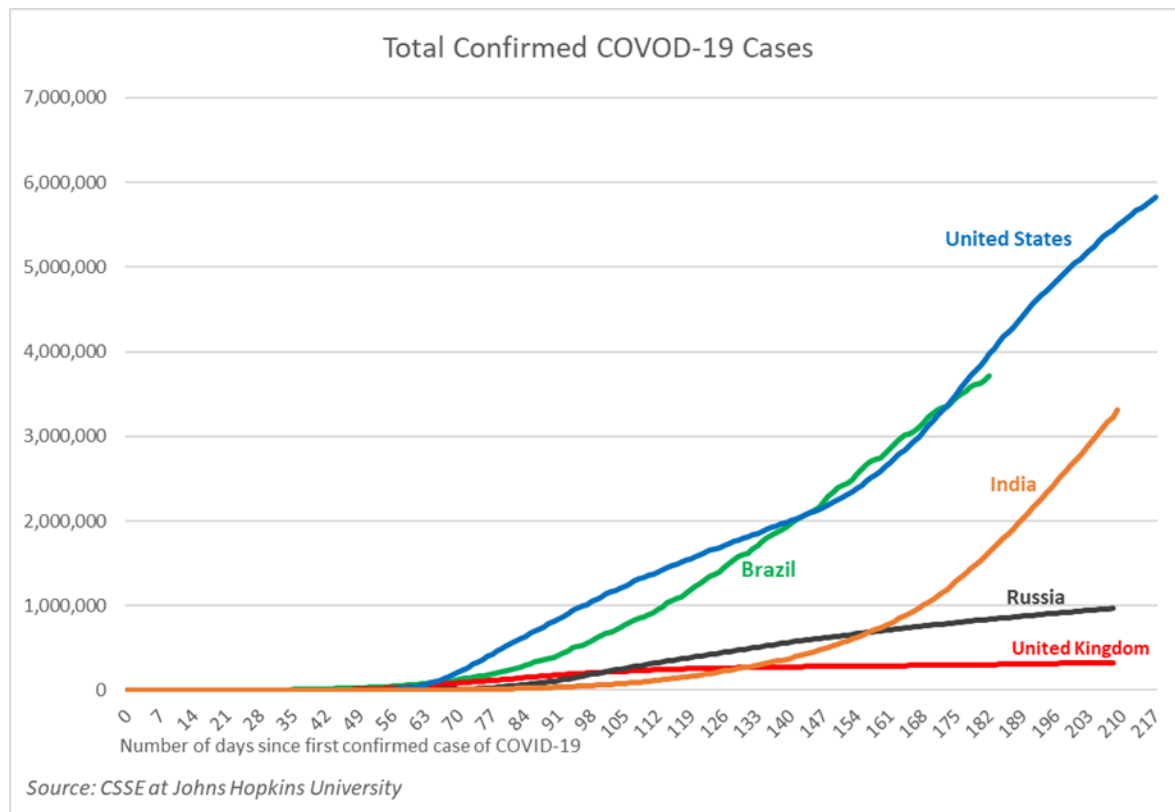
The Reserve Bank of Australia [cut](#) interest rates by 0.25 percent, becoming the [first](#) central bank to do so (one day before the US Federal Open Market Committee cut rates) in response to the COVID-19 outbreak. Further, to help lessen the economic impact of the pandemic and secure jobs, the Australian government [introduced](#) economic stimulus packages totaling about \$140 billion. The [provisions](#) of the initial packages included payments and loans to encourage hiring and maintain wages in small and medium-sized companies, subsidies to industries adversely affected by the pandemic, and one-time welfare payments to those on government benefits. A subsequent stimulus package released at the end of March [included](#) a backdated “JobKeeper Payment” feature which was a biweekly \$980 payment made to employers to further help cover wages.

Update (PPW 8/20): Australian Prime Minister Scott Morrison [announced](#) that the country had secured a deal with the pharmaceutical company AstraZeneca, allowing it access to a promising coronavirus vaccine jointly being developed by the company and Oxford University. He said that Australia would be able to offer free vaccines to its entire population, adding that the dose would likely be “as mandatory as possible.”

Brazil

[\[PPW 06.19\]](#)

As of 25 August, Brazil has confirmed 3,669,995 cases of the novel coronavirus and a total of 116,580 deaths. Currently, the country has recorded the second highest (below the United States) number of confirmed COVID-19 cases, as well as the second-highest number of deaths in the world.



Brazil detected its first case of the virus on 26 February and reported the first COVID-related death about three weeks later. The country announced a [partial closure](#) of its border with Venezuela on 17 March due to recommendations by health authorities who cited the dangers of Venezuela's collapsing health care system. Then on 19 March, Brazil [closed](#) all land borders with its nine neighboring countries, and restricted the entry of foreigners travelling by air on 30 March. Although neighboring countries began lockdown measures like closing educational institutions, Brazil's federal government [chose not to](#) impose a country-wide shutdown of schools, prompting local governments to do so independently. [Projections](#) show that the epidemic has still not peaked, and as of the beginning of May, the country had one of the highest infection rates. Experts have attributed the rising number of cases and COVID-related deaths mainly to the Brazilian government's [lack](#) of coordination, in addition to other factors including [limited](#) testing capacities and medical resources. Scientists have [warned](#) that the existing containment measures in Brazil have failed to reduce the spread of the virus.

President Jair Bolsonaro, in response to state governments enforcing lockdowns, referred to the virus as a "little flu" and criticized the various locally imposed measures. Even while being monitored for COVID-19 symptoms (after his press secretary tested positive for the virus), Bolsonaro met with supporters without a face mask and [shook hands](#) with over two hundred participants during a public parade – leading to calls for his [impeachment](#). Further, the dismissal of Brazil's then-Health Minister, Luiz Henrique Mandetta, was met with wide [disapproval](#) from authorities and citizens. Mandetta, in an [interview](#), remarked that the country's inconsistent response to the crisis left Brazil ill-equipped to compete in the global struggle for ventilators, tests and protective equipment for medical professionals. Despite warnings by health authorities and state officials about the risk of the

country's health systems being rapidly overwhelmed due to the lack of social distancing rules, Bolsonaro has persisted in dismissing quarantine and lockdown measures, continuing to call attention to reducing the economic impact of the pandemic.

According to reports, Brazil's economy (which had not yet recovered from its past [recession](#)) is [forecasted](#) to shrink about eight percent in 2020 – leading to fears of rising fiscal deficits and public debts, high unemployment rates, and bankruptcies. To help combat the effects of the pandemic, Brazil's Minister of Economy, Paulo Guedes, announced a [750 billion BRL](#) stimulus package on 26 March. This followed the prior plan (introduced on 23 March) of a loan of about [88 billion BRL](#) to help local governments cope with the health demands (in addition to economic impacts) of the virus. Further, on 30 March, the Senate [approved](#) an emergency aid of R\$600 to informal workers and R\$1,200 to those mothers who were deemed as the head of the household. The Federal Government also put out a series of labor regulations to help companies, maintain incomes and preserve jobs – measures including the adoption of telecommuting, and special hours compensation schemes (due to chances of interruption in working hours), among others.

Update (8/26): Brazil continues to remain the second most affected country globally (after the United States). However, Manaus, one of the hardest hit cities in the country, has [reportedly](#) seen a significant reduction in COVID-19 hospitalizations (from a peak of more than 1,300 in May to less than 300 in August) without strict lockdown measures – leading to speculations of possible herd immunity. According to a [report](#) released about the recovery of G20 economies, Brazil (along with India and South Africa) is expected to face the “harshest repercussions” with respect to recovering from the pandemic. The report notes that the aforementioned three countries rank high in terms of corruption levels, adding that, *“Corrupt, ineffective and unstable governments will be limited in their ability to direct funding to where it is most needed, failing to revive the economy even after the immediate crisis is dealt with.”*

Germany

[[PPW 05.01](#)]

According to [reports](#), in March, close to half a million German companies applied to have employees enroll in a post WWII short-term government program to prevent mass layoffs. During the Financial Crisis of 2008-09, Germany (unlike some European countries and the United States) defied the notion of government spending being critical to restoring economic growth. The country made use of “short-time work,” saving about 200,000 jobs and thus avoiding a “talent drain.” During the ongoing pandemic, Germany is said to be abandoning its commitment to “black zero” (i.e., a balanced budget) to offset the economic fallout from the coronavirus and provide funds and unlimited loans to struggling businesses. Nevertheless, depending on the length of the lockdown, the country's economy for the first time since 2009 is expected to shrink (3 to 10 percent). After aggressively reducing its debt-to-GDP ratio from more than 80 percent to below 60 percent in the span of a decade, Germany's Chancellor Angela Merkel [stated](#), *“We're doing whatever is necessary... and we won't be asking every day what it means for our deficit.”*

Strict social distancing measures (among the strictest imposed worldwide) were issued in Germany on 22 March and subsequently extended until mid-April. As of April 26, the country has [reported](#) 154,175 cases of COVID-19 and about 5,640 fatalities. (As of 26 August, the country has reported 236,429 cases of COVID-19 and about 9,280 related fatalities.) The country saw a decline in the number of new cases in the month of April, prompting leaders of the country's sixteen states to begin easing restrictions. Chancellor Merkel, however, did issue a warning to the state governors against relaxing restrictions too quickly, stressing that it could lead to a "false sense of security" and jeopardize the country's ability to keep the spread of coronavirus under control. Germany's proactive containment measures, among the most robust in Europe, may support a swift recovery, according to TCB's [Global Consumer Confidence Report](#).

In addition to launching an economic bailout package (one of the biggest in Europe – worth up to \$825 billion USD) to stimulate lending to businesses, support furloughed workers, etc., the German government has also put into place an internal draft [plan](#) that would help the country control the ongoing pandemic without the need for strict "lockdown" measures. After talks involving the chancellor, German states have begun allowing smaller stores (the higher the customer contact, the later will be the return to normality) to reopen from 20th to 27th April 2020, and schools in some regions (with strict controls and possible testing) to reopen from 6th May 2020. However, large-scale events and private parties are to remain banned for the foreseeable future. Cafes and restaurants could be permitted to reopen fairly quickly under conditions of limited guests at safe distances or only with takeout options. Germany's Federal Ministry of Labour and Social Affairs, in agreement with the country's Federal Ministry of Health, has submitted a draft bill, '[Covid-19 Working Time Regulation](#),' allowing "for a limited period of time, longer working hours, shorter rest periods and the employment of workers on Sundays and public holidays for certain activities."

Additionally, Germany has made it compulsory to wear protective masks (with varying rules among the states) while using public transportation, and in populated areas like factories and other public buildings, to prevent a new rise in COVID-19 infections. The government also announced that there would be swift tracing of infection chains, with infected people needing to isolate themselves as necessary. Germany had previously implemented "[corona taxis](#)" which allowed medical professionals equipped with protective gear to check on patients who are at home, allowing for rapid testing. Further, the country has also established a free voluntary mobile/online [application](#) that allows people to anonymously share symptoms and information that could reveal signs of coronavirus infections.

Authorities assessed that the nation's testing capacities must increase significantly to achieve effective control while gradually lifting the lockdown. According to the government's internal draft document, the infection rate per sick person should be reduced to well below 1.0 (according to WHO standard measures, 1.0 implies that an infected person would only infect one other person with the virus) on a sustained basis before restrictive measures can be relaxed. The document also ensures special protective measures for at-risk and vulnerable German residents by keeping in place strict social restrictions for nursing homes and establishing visiting bans in areas with large coronavirus outbreaks. A

point of concern is that Germany is a federal country – meaning that power is delegated to each state on many issues, making coordinating actions more difficult due to different rules in different states.

While virologists expressed concern that the loosening of the constraints on public life may lead to an increase in the rate of spreading of the virus and strain Germany's health system, Chancellor Angela Merkel affirmed that she stood by her decisions to impose restrictions, and to allow them to be eased only slowly. She emphasized that Germans should remain vigilant and disciplined, and must learn to live with the virus until a vaccine is created, [saying](#) *"This is about the lives of people."*

Update (PPW 5/15): Germany continues to steadily roll out [reopening](#) measures. At a recent press conference, [Chancellor Angela Merkel](#) confirmed that limits on social contact would remain in place until June 5 and that people must still maintain the recommended distance from one another and cover their mouths and noses in public. Schools are set to gradually reopen and the Bundesliga, Germany's top football (soccer) league, is ready to restart with certain quarantine conditions in place. The Chancellor also added that shops could reopen, but with additional hygiene measures, saying that, "the first phase of the pandemic is behind us but we are still at the beginning and it will be with us for a long time." In the first week of May, the Robert Koch Institute (RKI), Germany's disease control agency, stated that the country was capable of carrying out 964,000 coronavirus tests per week, and that the coronavirus reproduction rate was [estimated](#) to have fallen to 0.65. However, it was subsequently reported that the reproduction number had increased to above 1, meaning that one infected person is on average infecting more than one other person — which is the necessary condition for an epidemic. The federal and state governments in the country are said to have agreed on an "emergency brake" — by reintroducing lockdown measures in case the infections rise to 50 new cases per 100,000 people. Ms. Merkel announced that Germany could "afford a bit of courage," although adding that the country would "have to watch that this thing does not slip out of our hands."

Update (PPW 5/29): German Chancellor Angela Merkel extended the country's social distancing rules to June 29 to limit the spread of the coronavirus, asserting that basic measures like wearing masks and keeping an appropriate distance from others were necessary despite the loosening of restrictions. While schools have reopened, students have been required to self-administer coronavirus tests every four days to track if they are COVID-19 positive or not. In addition, school hallways were made one-way, masks compulsory in classrooms, seats spaced far apart, and windows kept open to improve air circulation.

