



# COVID-19

## Part 6

### **Approaches and practices. What World Post COVID – 19 (24-30 April 2020)**

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## *Weekly Summary*

The worldwide spread of the coronavirus infection (COVID-19) continues at a high rate. To date (April 30), the number of infected people has already exceeded 3.1M.

Following the initial shock and the lack of a clear assessment of the situation, countries have taken a number of health, social and economic measures to reduce or mitigate the initial effects of the spread of the coronavirus. In this phase of the crisis, efforts are focused on preserving people's health by limiting the sharp escalation of illnesses, which can put the health system under great pressure. This includes implementing lockdown, social distance and quarantine, preserving the health care providers by providing personal medical protective equipment, medicines and apparatus to assist the treatment of the sick.

The high level of uncertainty about what is to come in the near and far future remains. The questions at this stage are much more than the answers and this generates uncertainty in societies. Countries where protests have erupted as a result of citizens' dissatisfaction with the restrictive measures (USA, France, Germany, Canada, Australia) have increased. In Lebanon, the coronavirus crisis is compounded by the economic crisis in the country, further exacerbating the social tensions and scale of the protests.

It is noteworthy that some European countries that are thought to be on the way to controlling the spread of the disease are already taking concrete steps to phase out and alleviate the measures currently taken to tackle the first pandemic wave. At this stage, actions are prudent and will be determined to a large extent by the success of each of the steps taken to alleviate - the so-called a stepwise approach. In this respect, each of the steps taken to facilitate the measures will be monitored and analyzed to evaluate its effectiveness. The aim is to avoid disturbing the balance sheet and causing a new wave of infection.

Against the backdrop of the crisis, accusations against the World Health Organization (WHO) and China are mounting. The US administration has sharply criticized China for its lack of transparency and timely information after the COVID-19 outbreak in Wuhan. Last week, the US even made 60-day cut off funding for the (WHO), accusing it of mismanagement and withholding data on the spread of coronavirus.

The virus is a new one and completely different from the known so far. In the course of the pandemic development, new elements are being constantly released, which are being described for the first time. Not many cases, described

even within 24-48 hours, give a picture and contradictory data. This is a major problem so far in "capturing" the cause. Something from one clinic is published, and after a little while another clinic, which may not be on the other side of the world, says the opposite. This is observed both with regard to the mechanism of action of the infectious agent (pathogenesis) and with regard to treatment. Some medics report one combination of medicines, the next day others find that this combination not only failed, but worsened the patient's condition.

On the move it is the "learning by doing" principle which do the reconnaissance of the invisible enemy. Humankind continues to learn in the course of action. Only after the crisis is over and after deep analysis will it be possible to speak in details and with concrete data, figures, lessons, etc. It is very likely that there will be a geographical difference in the course of the diseases, as there are genetically different variants of virus isolated in different regions of the world. This is not uncommon, for example, the Epstein-Bar virus, which is a family of herpes viruses, is detected in almost 100% of humans. In Asia, it very often causes oral cancer, while in Bulgaria there are only a few cases per year of cancer. For so many years, scientists have not found a satisfactory explanation for this phenomenon.

Comparative analyzes of genetic variants are yet to be done to answer questions that are currently a mystery and speculated. For example, where the virus came from in a country - the US said it came from China, now claiming that it came from Europe. All interpretations at this stage are hasty, though they go full force. It is now known that the virus penetrates the airways and reaches the most peripheral parts of the lungs, namely the alveoli. The alveolo-capillary barrier passes and enters the bloodstream. Viremia, a condition of the body, is produced in which viruses enter the bloodstream and from there they have access to the rest of the body. The virus is most commonly transmitted by an airborne mechanism and is spread throughout the body through the blood. This is one of the mechanisms. It can also spread through the lymphatic pathway. There is an option for it to penetrate into the body and through the digestive system. A new symptom has recently been reported - leg rashes. And the question is, is there a possible transmission mechanism?