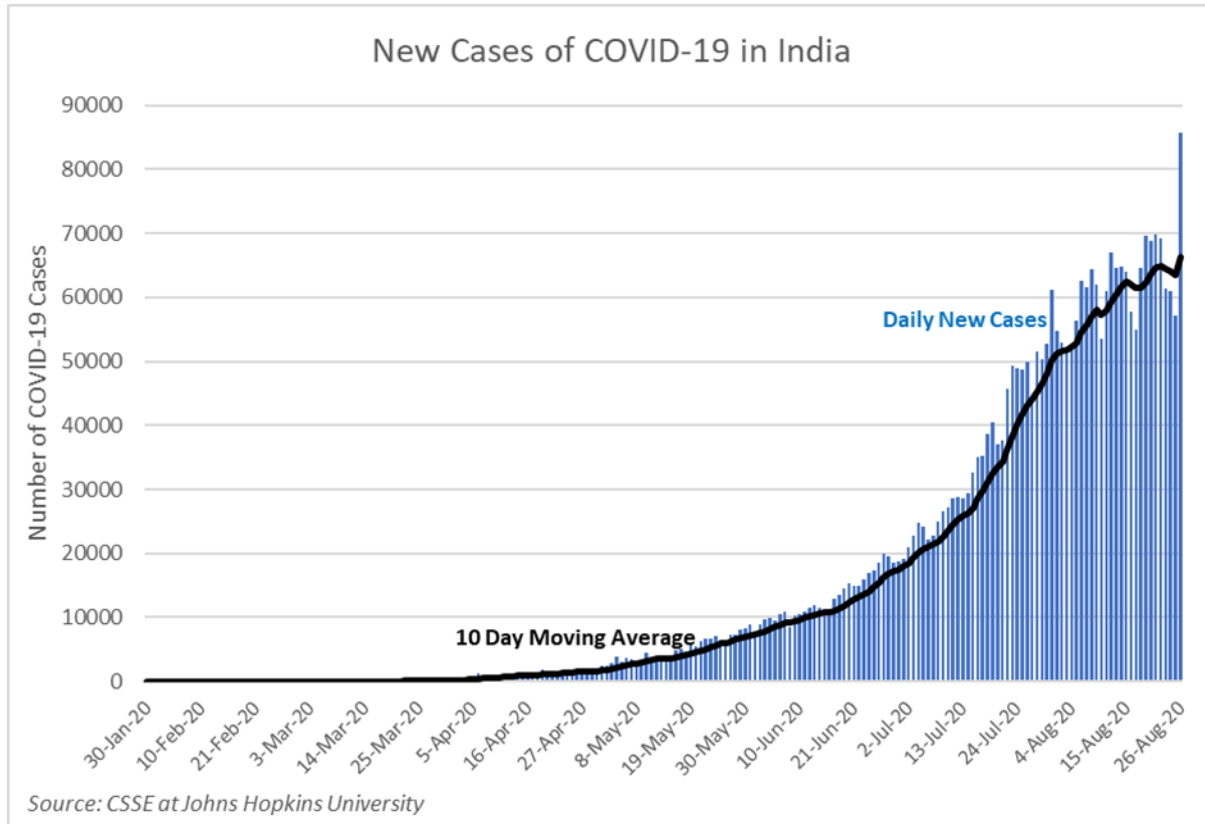
Update (PPW 8/14): Germany [reported](#) the highest daily number of new COVID-19 cases in more than three months on 13 August – around 1,226 cases. Officials have cited people returning from holidays in other countries, family gatherings and consumption of alcohol as some of the reasons for a rise in the daily number of cases. The German government had begun [adopting](#) a new approach of selective lockdowns to help curb the spread of the pandemic – meaning that an outbreak would lead to the containment of local areas rather than entire administrative zones. Staggered reopening of schools [began](#) in the country, with more than two million children going back to school in Germany's most populous state, North Rhine-Westphalia. The state has imposed the strictest rules among the country's

sixteen states, asking all students above elementary school age to always wear masks, even inside classrooms.

India

[[PPW 06.05](#)]

India's first case of the novel coronavirus was reported on January 30, and as of June 3, the [Ministry of Health and Family Welfare](#) has confirmed a total of 101,497 active cases, 100,302 recoveries, and 5,815 deaths. (As of 26 August, the Ministry of Health and Family Welfare has confirmed a total of 707,267 active cases, 2,467,758 recoveries, and 59,449 deaths.) On March 14, scientists at the National Institute of Virology [isolated](#) a strain of the novel coronavirus, making India the fifth country to successfully obtain a pure sample of the virus. The Indian Council of Medical Research (ICMR) stated that the isolation of the virus would accelerate the development of drugs, vaccines, and testing kits in the country. Currently, the country's deaths relative to the total number of people diagnosed (the Case Fatality Rate) is at 2.80 percent, which is [less](#) than the global [CFR](#) of 6.13 percent. However, on June 3, India's total number of COVID-19 cases rose above 200,000 with 8,909 new coronavirus cases – its largest increase in a single day. While India had tested over 3.8 million people by June, experts voiced concerns that the country hadn't seen the peak of new daily infections, and may do so only in [late July](#).



By January 21, India had begun applying protective measures to combat the spread of the virus by carrying out thermal screening of passengers arriving from China at [seven](#) airports, which was subsequently expanded to [twenty](#) airports by the end of the month. Towards the end of February, airport screenings were also [extended](#) to passengers arriving from countries other than China. The Indian government, on March 3, [stopped](#) issuing new visas and revoked previously issued visas for the nationals of Italy, Iran, South Korea, and Japan. Thereafter, it [extended](#) these measures to European, Gulf and additional Asian countries. By March 13, all visas (except for a few special cases) were [suspended](#) and Indian citizens returning from countries affected by COVID-19 countries were asked to quarantine for a period of fourteen days.

By mid-March, the Central and State governments, along with ministries such as Defence, Railways, Labour, Aviation and Tourism, were [working together](#) to set up additional quarantine and treatment facilities across the country. Further, the Ministry of Textiles, the Department of Pharmaceuticals, and the Ministry of Consumer Affairs, Food and Public Distribution were asked to ensure the availability of protective medical materials, essential medicines, and other essential goods. It was [estimated](#) that India had around 40,000 ventilators (8,432 of which were within the public sector). Various Indian firms, including private auto firms, the Indian Space Research Organization ([ISRO](#)), the Defence Research and Development Organization ([DRDO](#)), etc., began [innovating](#) and repurposing their production lines to manufacture general PPEs, full body suits and ventilators, in addition to designing low-cost, mobile medical equipment. India [began](#) producing around 200,000 PPE kits and 250,000 N95 masks (from zero) per day in May, rising to become the world's second largest producer of PPE body coveralls. The Ministry of Science & Technology [announced](#) on June 3 that researchers have developed a low-cost ventilator that could be mass-produced by the country to aid in the fight against COVID-19. The Ministry of Electronics and Information Technology launched a smart phone app called "[Aarogya Setu](#)" to help curb the spread of the virus in the country by using contact tracing.

India's Prime Minister, Narendra Modi, placed the (globally second most populous) country's 1.3 billion population under the world's biggest nation-wide [lockdown](#), starting March 25 for a period of 21 days to help block the spread of the virus. The announcement of strict lockdown restrictions gave Indians only about four hours to prepare before it went into effect, leading to millions of [migrant workers](#) stranded in cities. This resulted in some walking hundreds of kilometers (due to the suspension of bus and train services) towards their villages with little to no protective gear such as face masks. Human suffering aside, test results for such migrants revealed several worrying clusters traced to laborers returning to rural areas. The strict lockdown was further extended into "[lockdown 2.0](#)" (with a conditional relaxation in areas where the spread was contained) until May 3, then subsequently into "[lockdown 3.0](#)" until May 17 with the introduction of [containment zones](#), and then, a "[lockdown 4.0](#)" until May 31 nation-wide.

The Ministry of Home Affairs, on May 30, announced an economic focused "[Unlock 1](#)" that would allow a phased restarting of services from June 8 in non-containment zones, but added that the lockdown would remain ongoing until June 30 in containment zones. Although bus services and metro systems are still to be suspended, under the "Unlock" phase, railway services mostly resumed running – allowing for inter-state travel (which had been mostly impossible during the lockdown), domestic

flights were made operational, and restaurants, shopping malls, and places of worship began reopening.

The Ministry of Home Affairs has started relaxing [visa](#) regulations for selected foreign officials, and has allowed businessmen, healthcare professionals and engineers to visit India (with fresh visas), provided they have a letter of invitation from “a recognized and registered healthcare facility, registered pharmaceutical company or accredited university based in India.” An [article](#) by McKinsey on the reopening of the Indian economy states that, during India’s six week national lockdown, “its economy has functioned at 49 to 57 percent of its full activity level... and (for India’s economy to function alongside COVID-19 for a prolonged period) a well-implemented, granular, dynamic, and locally driven lockdown- and restart-management capability while managing health risks is required.”

On March 24, the Prime Minister announced an aid package of [150 billion INR](#) for the healthcare sector to be used for developing testing facilities, PPEs, ICUs, and ventilators, and for medical training. On May 12, India further announced an economic package of [20 trillion INR](#) aimed at laborers, farmers, cottage industries, etc.. Prime Minister Modi stated that, “*this package will work to bring about a self-reliant India,*” while adding that the fiscal and monetary stimulus package is equivalent to about 10 percent of India’s GDP.

Finance Minister Nirmala Sitharaman provided further details about the plan in a [press conference](#) held the following day, confirming that, among other stipulations, small businesses would be able to access collateral-free loans until the end of October to help “resume business activity and safeguard jobs.” She emphasized that, “the intention is to build local brands and make them world class... not about looking inwards or being isolationist... but being a confident India that contributes to the globe.”

India’s economy was struggling before the outbreak – with economic growth (approximately) [reduced by half](#) in the last three years, and unemployment at a forty-five year high of [6.1 percent](#) in mid-2019. [During](#) the lockdown, approximately 140 million people are estimated to have lost their jobs while incomes were reduced for many more. The [International Monetary Fund](#) projects that India’s economy will grow by just 1.9 percent this year. The pandemic has highlighted concerns for the future of India’s massive informal employment sector, an organized return of migrant laborers to urban cities, and the capability of small businesses to withstand the crisis, among other problems. These issues, along with the looming possibility of a second wave of the virus, will shape the availability of jobs in coming months.

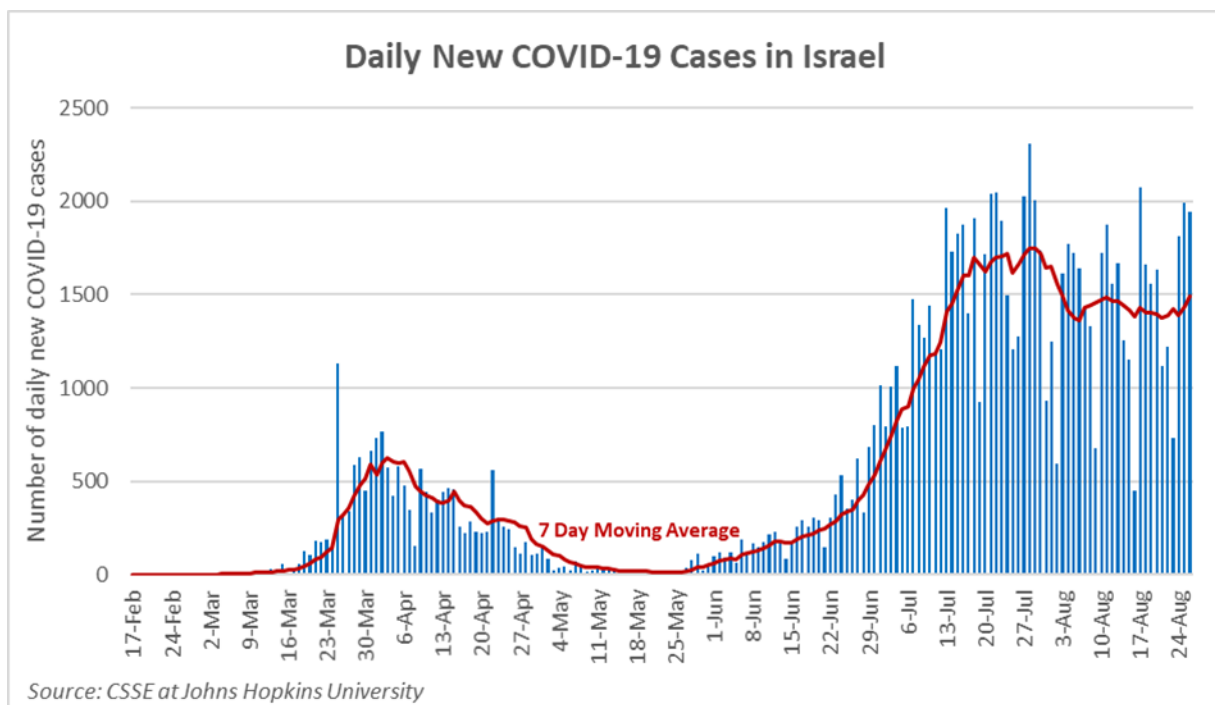
Update (PPW 8/14): [Research](#) conducted by the Tata Institute of Fundamental Research, authorities in the city of Mumbai (India’s financial capital and the worst-hit by COVID-19) and other medical institutions found that about 57 percent of people living in the city’s slums (where social distancing is not possible) tested positive for coronavirus antibodies. The study raised questions over the level of testing in India and brought forth the [possibility](#) of “herd immunity” – with some arguing that the population in question may be approaching herd immunity without a vaccine, and others saying that it was too early to make definite statements due to the possibility of the tests yielding false positives. India has currently [crossed](#) two million cases of the coronavirus, with new cases emerging in rural

areas. Many states and cities had started [imposing](#) short local lockdowns to help curb the spread of the virus, heightening concerns about the pandemic's economic impact. The pandemic has also caused disruptions to India's mid-day meals, the world's largest school lunch program, putting about 115 million children at the risk of [malnutrition](#).

Israel

[PPW 08.20]

According to official [figures](#), Israel has recorded over 96,000 coronavirus cases and 700 related deaths as of 18 August (Israel has recorded over 108,403 coronavirus cases and 875 related deaths as of 26 August), with a pace of new daily cases in July and August that place it among the world's fastest growing number of new COVID-19 cases per capita. Since the beginning of March, the Israeli government had enforced varying levels of lockdowns to help curb the spread of COVID-19. By May, the country had gradually begun to ease its lockdowns – [reopening](#) businesses and schools. However, Israel saw a marked [increase](#) in the number of new cases starting in June, thought to be linked to the reopening of schools with insufficient public health precautions and relaxed restrictions on mass gatherings, leading to a second wave and re-imposed restrictions.



Israel confirmed its [first](#) case of the novel coronavirus towards the end of February, leading to the establishment of a two week [self-quarantine](#) rule for travelers returning from “at-risk” countries. By mid-March, the country [introduced](#) social distancing measures to help limit the spread of the virus. For instance, gatherings were initially restricted to a maximum of ten people with a 6 foot distance between attendees, but further limited to no more than two unrelated people. Educational institutions and

nonessential businesses were closed. Soon after, Israeli Prime Minister Benjamin Netanyahu [declared](#) a national state of emergency making the prevailing restrictions legally enforceable and levying fines on any violations. People were asked to stay at home except when going outside for necessities, and individuals were [instructed](#) to wear masks in public. In addition, the country [authorized](#) cellphone data tracking to help retrace the movements of infected individuals and identify people with whom they may have had contact.