Moreover, "the virus stroll" through the body can take place at the beginning of the infection, but may circulate for a longer time. Obviously, the blood-brain barrier also passes because brain structures are damaged. These are so many intimate mechanisms that need to be clarified for a long time. The suggestion that this is a systemic damage to all organs has recently been commented on. Swiss scientists have proven that the virus causes inflammation of the superficial layer of

all vessels, including the capillaries (endothelium), which leads to impaired blood supply and, consequently, necrosis in all organs. They found that COVID-19 inflamed all blood vessels. Obviously, this is not a disease of one organ or one system. It is a disease of the whole body. There are many facts that prove that it can damage all organs - from the brain to the little toe.

A month ago, there were reports of changes in taste and sense of smell, a week ago - leg rashes, it was likely that new symptoms would be described or some could be attributed to the disease.

Elderly people with co-morbidities were said to be the most vulnerable, but the prognosis with age preference for the virus also did not prove to be very accurate. At first, it was believed that young people became infected but did not become ill and had to protect the adults. Then it was seen that young people, even babies, who become infected were found every day, and their illness was of varying severity. So as to who is susceptible and who is not, there is more to discuss. For example, there is no proven vertical transmission of the virus from mother to fetus. There is constant talk, but no one has described it, and it goes without saying that there is no such transmission, but everything is a snapshot. Other viruses have also been claimed, but later proved to be different. There is also no confirmed information about the virus's relationship to stem cells.

Things are dynamic, in fact, the humankind is in the midst of the process. It is said that in Bulgaria we have crossed one peak, now we are moving to the second one - this was shown by the mathematical models. And as you can see how some models collapsed literally in days, it becomes clear that the real picture will become known after in-depth analyzes of actual indicators only after it is completed. More importantly, the lessons obtain need to be learned and applied in the regulatory documents in order to avoid mistakes and to adequately respond to future similar crises.

For the time being, it is best to discuss all known and unknown dimensions very carefully by specialists who directly investigate and treat the disease. Free circulation in public of brain waves, whims and assumptions based on someone else's information is likely to do more harm than good.

Epidemics run and end in a way described by medicine, the differences are in the details. At the same time, each viral infection that occurs for the first time is different. In the beginning, everything is unknown - the cause, the clinic, the outcome. Over time, the answers come one by one, who is correct, who is wrong, and finally - everything comes in place, things are clarified, described in detail, and the epidemic goes into the textbooks. So it was with SARS-1 in 2002-2003, with

MERS in 2012-2015, so it will be now with SARS-CoV-2. Then something new will appear.

It is too early to speak of a valid vaccine, but treatment with vaccination is one possibility. The other is SARS-CoV-2 (publicly known as COVID-19) to disappear as SARS-1 and MERS have disappeared in the last 15 years. Vaccines were created for them, but no one has used them since.

Interesting is the fact that publications in the Russian media have appeared since 2003 describing the same virus (Journal of School of Laws No. 9 2003) with the same signs and describing treatment with the drug Ribovarin. The same drug was declared a cure at the end of the week in the US, but only that reduced the duration of treatment by about 30%.

There have also been reports of US intentions to declare bankruptcy on its foreign debt to China. This could be interpreted as a possible punishment that the US wants to impose on China for the pandemic.

Another negative trend, in addition to the existing ones, is the increasing number of people starving in the world. This is a precondition for the emergence of another crisis - the humanitarian one, which is set to be the worst crisis since World War II, with Africa and the Middle East most vulnerable.

An interesting fact is the negative price of oil for the first time in history, caused by the combination of several factors – sharply reduced consumption, large amount of oil produced and filling of storage facilities for the product. This situation has severely affected oil production in the US and Canada, where the extraction of shale and sand resources has higher production costs. This will result in bankruptcies of companies involved in this sector.

A positive indication in the search for success in combating the coronavirus and ending the pandemic is the creation of a vaccine. In this regard, four countries have started initial testing for the vaccine for the disease on volunteers. The next steps in this direction are decisive in finding a way out of the current situation.