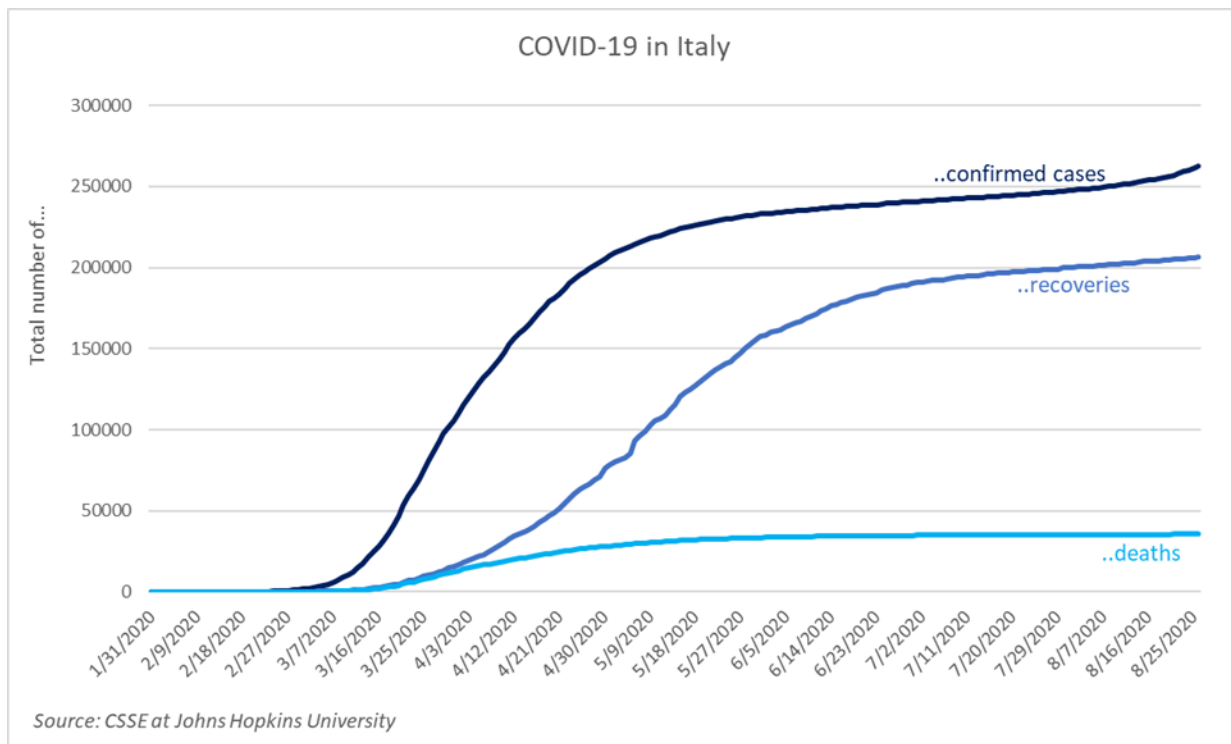
In order to ease the pandemic's adverse economic [impacts](#), Israel initially [approved](#) a broad economic stimulus package of about NIS 80 billion (equivalent to six percent of GDP) in March. Further, Israel's social security agency, Bituah Leumi, [deposited](#) a roughly \$150 (USD) payment to families with children, seniors, and public benefit recipients. By mid-June, another stimulus bill was approved to help combat unemployment by incentivizing businesses with a roughly \$2,200 (USD) payment for each laid-off worker re-hired.

Israel began a gradual [easing](#) of lockdown restrictions on movement and gathering at the beginning of May, with a plan to lift all remaining restrictions by mid-June if COVID-19 caseloads remained [low](#). Schools also began a phased [reopening](#) and limitations on the number of students in classes were lifted. The requirement that students above grade 3 wear masks in schools was temporarily [lifted](#) due to a severe heat wave in the region. However, within two weeks many schools began [shutting down](#) again after reports of coronavirus cases among staff members and students began emerging. Studies [conducted](#) have suggested that the rapid reopening of schools with lax public health restrictions was a significant contributor to subsequent rise in new infections. While Israel's COVID-19 related death rate has stayed relatively low, perhaps due to Israel's young-on-average population, many hospitals are [reported](#) at full capacity, leading healthcare experts to [fear](#) that healthcare systems would be overwhelmed if Israel were to re-open schools again soon.

Italy

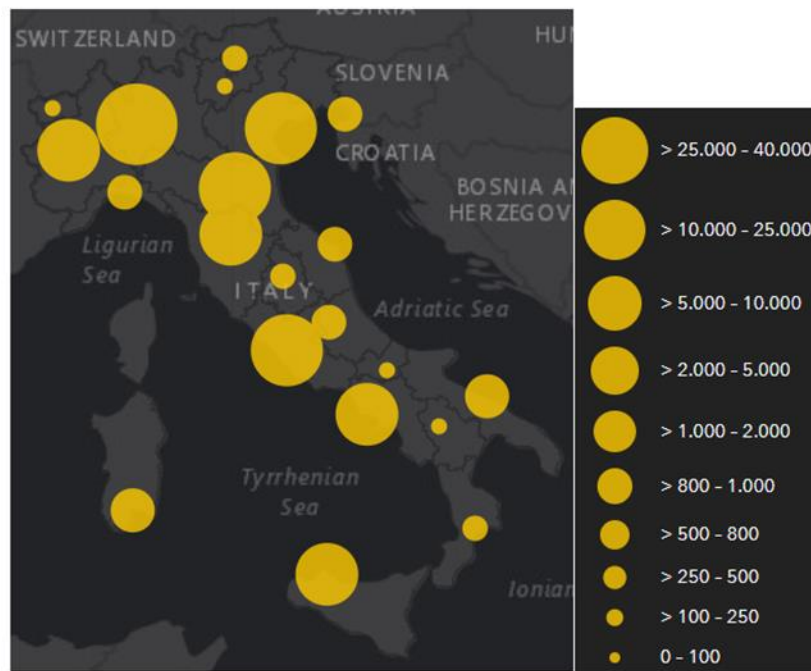
[[PPW 05.29](#)]

Italy (with one of the highest numbers of COVID-19 infections in the world) has 230,555 confirmed cases and 32,955 deaths as of May 26, and has tested around 3,482,253 people (as of 25 August has 262,540 confirmed cases and 35,458 deaths) – although the real number of affected people could be higher than the confirmed official count. According to the [latest data](#) from Italy's ISS health institute, only about 1.1 percent of fatalities have been amongst those under 50 years of age and more than 57 percent were amongst those over 80. (According to the [latest data](#) from Italy's ISS health institute, only about 1.1 percent of fatalities have been amongst those under fifty years of age and about 59 percent were amongst those over eighty years.) At a recent news conference, the president of the Italian National Institute of Health (ISS), Silvio Brusaferro, said, "*The latest numbers show that new cases and fatalities have a common profile... mostly elderly people with previous illnesses.*"



Italy confirmed its first case of the virus on January 31 (when two tourists in Rome tested positive for the virus). At the end of February, the country had detected a cluster of cases – starting with sixteen confirmed cases in the Lombardy region – and had recorded its first coronavirus-related deaths. By the beginning of March, all [regions of Italy](#) had reported cases of the virus; and Italy’s Council of Ministers approved to [divide](#) the prevalence of the outbreak into three areas: A red zone (where the entire population would be quarantined); a yellow zone (where social and sport events were suspended, and schools, theatres, clubs and malls closed); and the rest of the country (where safety measures were promoted in public places and public transportation was sanitized).

Total number of COVID-19 cases in Italy (as of 26 August)



Source: Screenshot from Italian Department of Civil Protection

<http://opendatadpc.maps.arcgis.com/apps/opsdashboard/index.html#/b0c68bce2cce478eaac82fe38d4138b1>

On March 8, the Italian government put the region of Lombardy as well as fourteen other northern and central provinces under lockdown, and shortly thereafter, extended the measures to the whole country – with a punishment of imprisonment of up to three months for those who violated the lockdown. Movement into and out of the lockdown areas was allowed only for authorized “emergencies” and “proven working needs.” The lockdown measures, described as the largest lockdown in the history of Europe (and at that time, the most aggressive response taken in any region apart from China), saw the closure of all gyms, wellness centers, shopping malls, museums, etc., along with the suspension of various public events including religious ceremonies, sporting events, and so on. On March 31, ISS chief Brusaferro [announced](#) that the pandemic seemed to have plateaued in the country – and on April 20, Italy saw the first fall in the number of “active” cases.

Towards the end of April, Italy’s Prime Minister, Giuseppe Conte, [revealed](#) a “Phase 2” plan that allowed for the reopening of manufacturing and construction industries, although schools, bars, restaurants, and hairdressers were to remain shut. By mid-May, the prime minister revealed the government’s plan to further ease restrictions – most businesses could reopen (including cafes and restaurants serving sit-down customers), public Masses could be held, and free movement was granted to all citizens within their region (non-essential movement across regions was still banned). Additionally, it was announced that swimming pools and gyms could reopen by May 25, followed by theaters and cinemas on June 15. To stimulate tourism, the government also said that travel between regions will be allowed to resume starting June 3 but added that travel restrictions would remain if the nation saw an increase in the number of infections. It was also revealed that travelers from EU countries will be able to enter Italy without going into a two-week quarantine.

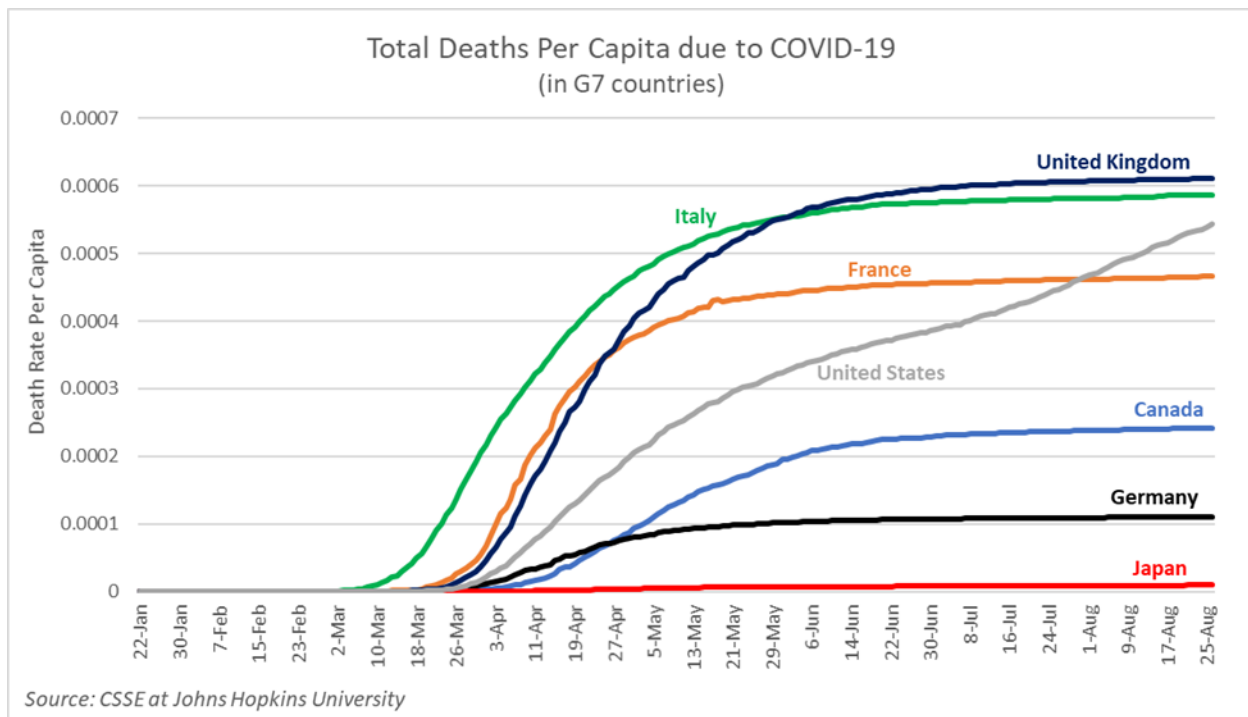
The Italian government, in March, allocated [25 billion euros of aid](#) to help tackle the coronavirus crisis. An [economic stimulus plan](#) was announced at the start of April, consisting of 200 billion euros of state-guaranteed loans to businesses and an additional 200 billion euros to support exports. Further, in mid-May, the country declared a [55 billion euros support package](#), including for those who didn't qualify for the previous financial relief (those participating in the "shadow economy," i.e., illegal or undeclared work). It was [reported](#) that Italy's nation-wide lockdown saw almost half of its official workforce losing their income and having to apply for state relief. The [Wall Street Journal](#) writes, "*The health emergency has left hundreds of thousands of Italians unable to pay for their own food for the first time, the biggest jump in poverty since the aftermath of World War II.*" According to the [European Commission](#), the country's economy is expected to contract by 9.5 percent in 2020.

Update (8/26): Italy announced (in June) that the country's schools would [reopen](#) on 14 September, and established free and voluntary [testing](#) for teachers and other school staff prior to the reopening. More than twenty teachers tested positive for the coronavirus, leading Italian government officials to hold a [summit](#) to discuss the wearing of masks, carrying out temperature checks, social distancing rules, and other COVID-19 management measures in schools. Italy (and Spain) have [reported](#) an increasing trend in the daily number of cases since mid-August, resulting in the [closures](#) of nightclubs and mandatory masks. The lack of social distancing practices and the [return](#) of travelers from holidays have been considered as reasons for the rise in daily cases. The Spallanzani hospital in Rome is [reported](#) to have begun conducting human trials of a potential vaccine (GRAd-COV2, developed by ReiThera) in hopes of making it available by the spring of 2021.

Japan

[[PPW 06.26](#)]

As of 23 June, Japan has [confirmed](#) a total of 17,879 cases of the novel coronavirus and 965 related deaths. (As of 25 August, Japan has confirmed a total of 64,758 cases of the novel coronavirus and 1,230 related deaths.) Even with the [world's oldest population](#), the country's COVID-19 related death rate per capita is one of the lowest in comparison to other hard-hit developed countries. Experts have attributed the low death rates to (among other things) Japan's cultural habits such as the greeting etiquette (bowing rather than shaking hands or other physical touching) and [wearing](#) face masks, probable relative immunity due to the [mandatory](#) BCG tuberculosis vaccine, and a [possible](#) protective genetic trait or a milder strain of the virus. Japan has, however, faced [criticism](#) from several health professionals for under-testing for the virus which eventually led to the country broadening its testing parameters.



Japan confirmed its first case of the coronavirus in mid- January via a patient with travel history to Wuhan in China, which resulted in several infections across the country before the virus virtually disappeared in March. This was then followed by a cluster of cases that were introduced by travelers from the United States and certain European countries through the end of March. [According](#) to Japan’s National Institute of Infectious Diseases (NIID), most of the COVID-19 cases that have subsequently spread in the country have originated from the European strain of the virus while those of the East Asian strain have been declining since March – leading to the [belief](#) that the pandemic in Japan can largely be divided into two waves based on the genome sequencing of the virus.

To mitigate the virus outbreak, a “national task force” was [established](#) to aid in overseeing Japan’s response on 30 January. By the end of February, Prime Minister Shinzo Abe [asked](#) all schools – primary, secondary and high school – to temporarily close, in addition to recommending a short-term closure of entertainment venues, sport centers, etc.. Towards the end of March, the Japanese government and the International Olympic Committee [announced](#) the postponement of the 2020 Olympics until the next year, without ruling out complete cancellation. The Prime Minister [declared](#) a month-long state of emergency (while adding that these measures were unlike the lockdowns imposed in other countries), for the capital city Tokyo and its surrounding areas (representing about half of Japan’s economy) in the beginning of April. This was then then expanded to the rest of the country on 16 April. By mid-May, the Japanese government [lifted](#) the state of emergency declaration in most prefectures, and then further [extended](#) the reduction to the entire nation on 25 May, [allowing](#) the economy to resume. Schools [began](#) opening in early June along with non- essential businesses which had closed; and on 19 June, Japan [released](#) a coronavirus contact tracing app using Bluetooth technology that would alert a registered user if they have been in close contact with another user who tested positive.