### *What World Post COVID – 19<sup>1</sup>*

The US Atlantic Council with the Scowcroft Center for Strategy and Security collaboration, have released a predictive analysis edited by Dr. Mathew J. Burrows and Dr. Peter Engelke on the present crisis and its impact on the global political and economic life. The document claims to be merely a preliminary look

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<sup>1</sup> Atlantic Council - MAT BURROWS, PETER ENGELKE - The Atlantic Council is a nonpartisan organization that promotes constructive US leadership and engagement in international Affairs based on the central role of the Atlantic community in meeting today's global challenges. ([www.AtlanticCouncil.org](http://www.AtlanticCouncil.org))

at the geopolitical implications of the crisis that is still unfolding. It outlines three scenarios for the possible direction of development of global systems after COVID-19. The forecast is based on presumed ways of developing and related geopolitical, economic and social consequences. The coronavirus pandemic is a major shock to the world order created after World War II and in current intense situation, such analytical scenarios help to account for the range of probabilities and to increase the visibility of possible paths forward.

According to the authors, the first one states of a “Great Accelerator Downwards” where by the mid-2020s, deglobalization is speeding up, yielding slow economic growth everywhere. Poverty levels are rising in the developing world and there is the potential for open conflict between the United States and a China-Russia alliance. Besides For the Europeans, it is the same old battle that was fought during the eurozone crisis: Germany, the Netherlands, and other northern EU members are pitted against the others. Berlin is wary of the others using the crisis as a precedent for mutualizing risk across the EU. Italy is the new Greece, unable to stabilize after the devastating human and economic costs of the pandemic. Unstable politically and economically, Italians believe they deserve unconditional support from the other EU member states. However, Germany and other northern members have paid a stiff price and believe Italy should use the crisis to initiate economic reforms. EU institutions are paralyzed while the divisions deepen between north and south.<sup>2</sup>

Second one is “China First” as China is not fully recovered, but its leadership sees an opportunity to undermine Western liberal democracy’s credibility by expanding assistance with increased soft loans and more infrastructure projects. “Belt and Road-type” deals are expanded to more states in Asia, Africa, and Latin America, giving Beijing ownership over critical infrastructure in more countries. At home, the CPC is successfully bolstering public support by portraying Western democracies as unable to deal effectively with the pandemic. Where this does not work, Xi ruthlessly suppresses any criticism of the regime. For the many countries outside Europe, the United States appears in sharp decline. Despite China’s responsibility for the outbreak, the pandemic has tilted the geopolitical balance in its favor.<sup>3</sup>

The third prognosis is called New Renaissance and presents where the global economy collapses, G7 and G20 leaders at the helm rise above nationalistic impulses and forge an agreement on a coordinated recovery plan, including the lifting of border closures and relaxation of tariffs and other trade barriers. After a

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<sup>2</sup> Mat Burrows and Peter Engelke, “What World Three Scenarios”, Atlantic Council Strategic Papers, April 2020

<sup>3</sup> Ibid

slow start, the recovery gains traction and the major economies see renewed growth. The V-shaped recovery finally happens. However, it took a year before the takeoff occurred, helped by the discovery and rapid dissemination of a vaccine. During that yearlong “wait” period, the G20 convened and set in motion a coordinated effort with drug companies to find a vaccine. The G20 made sure that everyone in the world would be vaccinated without charge, which increased market confidence. No one thinks this will be the end of Sino-American differences, but it means that in several areas the United States and China will be working together. With the lowering of interstate tensions, economic growth resumes and, for the majority of the world’s population, the Sustainable Development Goals of eliminating poverty and spreading education are once again within reach.<sup>4</sup>

## Countries Overview

### **Germany**

As of April 29, 2020, Germany is the sixth most affected worldwide (159,912), with the death toll being relatively low thanks to early and massive testing. The number of infected and hospitalized during the period is about the same level as last week, with 17% of cases being hospitalized. What is striking is the high level of cure for the virus, currently at 117,400, which gives great hope for the disease's development in the future. Currently, statistics show that the peak of the disease has passed and the situation is calming down.