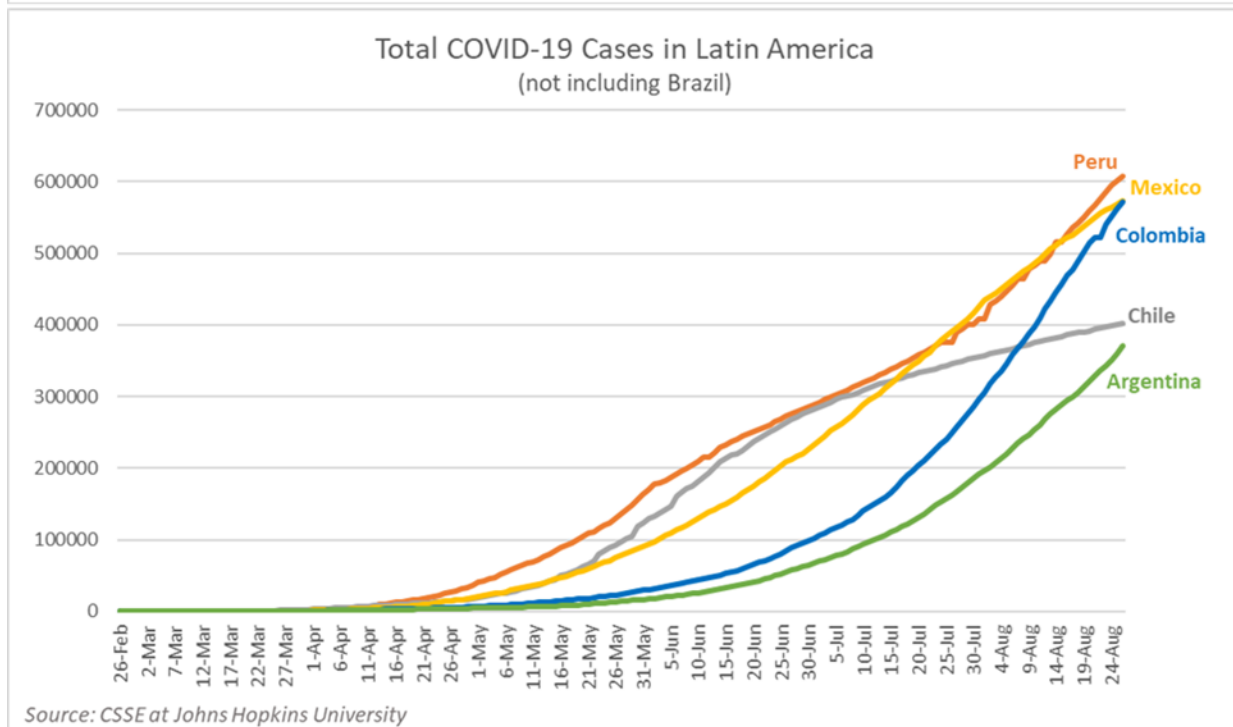
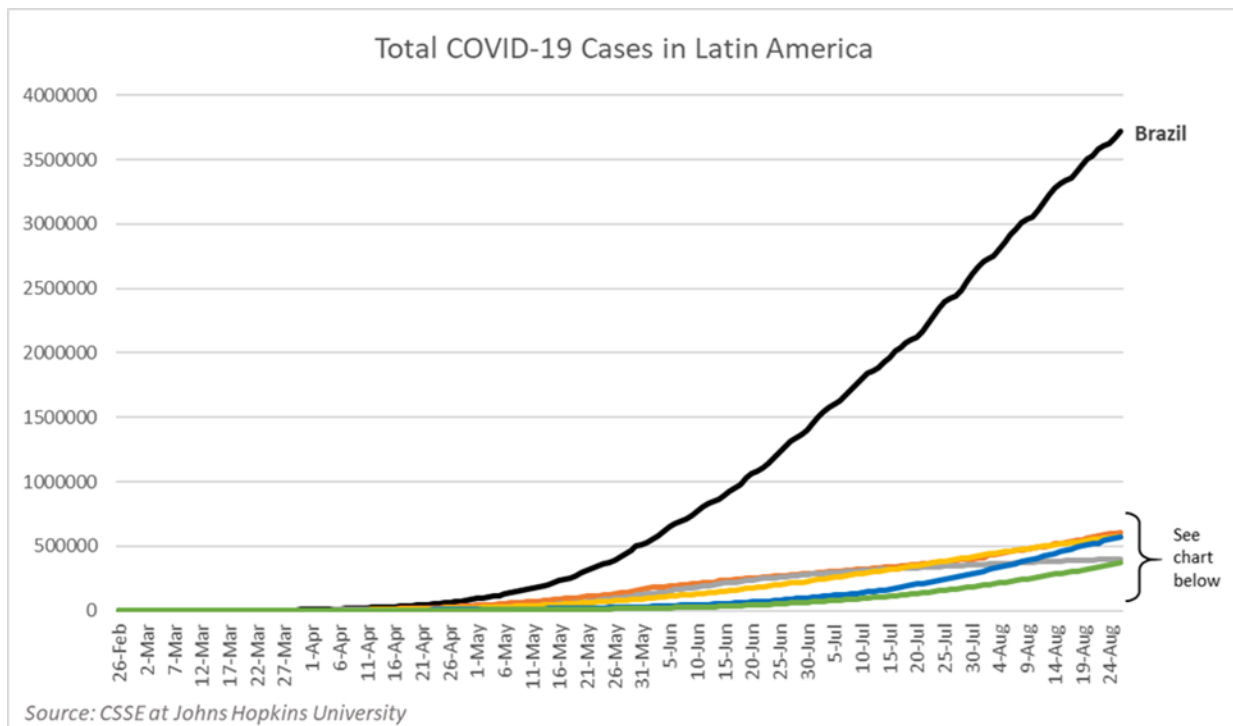
The pandemic has had a major impact on Japan's economy, especially the tourism industry. While domestic travel has started to normalize, Japan's borders remain [closed](#) to international travelers, with no signs of opening up anytime soon. The retail, cosmetics, and tourism sectors have reported decreased sales, and manufacturers have highlighted [disruptions](#) to supply chains. The Prime Minister is [said](#) to have considered using emergency funds to alleviate the virus' impact on these sectors (almost half of which is by Chinese citizens – who have [reported](#) facing discrimination). While authorities warn that Japan's economy continues to remain in a critical condition, they have [renewed](#) their evaluation of the recession, stating that it is closer to “bottoming out” after the country's reopening following the lifting of the nationwide state of emergency.

Update (PPW 8/14): Japan, while initially successful in containing the COVID-19 outbreak, has begun to see a new aggressive coronavirus outbreak nationwide. An upward trend in the daily number of cases recorded in the capital city of Tokyo has sparked fears of an imminent [second wave](#) of the pandemic. Critics of the “tourism promotion” [initiative](#) by the Japanese government have cited the program as one of the main reasons for the resurgence in coronavirus cases. Due to the impact of the coronavirus on its tourism sector (the government has banned most foreign travelers), Japanese authorities had initiated the promotion program by offering incentives and subsidies to encourage domestic travel during the summer.

Latin America

[\[PPW 07.02\]](#)

Latin American countries have been severely affected with the novel coronavirus – the World Health Organization (WHO), in May, declared South America as the current [epicenter](#) of the pandemic, in large part due to Brazil's rapid surge in the total number of confirmed COVID-19 cases.



As of July, South American countries plus Mexico [exceeded](#) two million cases of the coronavirus. Although Europe and the US showed a higher number of cases, experts believe that the numbers in Latin America may be under-reported due to the lack of extensive testing in the region. The first case of the virus in South America was confirmed in [Brazil](#), the largest country in the region, on 26 February. Brazil is currently second only to the United States with respect to the total number of confirmed cases in the world and second to the United Kingdom with respect to the death toll. Peru, Chile, and Mexico are also tackling major outbreaks of the virus. As of the end of June, Brazil and Mexico have recorded the highest numbers of deaths (59,594 and 27,769 respectively) in the region, followed by Peru (9,677 deaths). Worldwide, Peru is sixth in line in terms of the highest number of confirmed COVID-19 cases, followed by Chile in the seventh position. As of July, most Latin American countries were still observing daily increases in the number of cases and deaths, and had [not yet](#) reached the peak of the pandemic.

Globally, experts have stressed the [importance](#) of implementing social distancing measures in the absence of a vaccine or appropriate treatments so as to not overwhelm healthcare systems. Nevertheless, some Latin American countries only issued recommended guidelines, and largely shied away from imposing nation-wide lockdowns. For example, Brazil and Mexico, the region's most populous countries, persisted in taking [less](#) severe steps compared to neighboring countries like [Uruguay](#). Experts do however attribute some of Uruguay's comparative success with the pandemic to the country's high social spending [rates](#) – ensuring a “safety net” for its population. Most other Latin American countries, along with their fight against the pandemic, have had to battle high levels of inequality, weak healthcare systems, other potential outbreaks (e.g., the Zika virus, Dengue fever, etc.), crowded cities, and a sizable population of informal workers – making it difficult for governments to mandate a strict self-quarantine. The *New York Times* [reports](#) that “worst-case scenario forecasts” from the University of Washington's Institute for Health Metrics and Evaluation (IHME) project that Brazil and Mexico could see 340,476 and 151,433 COVID-19 related deaths, respectively.

Despite the rising numbers and grim outlooks, several Latin American countries have begun planning to reopen as their failing economies now face the risk of collapse. Unemployment has soared and millions of people are at a risk of losing their livelihoods. Dire [projections](#) by The United Nations show a 5.3 percent drop in the GDP of the region, pushing about sixteen million people into extreme poverty, in addition to the 54 million already experiencing severe food insecurity.

Peru

The first case of COVID-19 in Peru was [confirmed](#) on 6 March through a traveler returning from Europe. Peru's President, Martín Vizcarra, initiated a complete lockdown – by mid-[March](#), non-essential businesses were shut down, borders were closed, and domestic travel was restricted; and by the end of the month, schools were asked to close down. The government, at the start of May, [announced](#) plans to re-open the economy in four stages, although a “State of Emergency” was [declared](#) until the end of June. While Peru's government took the necessary steps to help contain the pandemic, the country is still the second most affected country in the region after Brazil – leading experts to [cite](#) socio-economic conditions as the reason. Peru has faced severe shortages of [ICU beds](#), [ventilators](#), [masks](#), [oxygen](#), and other necessary PPE. There have been [reports](#) of hospitals in the country struggling with rising COVID-

19 infections, “with bodies being kept in hallways, masks being repeatedly reused, and protests breaking out amongst medical workers concerned over their safety.”

Chile

Despite the [confirmation](#) of Chile’s first case of the coronavirus on 3 March, the country has not established a national lockdown, but rather imposed selective quarantines in certain areas – the capital city, Santiago, was put under mandatory quarantine on 16 May. Chile currently has the third highest number of COVID-19 cases (after Brazil and Peru) in South America, and one of the worst rates per capita. The country, one of the wealthiest in Latin America, has seen the pandemic bring to light its widening [inequality](#) gap – leading to [continued](#) social unrest due to a [shortage](#) of food and lack of necessary resources. Between February and April, Chile’s unemployment level had [reached](#) a record high (in a decade) of 9 percent, hitting the trade, fishing and manufacturing industries the hardest. Chile’s government, to help combat the economic impacts of the pandemic, revealed an economic stimulus [package](#) of 12 billion USD (almost 5 percent of Chile’s GDP) in addition to 2 billion USD in [funds](#) to aid informal workers.

Mexico

Mexico first [confirmed](#) cases of the coronavirus on 28 February via travelers returning from Italy. Mexico’s President, Andrés Manuel López Obrador, has been highly [criticized](#) for his continued downplaying of the risks of the pandemic by making statements that the virus “won’t do anything to us,” and suggesting that “no lying, no stealing, no betraying, that helps a lot to not get coronavirus,” in addition to accusing the media and political rivals of exaggerating the threat of COVID-19. While Mexico subsequently took several steps to help curb the spread of the virus (such as temporarily closing schools and suspending the national soccer league), the country did not ban non-essential travel. The United States on 20 March applied [limitations](#) on travel across the US-Mexico border, restricting travel to essential personnel and cargo. On 30 March, Mexico’s government finally declared a national health emergency, suspending all non-essential activity. However, it was [reported](#) that, to help preserve international supply chains, factories along Mexico’s border with the US were pressured to reopen, with the US ambassador to Mexico tweeting that “it is possible and essential.” In the midst of [rising](#) cases and deaths that show no [signs](#) of slowing, Mexico has moved ahead with a country-wide phased [reopening](#) plan, despite the country’s health officials leading the response against the virus [urging](#) people to stay at home. Adding to the concern is Mexico’s failing healthcare system – which after years of [neglect](#), has been experiencing a severe shortage of trained medical personnel and necessary equipment to fight an outbreak of this scale.

Unlike most of the world, Latin American countries are seeing massive increases in COVID-19 cases and deaths even months after the onset of their first cases. The WHO has expressed concern about the region being the center for a number of the [worst](#) outbreaks in the world. The hard-hit Latin American countries especially are similar in the sense that the countries’ leaders have allowed politics to override recommended medical practices, and inadequate government measures and vast economic inequalities have further [amplified](#) the impact of the pandemic. The pandemic has had a severe economic impact in the region, leading to depreciation of Latin American currencies, loss of revenue because of the effects

of the pandemic on the tourism sector, etc. Latin American heads of state continue to debate the risk of the virus, advocate the use of unproven and risky medicines, refuse to wear face masks in public, and often clash with state and local authorities about best practices.

Update (8/26): Peru, Chile, Mexico (along with Brazil, Colombia, and Argentina) are set to [participate](#) in the Phase III trials of Johnson & Johnson's vaccine against COVID-19. The Latin American region, accounting for 8 percent of the world population, has continued to be deemed the global epicenter of the coronavirus – over 30 percent of global COVID-19 related deaths have been reported in the region. Health experts have warned of [major](#) setbacks and many Latin American counties have [seen](#) huge rises in poverty levels and an increase in authoritarianism, in addition to [devastating](#) economic impacts.

Peru: Healthcare workers in Peru [protested](#) against the lack of PPE to help treat COVID-19 patients, also calling for better working conditions and higher wages.

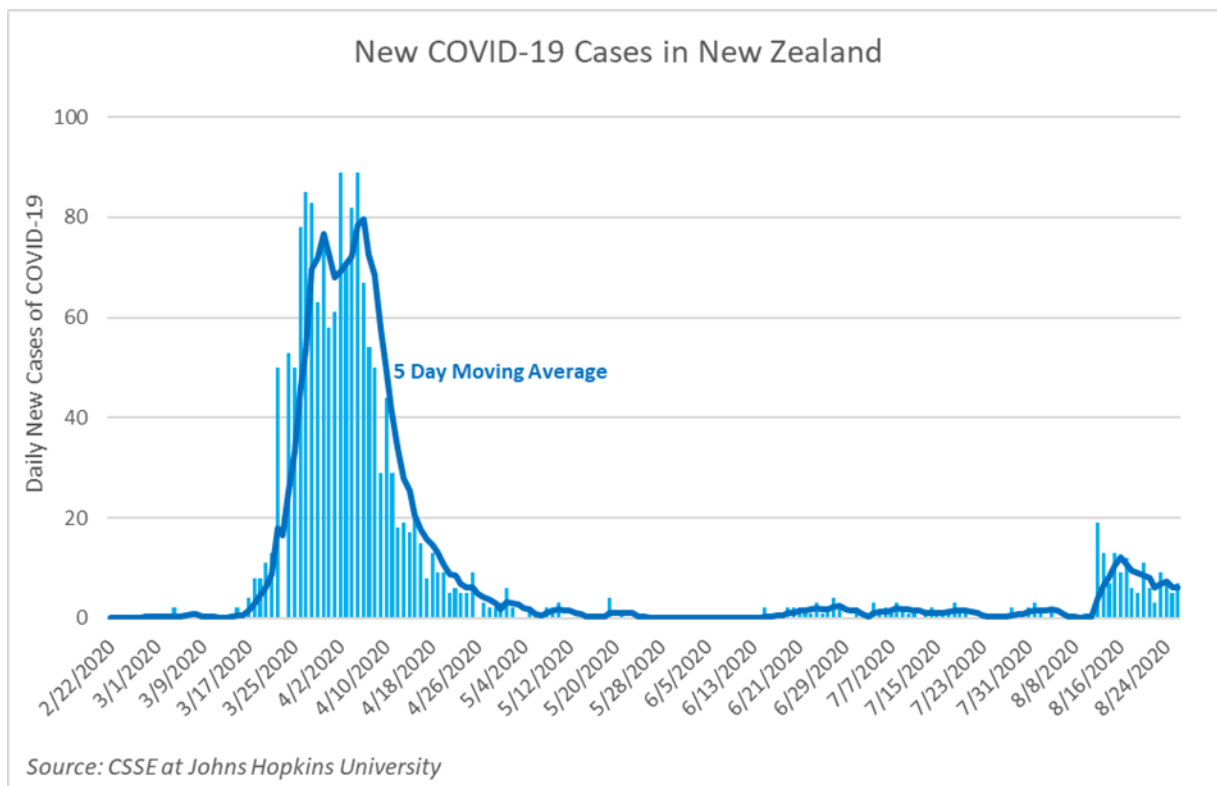
Chile: While Chile has remained under a “state of catastrophe” to ensure the enforcement of lockdown rules and maintain a nighttime curfew, the government has started to gradually ease restrictions in some areas to help reopen the economy. The country has suffered vast economic [repercussions](#) of the pandemic and [reports](#) have emerged of violent repressions of people demonstrating against the loss of jobs and lack of food brought on due to the pandemic.

Mexico: Mexico (along with Argentina) is [said](#) to be working to produce between 150 million and 250 million doses of AstraZeneca and the University of Oxford's vaccine to help supply it to Latin American countries. Mexico, like other Latin American countries, has been seeing devastating consequences of the pandemic, both [economically](#) and in terms of public [health](#). The Mexican government, considering high COVID-19 related deaths, has decided against reopening schools for in-person learning. Remote learning being difficult to establish due to low levels of internet access (stemming from social inequality), the government has started to [offer](#) education by television at least until the end of 2020.

New Zealand

[[PPW 05.22](#)]

New Zealand mandated a strict lockdown, starting in mid-March, for a little more than five weeks – a decision that the government authorized when the country had only about a hundred cases of the COVID-19 virus and no recorded deaths. Prior to the lockdown, it was [projected](#) that New Zealand was on a trajectory similar to Italy's. While testing for the infection was initially restricted to people with travel histories and obvious symptoms, the country subsequently stepped up the testing process rapidly. New Zealand's health authorities began relaxing testing criteria, planning for required resources, and assembling the workforce needed to conduct, and process, significantly more tests. In addition, booths were set up in supermarket parking lots for random testing. According to the [Ministry of Health](#), as of May 18, about 233,843 people (which is more than 4 percent of the country's population) had been tested (as of August 26, about 719,320 people had been tested), and the country's labs reported that they still had excess testing capacity. By the end of May, New Zealand had recorded only twenty-one deaths due to the virus (all of them people over 60 years of age), and at most only a couple of cases are being detected each day – all traced to known clusters.



At the end of April, after about forty-five days of stringent lockdown measures, New Zealand began to gradually ease the restrictions. Prime Minister Jacinda Ardern cautioned that the country was “not out of the woods,” as she announced the country’s move from [Alert Level](#) 4 to Level 3, allowing businesses to open (provided they could operate in a “noncontact” way), and sending about a million people back to work, leading to about 75 percent of the economy starting to operate again. In mid-May, the country moved further from Level 3 to Level 2, and restaurants, gyms, shopping malls and movie theaters began reopening – but with strict social distancing still in place. Most of the country’s schools reopened beginning from the third week of May, but it was announced that bars would stay closed a while longer – a choice driven in part due to reports of a surge in coronavirus cases linked to nightclubs in [South Korea](#). While international travel is not yet permitted, New Zealand and its neighbor Australia are discussing the concept of a “travel bubble” that would allow residents of the two countries to travel freely between them.

Describing the country’s advance to Alert Level 2 as moving to a “safer new normal,” New Zealand’s Prime Minister emphasized that there were still active cases in the country, but added that the country had obtained control of the virus, and that New Zealand was “now in a position where we can ease those controls and open up our economy.” The chief executive of the Ministry of Health, Ashley Bloomfield, also stressed that New Zealand had to remain “even more vigilant” to achieve its goal of eliminating the virus – defining elimination as “not a point in time” or zero cases, but rather as a sustainable reduction of infections to a small, easily containable number. The country recently rolled

out a new app, "NZ COVID Tracer", to help people keep track of their movements by letting users scan QR codes at the places they visit. This "digital diary" also registers users' contact information so that the National Close Contact Service (the country's COVID-19 tracing team) can contact them if required.

New Zealand [recently announced](#) a stimulus package of \$50 billion NZD to help reduce unemployment levels (to pre-coronavirus levels, in no more than two years) and save jobs. The country's finance minister called the spending (equating to about 17 percent of the economy) "the most significant financial commitment in modern history," while highlighting economic challenges the country would face as lockdown measures started being lifted. Under this plan, the fund is to be used for spending on training and apprenticeships, public housing and infrastructure, job creation, and tourism, among others.

Update (PPW 05/29): New Zealand [announced](#) this week that there were currently no coronavirus patients being treated in the country's hospitals, while also observing the fifth consecutive day with no new reported cases and no new deaths. Prime Minister Jacinda Ardern revealed plans to further loosen restrictions by increasing the maximum size of gatherings from ten people to one hundred by the end of the week, but added that New Zealand will continue to observe its current alert Level 2 at least until June 22.

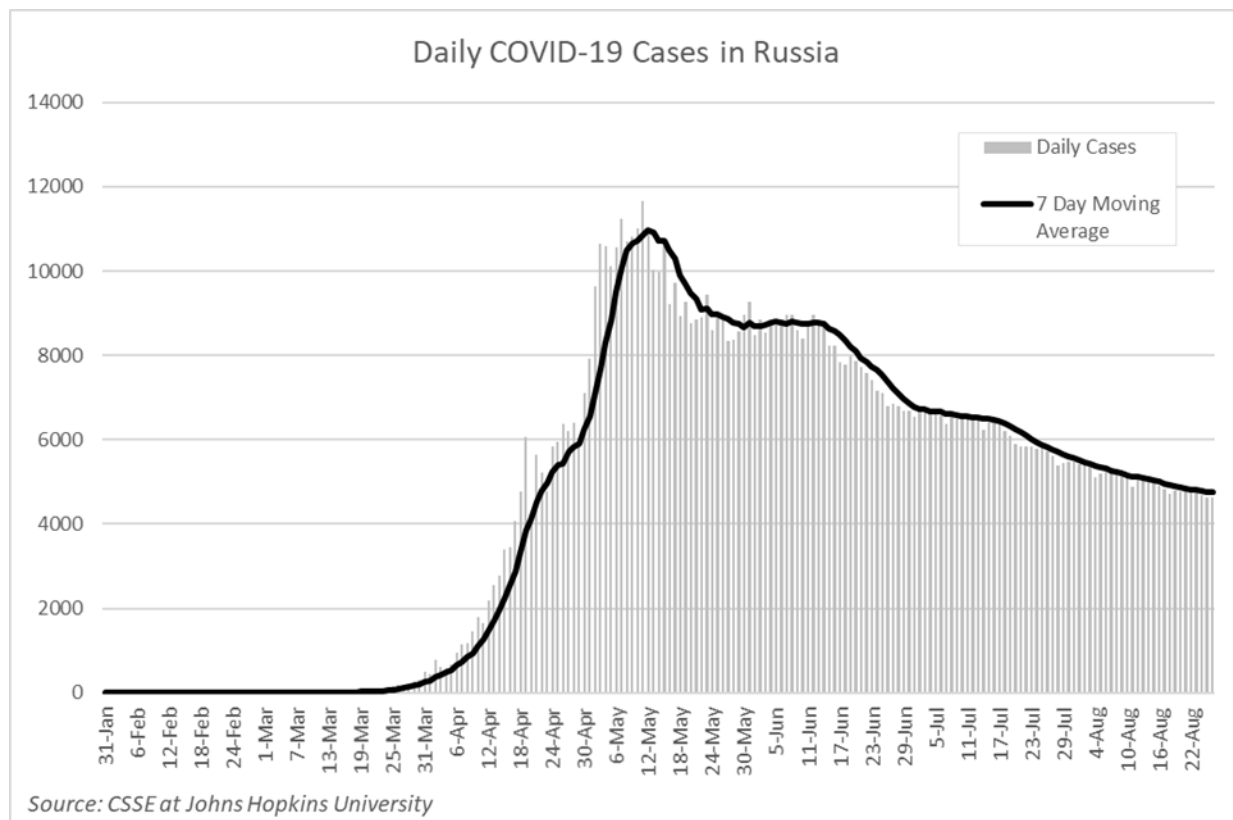
Update (PPW 06/12): The Prime Minister of New Zealand Jacinda Ardern [said on Monday](#) that New Zealand has successfully eliminated transmission of the coronavirus domestically and will lift all lockdown measures aside from border controls.

Update (PPW 08/14): After more than a hundred days of no new COVID-19 infections reported, New Zealand [recorded](#) more than ten locally transmitted cases, leading to an elevated alert level of 3 in Auckland (closing most non-essential businesses) and an alert level of 2 in the rest of the country. Prime Minister Jacinda Ardern had previously [announced](#) plans to impose localized lockdowns if faced with a resurgence of the coronavirus. The country has persisted in keeping its borders closed to international travelers, apart from a few exceptions.

Russia

[[PPW 07.10](#)]

As of 8 July, [official statistics](#) show that Russia has carried out over 21.7 million tests, and has 700,792 confirmed cases of COVID-19 plus a death toll of 10,667. (As of 26 August, [statistics](#) show that Russia has 972,972 confirmed cases of COVID-19 plus a death toll of 16,758.) The country is currently the fourth highest in terms of the total number of coronavirus cases in the world (the United States, Brazil, and India take the first, second, and third places respectively).



Reports by local media indicate that Russia’s first case of the virus was [recorded](#) at the end of January, a day after Russia imposed [restrictions](#) on its border with China (due to accounts of the spread of the novel coronavirus in Wuhan). While passenger trains to and from China were suspended, Russia did not immediately ban all air travel. In the beginning of February, the Mayor of Moscow, Sergei Sobyanin, [announced](#) that all travelers from China (entry was banned for Chinese nationals) would be tested for the coronavirus at the airport and expected to self-quarantine for a period of two weeks (monitored via automated facial recognition technologies).

Subsequent cases of the coronavirus were confirmed in March via travelers returning from Italy, following which additional [measures](#) to help curb the spread of the virus were rolled out – events were [postponed](#) or cancelled, schools were shut down, a “non-working period” was declared, and visas for foreign nationals (except for certain groups) were suspended. Additionally, Russia [banned](#) the export of medical PPEs like masks, gloves, etc. on a temporary basis. By April, almost all of Russia’s federal subjects saw the enforcement of strict lockdowns, which started being [eased](#) in the beginning of June.

According to government officials, at the start of April, Rospotrebnadzor (Russia’s Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing) [carried out](#) COVID-19 testing on more than 20,000 samples per day, and Russia had a daily production capacity of 100,000 test systems. However, medical experts have [questioned](#) Russia’s official statistics – in the 2019 Global Health Security Index, Russia was [ranked](#) 116 (out of 195 countries) for “detecting” pandemics.

There has been [skepticism](#) on Russia's low official mortality rate; authorities have been [suspected](#) of under-reporting the numbers to try to minimize the perceived scale of the pandemic. While Russia has credited the low virus death rates to mass testing, the tests carried out seem to have [identified](#) many false negatives. Russia's Health Ministry has now begun to [modify](#) its reporting of COVID-19 related death rates by also including deaths thought to be linked to the virus even if the patient has tested negative or if the "precise" cause of death was some other illness or condition. Russia has also been [criticized](#) for spreading [disinformation](#) on the coronavirus.

Russia has announced that the pandemic has led to a [loss](#) of about one billion RUB daily due to its decreased trade with China, while the tourism and aviation industries have seen a [loss](#) of about 27 billion RUB and a [loss](#) of 1.7 billion RUB (and counting) respectively. In early March, Russia [rejected](#) the Organization of the Petroleum Exporting Countries (OPEC) decision to cut oil production, [leading](#) to an oil price war with Saudi Arabia which [contributed](#) to the global stock market crash.

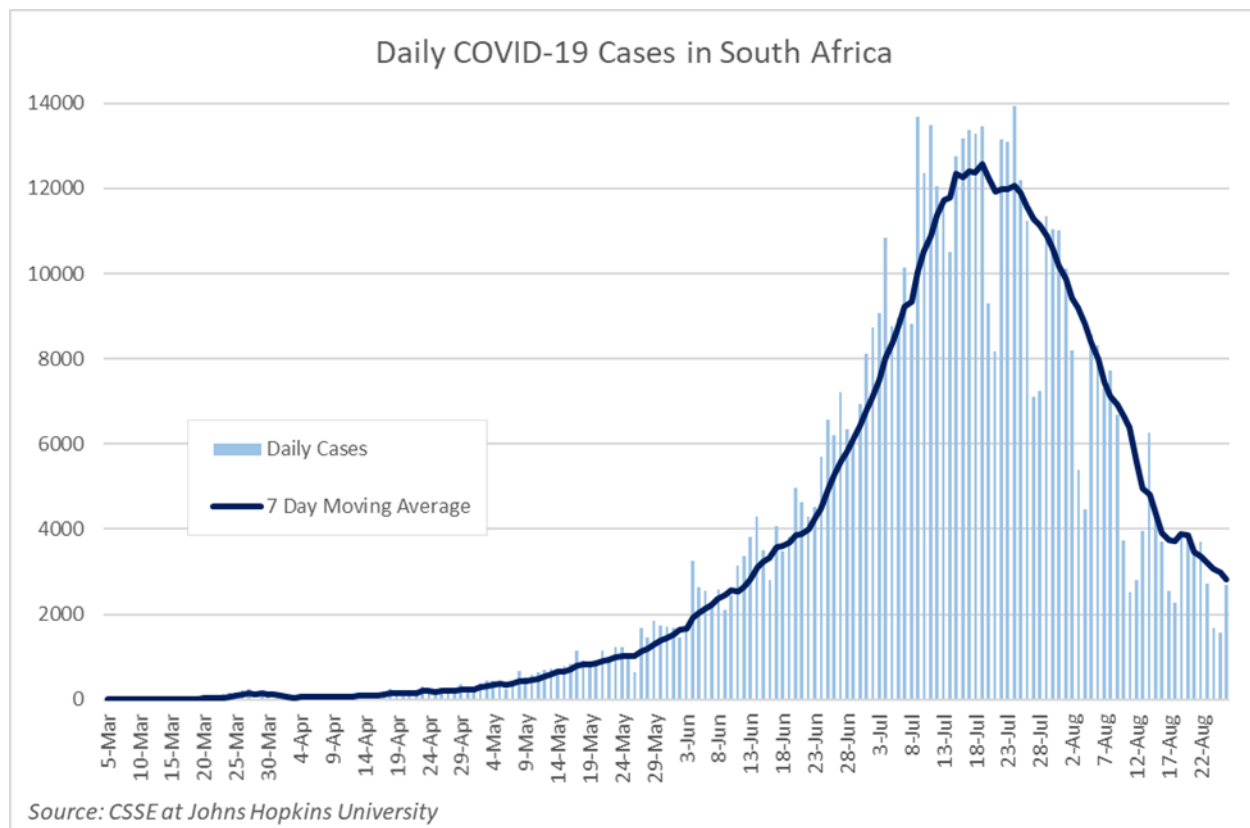
To combat the effects of the coronavirus, the country had [announced](#) plans for a recovery package, with President Vladimir Putin [declaring](#) a rise in the income tax for the rich ahead of the vote on reforms regarding his rule. An [article](#) in the *New York Times* suggests that Russia may be better positioned than many other economies to deal with the economic shocks due to the pandemic. Russia's ample financial reserves and debt-free companies, as well as its self-sufficiency in agriculture, have resulted from years of economic isolation due to the sanctions imposed by the EU and the United States. For that reason, Russia could be better equipped for interruptions of global trade caused by the pandemic.

Update (PPW 8/14): President Vladimir Putin [announced](#) the approval of a coronavirus vaccine, Sputnik-V, claiming it to be the world's first against the coronavirus pandemic. [Concerns](#) have been raised over the lack of essential "Phase 3" trials and the lack of data on its safety and effectiveness. (See report above in this document.)

South Africa

[[PPW 07.17](#)]

South Africa's Ministry of Health [announced](#) the country's first case of the novel coronavirus on 5 March via a traveler returning from Italy. As of 14 July, South Africa (the hardest hit African country) has [conducted](#) 2,232,738 tests and has confirmed 298,292 COVID-19 cases (world's eighth-highest) and 4,346 related deaths (as of 27 August, South Africa (the hardest hit African country) has [conducted](#) 3,617,982 tests and has confirmed 618,286 COVID-19 cases (world's fifth-highest) and 13,628 related deaths), with the median age of those who died ([reported](#) as of June 18) being about 62 years, and the median age of COVID-19 positive cases being about 39 years ([reported](#) as of July 4).



South Africa’s President, Cyril Ramaphosa, [declared](#) a “national state of disaster” on 15 March – announcing various measures such as imposing a ban on travel to and from high-risk countries, cancelling previously issued visas, instituting screening and testing measures at certain airports, prohibiting large-scale gatherings, cancelling social events, closing schools, and intensifying hygiene control at essential places of business. The South African Government also stated that, to improve the health response, it was increasing hospital capacity throughout the nation, in addition to strengthening its contact tracing processes. A national [lockdown](#) was put into place on 23 March, which was gradually eased from 1 May – the national alert level was first [lowered](#) to level 4 and then [further](#) to a level 3 from 1 June. President Ramaphosa, on 12 July, due to the surge in new COVID-19 cases, [extended](#) the state of disaster until 15 August. Additionally, he [reintroduced](#) an alcohol ban and introduced a new night-time curfew, citing the need to help decrease pressure on the country’s health system from alcohol-related traffic accidents and (mostly night-time) violence.

Towards the end of June, in collaboration with the United Kingdom’s Jenner Institute (Oxford University), a [vaccine trial](#) for the COVID-19 vaccine was launched in South Africa’s Gauteng province (also in UK and Brazil) with plans to vaccinate about two thousand South Africans. The country was chosen to host the trials due to its healthcare infrastructure (the most developed in the African subcontinent) and its [legacy](#) of medical innovation. Also noteworthy is that South Africa lies in the southern hemisphere, and is in the midst of its winter, the season where various types of influenzas flourish. South Africa has proven effective in using its limited resources such as the cheaper and less-invasive high-flow nasal devices [rather](#) than relying on ventilators to treat the virus, and making use of

domestically available supplementary medical personnel like final-year medical students and retired staff. In addition, crediting international success, South African doctors have been adopting the “[proning](#)” methodology which involves lying patients face down to enhance oxygen supply to their lungs. It has been recently [reported](#) that the country’s hospitals have begun to run short on beds and medical oxygen supplies. However, there have been reports of the country [increasing](#) its ventilator supplies, in addition to [receiving](#) international aid. In the fog of war on COVID-19, there is possible positive news. Johns Hopkins University [reports](#) that South Africa’s mortality rate per case is at the low end of the international scale, suggesting that its treatment techniques have been effective. However, an alternative research avenue [suggests](#) that South Africa’s total excess deaths have increased much more – which may mean that COVID-19 deaths have been miscategorized as “natural causes.”

Like in most countries, the pandemic has impacted South Africa’s economy, with economists [predicting](#) a 2.5 to 10 percent contraction in its total GDP. Towards the end of April, the President [announced](#) a 500 billion ZAR economic stimulus package (equivalent to a tenth of total output), in addition to its first ever [request](#) for a loan from the IMF. Besides [problems](#) regarding food security, South Africa’s unemployment rate, which was [about](#) 30 percent, has risen during the lockdown due to many workers ([especially](#) in the informal sector) losing jobs – leading President Ramaphosa to [declare](#) that, deprived of fiscal aid, “millions of South Africans in the informal economy and without employment [would] struggle to survive.”

Update (8/26): According to [reports](#), South Africa is considering signing a deal to help produce a COVID-19 vaccine that could help boost access in the African continent (which has limited manufacturing capacity). The country is currently the only one in Africa that is participating in clinical trials (the AstraZeneca and University of Oxford vaccine). In addition, South Africa is also set to participate in Johnson & Johnson’s vaccine trial. The country is currently fifth highest globally and highest in Africa in terms of COVID-19 cases. [Reports](#) have emerged of corruption within the South African government regarding its efforts to provide hunger relief, with widespread allegations of fraud and mismanagement.

South Korea

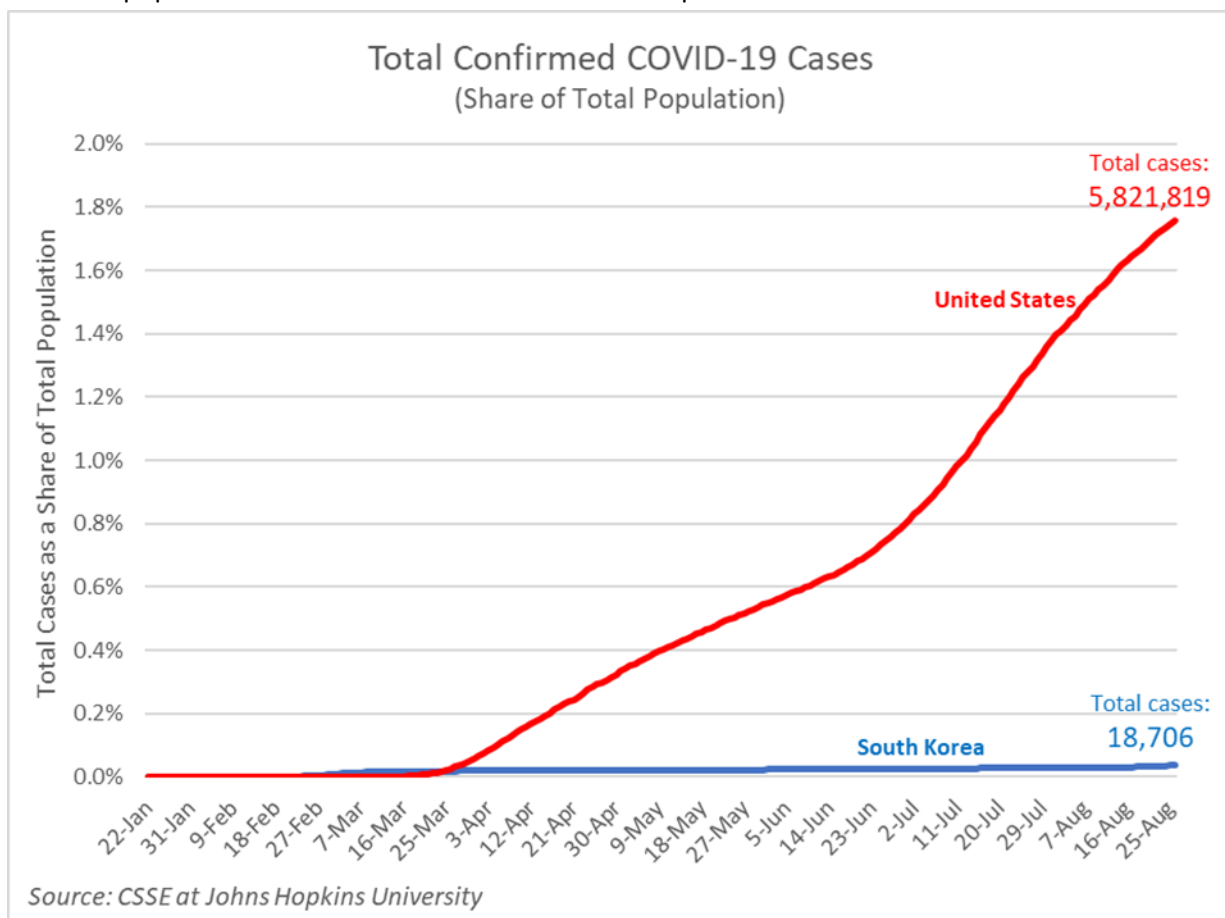
[\[PPW 05.15\]](#)

South Korea and the United States confirmed their first cases of COVID-19 within a day of each other. However, the two countries differed in their approaches to tackling the pandemic. To date, South Korea has 265 fatalities (313 fatalities as of 26 August). According to experts, South Korea established one of the world’s most thorough protective measures by enforcing a strict lockdown, carrying out mass testing and pursuing aggressive contact tracing.

Taking advantage of the country’s key post-MERS reform (which allowed the government to give swift approval to testing systems in an emergency), Korea Centers for Disease Control and Prevention authorized the manufacture of tests, which were quickly developed according to World Health Organization (WHO) templates. By the end of February, South Korea launched public “phone booths”

and “drive-through” testing centers, where people were tested for free while still sitting in their cars, with test results being made available in from a few hours to three days. South Korea’s large-scale testing proved crucial to mapping where the virus was, helping to direct public health efforts. The country’s early response proved vital in slowing the spread of the infection. The slow pace of testing in the U.S., on the other hand, hindered the ability to slow its spread, resulting in widespread community transmission. As Senator Mitt Romney (R-UT) pointed out in a Senate hearing, by March 6, the U.S. had completed just 2,000 tests, whereas South Korea had conducted more than 140,000 tests.

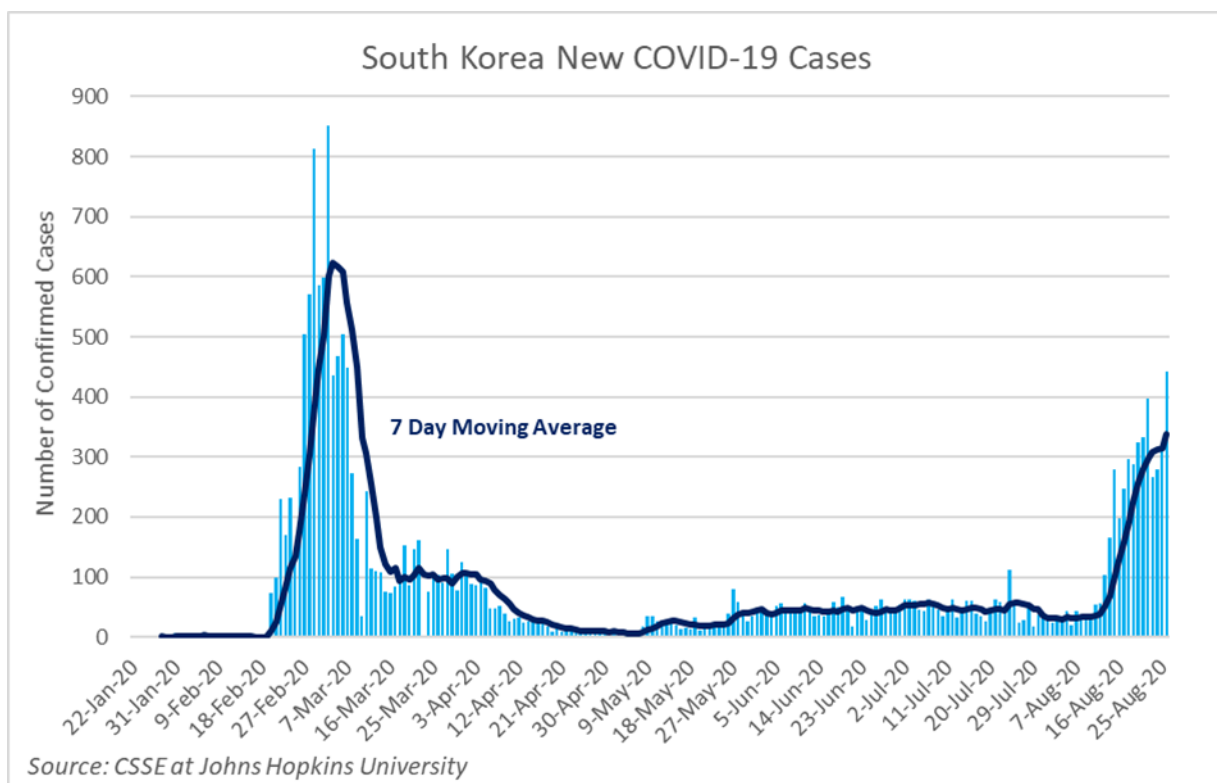
According to the director general of the International Vaccine Institute in Seoul, South Korea’s containment of the virus was through “decisive and transparent leadership based on data, not emotion... and compliance with advisories for social distancing and hygiene, like avoiding bars, churches, gyms and hagwon cram [private tutoring] schools.” He also stated that, “voluntary cooperation by an informed populace has been a notable feature of the response.”



With the slowdown in new coronavirus infections, South Korea has gradually begun to move safely back toward normal. On May 6, the South Korean government had begun to relax the strict social distancing rules that were in place since March 22. The easing of the imposed measures was done under a set of guidelines referred to as the "[social-prevention measures](#)." The guidelines advised those who are sick

and/or COVID-19 symptomatic to stay at home and told people to continue to maintain a distance of six feet from others, among other strictures. The guidelines also specified that South Koreans aged 65 and above, as well as those in other vulnerable and high-risk groups, should continue to stay at home and avoid enclosed and crowded spaces. Under the newly relaxed policy, bars, clubs and restaurants had started to reopen by the end of April; schools, museums, libraries, stadiums, etc. were expected to reopen in the near future. Schools were advised to wipe desks and frequently open windows, and students were asked to wear masks and maintain adequate distancing.

However, the country has now postponed plans to reopen schools, and has ordered Seoul's nightclubs, bars, etc. to close again after a “cluster” of new COVID-19 cases appeared in the city. Note that in proportion the increase in cases appears large, but in absolute numbers it could be just one or two episodes of entertainment-venue exposures. South Korea’s Centers for Disease Control and Prevention says more than 35,000 people have been tested following an outbreak linked to bars and clubs in Seoul’s Itaewon neighborhood. The country, which largely contained a major outbreak earlier in the year, reported 29 new cases Thursday, 21 connected to the Itaewon cluster, according to Yonhap News Agency.



According to [Son Young-rae](#) (Ministry of Health and Welfare), government officials, health workers and much of the public know that “a second wave is inevitable,” and that until there is a vaccine, relaxing restrictions will lead to more infections, and possibly even more deaths. It was further added that South Korea was “running a constant monitoring and screening system throughout society” so as to slow the spread of the disease and keep the size of the contingency down to “small, sporadic outbreaks that

come and go," so that cases could be handled without the need for mass lockdowns. Further, [President Moon Jae-in](#) warned that "It will be a long time before the COVID-19 outbreak has ended completely. We should also brace for the pandemic's second wave, which many experts are predicting," emphasizing that South Koreans should be prepared for a "prolonged war" against the COVID-19 virus.

Update (PPW 5/29): South Korea has seen a [rise](#) in new coronavirus cases, with health officials confirming forty new cases on May 27 – which is the highest number of new cases in single a day that the country has recorded in approximately two months. The country has also reported the first possible cases (in Asia) of the new COVID-19-linked illness in children (MIS-C), leading to concerned parents, as schools have been reopened this week.

Update (8/26): South Korean officials have [warned](#) that the country may be on the brink of a new outbreak of the coronavirus. The Korea CDC stated that despite efficient contact tracing systems (which can track down around 1,000 potentially infected patients in an hour), approximately 20 percent of new (hundreds of) daily cases are of unknown origin. Despite support for the re-imposition of strict social distancing methods, the South Korean government has [resisted](#) doing so citing economic concerns. Schools in Seoul, however, have been [ordered](#) to close following a rise in coronavirus cases. The importance of masks was bolstered when [news](#) emerged of a woman spreading the infection to customers (at a Starbucks in Seoul) via an air conditioner while the store's employees, who wore masks, stayed unaffected.

Sweden

[[PPW 05.08](#)]

Unlike many countries that shut down schools, banned large public events, closed non-essential businesses and imposed work-from-home where possible, Sweden has (so far) refrained from enforcing any strict lockdown measures due to COVID-19. While the country recently instituted a ban on gatherings of fifty people and above, it continues to allow restaurants, bars, offices, and schools to remain open (while encouraging people to stay at home if they feel ill and practice "good" behavior such as washing hands thoroughly and social distancing).

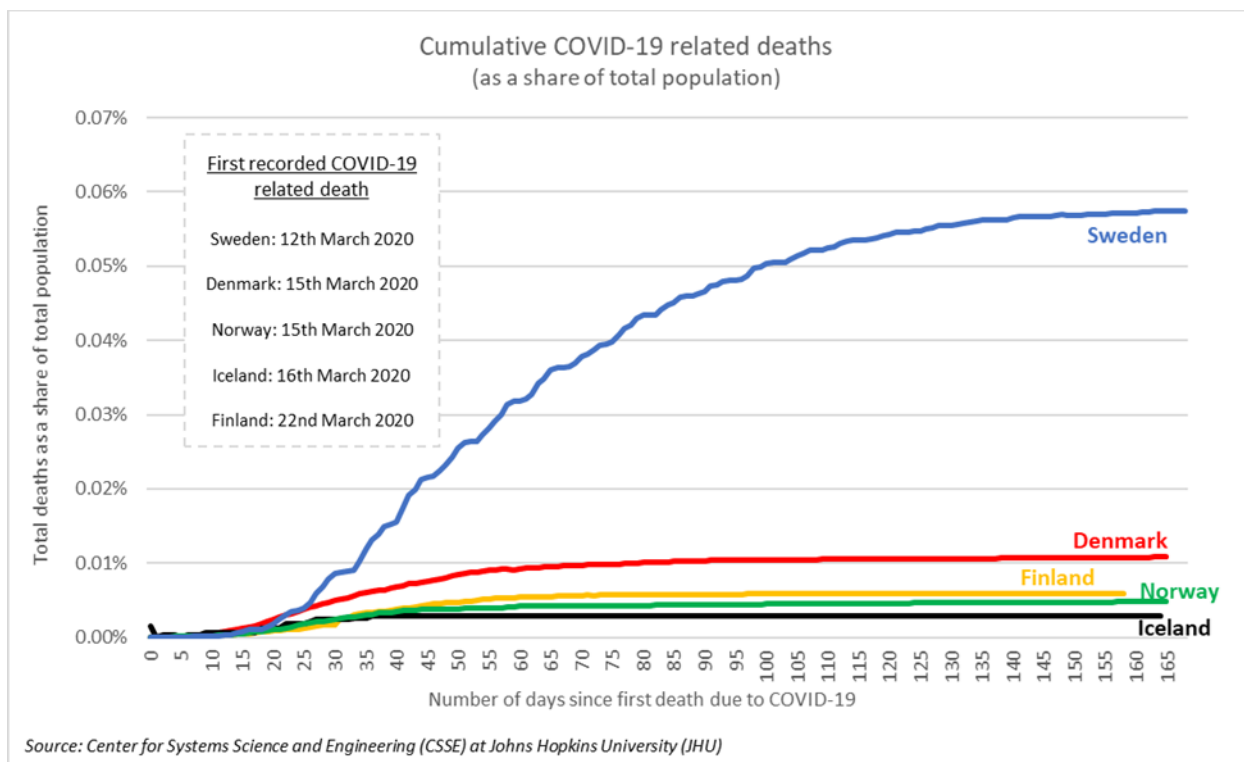
Although Sweden has not introduced strict social-distancing laws, its people seem to be following recommended guidelines without the need for legislation. Statistics from various companies indicate that trips to otherwise popular Easter vacation destinations have dropped up to 96 percent, mobility in the capital city of Stockholm has dropped by almost 75 percent, and close to 50 percent of the workforce currently works from home.

Experts at the [World Health Organization \(WHO\)](#) noted that Sweden "put in place a very strong public policy around social distancing, around caring and protecting people in long-term care facilities," and depended on the commitment of the people to self-regulate rather than enforcing lockdown measures. Furthermore, Sweden's Foreign Minister has pushed back against the idea of no social distancing being

implemented in the country by stating that, “We don’t have a radically different view... it’s a myth that life goes on as normal in Sweden.” So Sweden’s policy and public behavior are quite different from most other countries, but Sweden has not totally ignored the pandemic, as some might have inferred.

As of 6 May, 2020, Sweden has reported 23,918 coronavirus cases with 2,941 deaths (as of 26 August, Sweden has reported 83,898 coronavirus cases and 5,820 deaths), the highest among the Nordic countries. In comparison, [data](#) from Denmark and Finland (which imposed strict early lockdowns to curb the spread of the infection) show 484 deaths (624 deaths as of 26 August) and 30 deaths (335 deaths as of 26 August) respectively. Iceland has recorded 10 deaths (10 deaths as of 26 August), and Norway has recorded 211 deaths (264 deaths as of 26 August) so far. In terms of overall COVID-19 death rates, as of May, Sweden is higher than the United States (0.03 percent versus 0.02 percent). For perspective, Italy’s and South Korea’s mortality rates (as of May) are 0.05 percent and 0.0005 percent, respectively.

While Sweden’s mortality rate is the highest in the Nordic countries, its [testing rate](#) is the lowest – at 14.7 tests per thousand population, about one-quarter behind Finland (19.51) and only about one-tenth of Iceland (151.27) (although the rate of testing has accelerated). Sweden conducts round 30,000 coronavirus tests per week. The percentage of tests showing up positive has plateaued at about one in six. Sweden’s mortality rate among cases confirmed by testing, at over 12 percent, is also higher than in other Nordic countries: 3 percent in Norway; 4 percent in Finland; 5 percent in Denmark.



Although its per capita death rate is higher than its neighboring countries, Sweden's health officials indicated that the number of new cases had begun to "plateau" and decline, and that the nation's health system was coping well. Sweden's deaths per capita are also lower than France and the UK. Although a significant number of academics have signed an open letter calling for Sweden to reconsider its approach to the virus, the country's chief epidemiologist, Anders Tegnell, has maintained that Sweden's strategy to allow for "a slow spread of infection," so that a portion of the population can attain immunity, would ensure that health services do not become overburdened.

While the idea to let residents develop "herd immunity" had initially been considered and then subsequently rejected by a few other European countries (for example, the UK), Sweden's prevailing [culture](#) and [trust](#) in Swedish institutions, in addition to its geographic profile, may permit an easier management of such a strategy. As of 2019, the country [reported](#) a relatively low population density of 25.4 people per square kilometer (in contrast, according to the World Bank, UK's population density was 274.8 people per square kilometer in 2018). In addition, more than 50 percent of the households in Sweden are classified as "single person" households – allowing the population to follow social distancing guidelines more easily. The government's health officials have repeatedly argued that while Sweden may record more infections in the short term, it will not face the threat of a massive rise in infections that other countries may face after strict lockdowns measures are relaxed. Sweden's chief epidemiologist, Anders Tegnell, has said that sampling and modeling [data](#) indicated that 20 percent to 25 percent of Stockholm's population was immune to the virus. Tegnell has also noted that unlike a number of other countries, Sweden's health care system can always develop ahead of the curve of infections.

Sweden's strategy of keeping the economy "open," however, does not seem to be enough to escape a recession. Two grim economic [scenarios](#) for 2020 released by the country's central bank, the Riksbank, show outcomes depending on "how long the spread of infection continues and how long the restrictions implemented to slow it down are in place." The two scenarios (the second being "worse-case") show contractions of GDP of 6.9 percent and 9.7 percent respectively, unemployment rates of 8.8 percent and 10.1 percent respectively (higher than during the 2008 financial crisis), and inflation of 0.6 percent in 2020 in both cases. The [National Institute for Economic Research \(NIER\)](#) stated that "developments in April indicate that the Covid-19 pandemic will hit the Swedish economy much harder than anticipated... and the global economy is developing worse than expected which is hitting Swedish export companies which are also hampered by problems with international supply chains." In other words, Sweden is an open market economy, greatly reliant on exports. According to the World Bank, Sweden's exports and imports of goods and services (as a share of GDP) are 45.8 percent and 43.3 percent respectively. For comparison, exports and imports of goods and services (as a share of GDP) in the United States are 12.2 percent and 15.3 percent respectively. Thus, it is inevitable that any economic hit to the rest of the world would hit Sweden hard.

While the Swedish government had already [enacted](#) a SEK 100 billion budget measure to ease the economic blow due to the outbreak – through tax reductions, subsidies for shorter working hours, loan guarantees, as well as easier procedures for claiming benefits – it has reportedly decided against adding

any new measures to support the economy. The government did, however, highlight that it was ready to do more if required, with the Finance Minister announcing that country was in “a good starting position with the lowest government debt since 1977.”

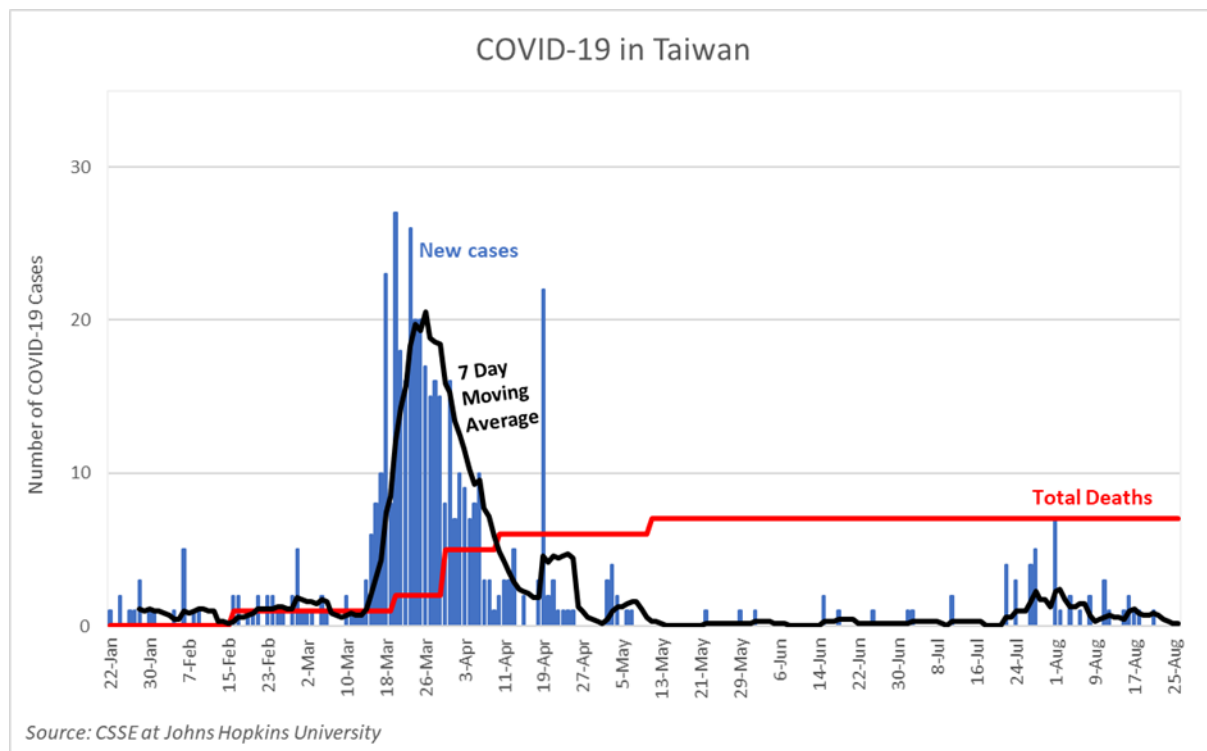
Update (PPW 5/29): Sweden's controversial decision against instituting a strict lockdown seems to have, so far, failed to produce the expected results of building up herd immunity. Anders Tegnell, chief epidemiologist at Sweden's Public Health Agency, referenced the findings of an ongoing antibodies [study](#), saying that the percentage of the population that developed antibodies against COVID- 19 by the end of April was “bit lower than we'd thought.” Sweden's mortality rate due to the coronavirus is one of the highest in Europe, with almost half of the country's deaths having occurred in care homes for the elderly.

Update (PPW 8/14): Data [published](#) by Sweden’s Public Health Agency show that only about 10 percent of the population in the country’s worst hit area have developed antibodies, implying that a large portion of the population still remains susceptible to COVID-19. Despite Sweden’s mortality rate per one million being higher than that of the United States, Prime Minister Stefan Lofven had [stressed](#) that he stood firmly behind the country’s [controversial](#) strategy of ‘herd immunization’ in dealing with the pandemic. While Sweden’s state epidemiologist, Anders Tegnell, [accepted](#) that masks may prove advisable, the country has so far only recommended their use rather than making masks mandatory, even in public spaces.

Taiwan

[\[PPW 06.12\]](#)

Despite Taiwan’s proximity to China, the nation has managed to keep the COVID-19 pandemic largely contained. Unlike in most other affected countries, the novel coronavirus has had a significantly low impact in Taiwan – with a total of seven deaths and four hundred forty-three cases so far (with a total of seven deaths and four hundred eighty-seven cases as of 26 August), [which constitutes](#) one of the lowest national incidence rates per capita.



The nation was put on alert concerning the unidentified pneumonia-like outbreak in Wuhan, China after the Deputy Director for Taiwan's Centers for Disease Control (CDC), Luo Yi-jun, came across [posts](#) on Taiwan's PTT Bulletin Board System. The country immediately began carrying out [inspections](#) on flights inbound from Wuhan, began [screening](#) those who had travelled to Wuhan within two weeks for symptoms seen in illnesses such as SARS and MERS, and quarantining those who tested positive. By mid-March, foreign nationals, except in certain special cases, were banned from entering Taiwan, and all of those who were admitted into the country were required to complete a fourteen-day quarantine on arrival.

On 20 January, even before the first COVID- 19 infection was confirmed in Taiwan, the government [activated](#) the Central Epidemic Command Center (CECC) and National Health Command Center (NHCC) to coordinate its response to the virus. Taiwan's Vice President (20 May 2016 – 20 May 2020) Chen Chien-jen's [expertise](#) in epidemiology; [lessons](#) learnt from Taiwan's experience with the SARS epidemic including the establishment of infrastructures integrating relevant institutions; use of data analytics; affordable health care policies; extensive educational outreach; travel bans, quarantines, strict surveillance, and social distancing measures have contributed to the nation's success in dealing with the pandemic. Widespread testing (including retesting those diagnosed with influenza or pneumonia) and contact tracing were practiced. According to the Journal of the American Medical Association (JAMA), Taiwan put about a hundred and twenty [action items](#) into place within three weeks, leading to worldwide [praise](#) for its quick and efficient response to the outbreak.

Taiwan, after the SARS epidemic, had ordered [stockpiles](#) of PPEs to be kept at a sufficient level to deal with the early stages of possible future virus outbreaks. With the cooperation of private companies, the Ministry of Economic Affairs organized additional production lines for surgical masks to increase production capacity. The government also monitored price spikes in the market and took over the distribution of medical-grade masks to prevent mass panic buying. By January's end, Taiwan's government had announced a [temporary one-month ban](#) on the export of face masks (which was then further extended) to secure a supply of masks for its own citizens. A mask rationing system was introduced, allowing people to buy masks on specific days and restricting the number that could be purchased at a single time.

On June 7, Taiwan [lifted](#) some restrictions, including those limiting the number of people allowed at public events, and began easing social distancing measures in certain public areas. The CECC also moved to weekly (rather than daily) press briefings due to the visible success of the nation's containment efforts.

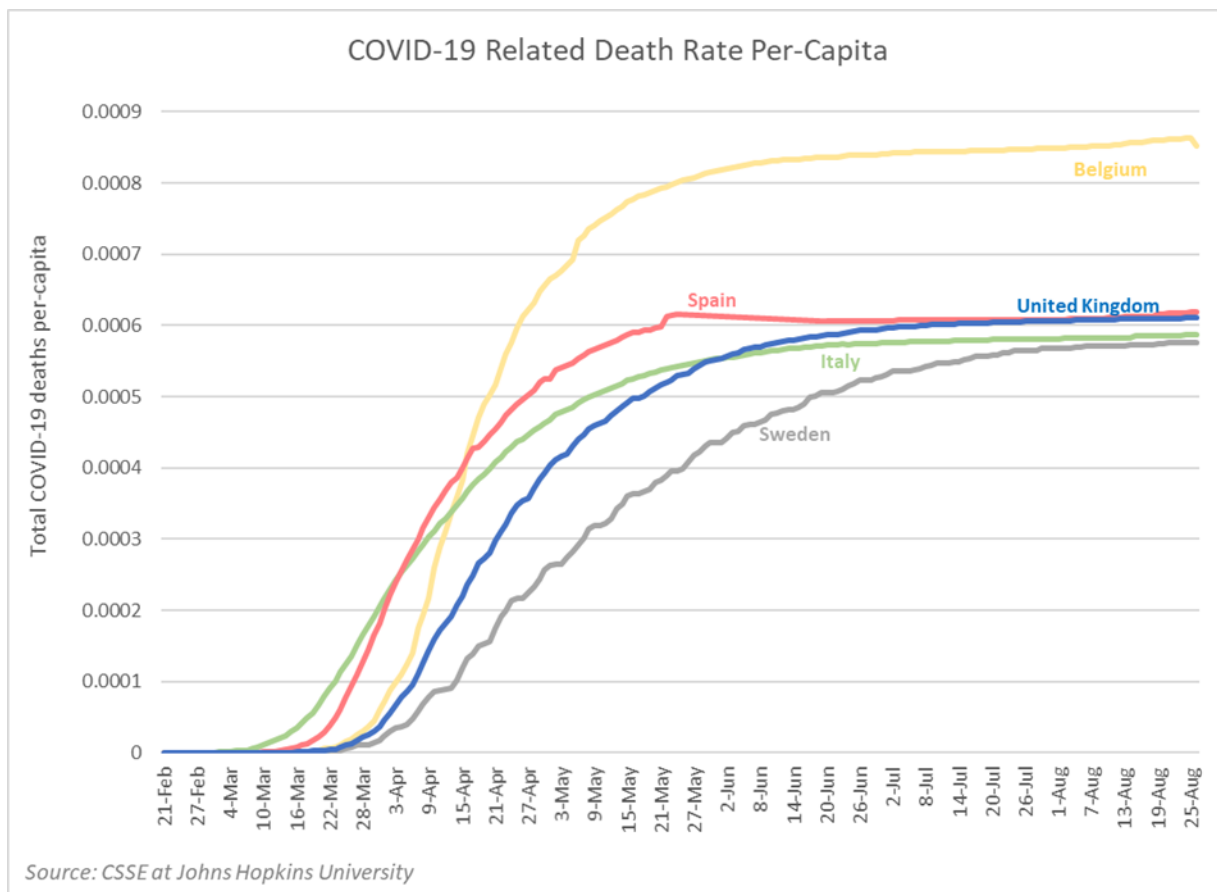
Taiwan successfully navigated the pandemic without the mass lockdowns that have devastated the economies of most affected countries. The executive branch of the government, the Executive Yuan, proposed a [60 billion TWD](#) economic stimulus package, which then [passed](#) the Legislative Yuan. The stimulus package was [expanded](#) in the beginning of April to 1.05 trillion TWD. In addition, Taiwan's Ministry of Economic Affairs [introduced](#) a "stimulus coupon" plan to help local businesses by encouraging the buying of commodities. The International Monetary Fund (IMF) has [forecasted](#) that the nation's GDP would have a 4 percent decline (compared to a 6 percent average decline of advanced economies).

Update (8/26): [Reports](#) from Taiwan, hailed as one of the most successful countries in the world in terms of handling the coronavirus pandemic, show that engineers (of the company Brain Navi) have developed a robotic arm to help perform COVID-19 testing by limiting staff-patient contact. The machine, built to perform nasal swab tests in five minutes, has currently only been tested on employees.

United Kingdom

[\[PPW 07.24\]](#)

As of 23 July, [official](#) statistics show 297,146 confirmed cases of the novel coronavirus and 45,554 related deaths in the United Kingdom. (As of 27 August, official statistics show 330,368 confirmed cases of the novel coronavirus and 41,477 related deaths in the United Kingdom.) Currently, the UK has the second highest COVID-19 related death rate per capita in the world.



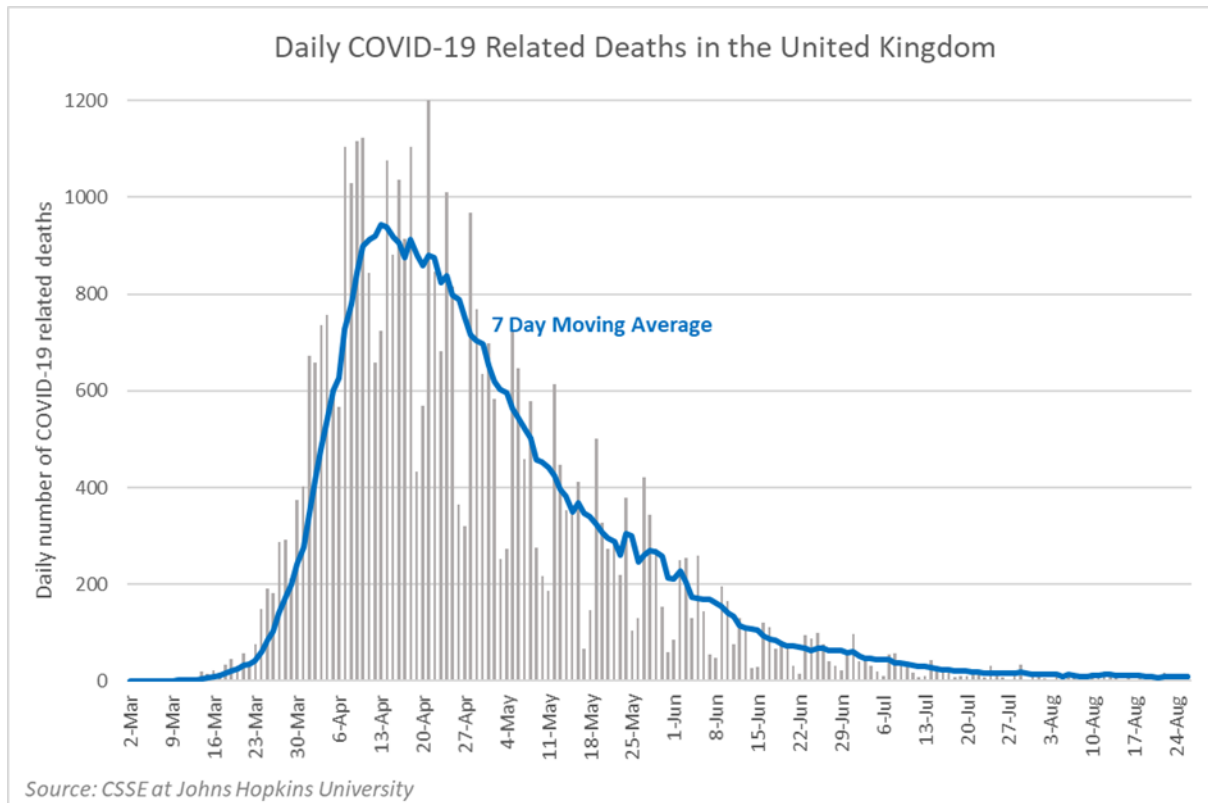
In terms of the total number of coronavirus-related deaths in the world, the UK is presently [positioned](#) as the third highest (after the United States and Brazil). Several reasons have been presented for the nation's [high](#) death rates. One is the densely packed urban city of London with its huge globally diverse population. In fact, [reports](#) on the virus's genetics indicate that the coronavirus may have entered the UK at least 1,300 times, mostly from other European countries (34 percent from Spain, 29 percent from France, and 16 percent from Italy). Factors such as UK's high obesity rate, and [comprehensive](#) death certificates¹ (including fatalities of those who tested positive for coronavirus whether in hospitals or not, as well as cases where COVID-19 was cited as a contributory factor) have also been considered significant.

The delay in imposing a lockdown (on 23 March – almost two months after the virus was first confirmed in the country) has been also thought to have [contributed](#) to the initial infection (from abroad and within the UK) rapidly spreading out of control, and as a result also [delaying](#) the reduction of the death rate. The UK, in the [early](#) stages of the pandemic, did not take into account infections and deaths in sites other than hospitals, leading to “hotspots” (such as care homes) being overlooked. The aforementioned factors, in addition to other reasons such as [initially](#) including only a narrow list of

¹ In [contrast](#), Spain has only counted deaths of people tested in hospitals and Italy has counted deaths only of people who disclosed being tested positive (which does not necessarily include care homes).

symptoms to look for, the lack of large-scale testing and the [lag](#) in establishing contact tracing, have been put forward as reasons for UK's high coronavirus-related death rates.

Among the four countries that make up the UK, England has seen an abnormally [high](#) number of deaths associated with COVID-19 in comparison to numbers in Scotland, Wales and Northern Ireland – the reason for this is [thought](#) to be Public Health England's (PHE) calculation of death statistics; patients in the NHS database who had tested positive for COVID-19 (even if already recovered and discharged) are included in the COVID-19 death figures even if they died at a later date of other causes.



The UK began lifting its lockdown by the end of June, approximately three months after imposing it. Social distancing requirements were cut in half – reducing the distance from six to three feet, even though experts have [expressed](#) concern that reducing the required social distance would significantly increase the risk of spreading the virus (the UK still reports about a thousand new infections daily). England began [reopening](#) restaurants, pubs, theatres, hairdressers, parks, as well as tourist sites from 4 July (on the condition that facemasks be [mandated](#) in all stores), in addition to ending its two-week compulsory quarantine period for incoming travelers from most countries – but continues to [restrict](#) travelers from the United States. Northern Ireland also began allowing pubs, restaurants and hairdressers to reopen, and [permitted](#) public gatherings of up to thirty people in an outdoor setting.

Scotland followed a [similar](#) approach to reopening, also [lifting](#) its five-mile travel limit. Wales, on the other hand, seems to have taken a more cautious path to reopening – while the country lifted its “[stay](#)

[local](#)” rule, restaurants and pubs were allowed to operate only in [outdoor](#) spaces. The UK currently has plans to open up [schools](#) with safety measures in place from either August or September. Coronavirus vaccine trials carried out by scientists at Oxford University have [confirmed](#) that an early trial of their experimental vaccine triggered a protective immune response in hundreds of people (18 to 55 years of age) that persisted for at least two months after immunization.

As in almost all affected countries, the coronavirus pandemic has had a large economic impact on the UK, significantly disrupting financial markets, employment, and industries such as aviation, shipping, tourism, etc. The construction industry has seen an [estimated](#) 35 percent drop in productivity due to issues such as rising costs due to delays, uncertainty in labor availability, and social distancing measures, even though construction sites have begun reopening. The UK has announced a total of 166 billion GBP in stimulus packages aimed at aiding the economic recovery from the pandemic.

According to [reports](#), UK’s Finance Minister, Rishi Sunak, recently announced a 30 billion GBP economic package (included in the total above) to help curb the nation’s growing jobs crisis, and lift the economy out of its worst recession in three centuries. The plan includes bonuses for businesses rehiring their furloughed employees, programs to create and support new jobs for people under the age of twenty-five (who are most likely to have been impacted by business closures due to the pandemic), and reductions in sales taxes to bolster the hospitality and tourism sectors.

Update (8/26): With schools in the United Kingdom set to open by September, officials have called for students to return to classrooms – [warning](#) that missing out on education presented a bigger risk to children than getting infected with COVID-19. A [report](#) using data from schools that reopened for a short summer term in June found that there was an infection rate of 0.02 percent among staff members and 0.008 percent among students – showing a limited spread of the coronavirus.

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