In the last week, the acceleration of infections in Germany continues to be negative. This speaks of permanently limiting the rate of spread and controlling the situation. An important indicator at the moment is the ratio between death cases and newly infected in 24-hour base. In countries where there is a negative acceleration of the spread, this ratio is less than 10. This is also the case with Germany. This is due to the fact that mortality is a function of the number of infected and repeats the type of infection schedule with some delay. While the acceleration is negative and the number of newborns per day decreases, a smaller ratio of casualties to newborns per day will be observed. In the coming days and weeks, there will also be a decrease in the number of newly infected people in Germany. Our estimate is that distribution will not end and will be terminated until restrictions are lifted. This means that a week later, some acceleration dynamics will be observed. Immunity in the population of up to 10-15% will be built in the

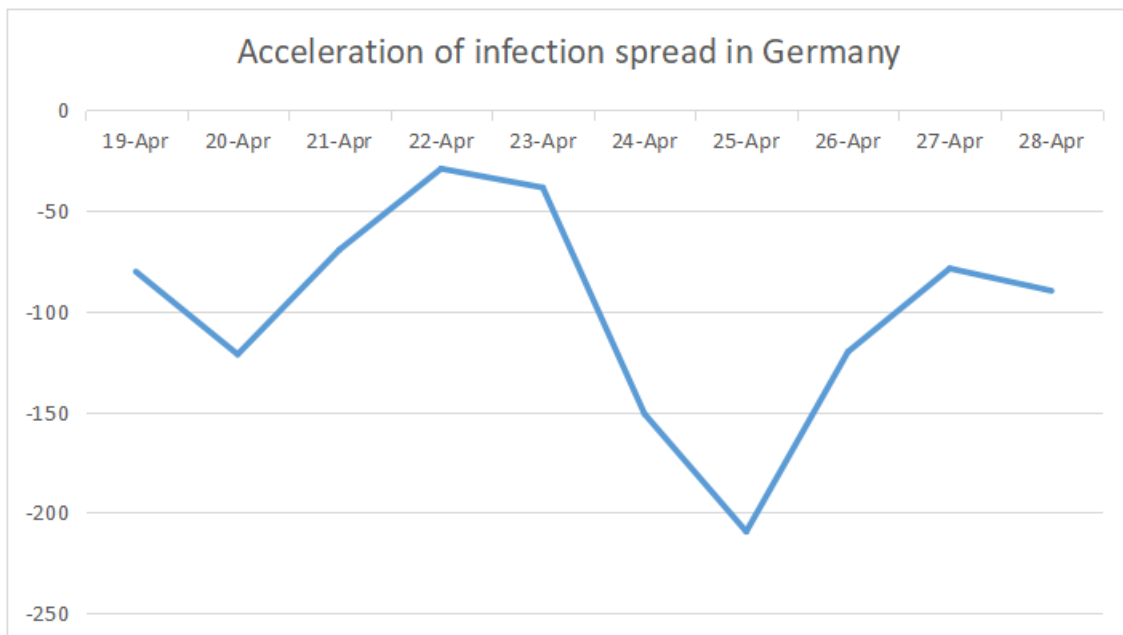
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<sup>4</sup> Ibid



hard hit areas. This will have a deterrent effect on the spread of the infection and the speed will not increase too much. The problem will be settlements that did not have contact with the virus. Rapid outbreaks are possible. Warm weather and direct sunlight will greatly mitigate the effect.

It is currently assumed that the rate of transmission of the disease from person to person is below one. This is justified by the fact that the acceleration of the spread of the infection is of negative value for Germany. Interesting is the peak observed on the chart for the days of April 16-18. This peak is observed in most Western countries for which CMDR COE has analyzed statistics. Probably this peak is due to movement and contacts of people, which is observed during the holidays. Another characteristic of the development of the crisis in Germany is that mortality rates are beginning to increase. This means that most of the infected are not diagnosed, which in turn explains the rapid decline in reported cases. It is suggested that warmer weather contributes to a greater number of asymptotically infected ones. This, in turn, will lead to the emergence of new local outbreaks and the number of fatal cases will persist for some time. The country is preparing to phase out restrictions, which is probably due to the analysis of accelerations.



On April 15, the federal government adopted a decision to gradually reduce measures, announcing initial plans to ease restrictions:

- extension of the general measures against Covid-19 until 3 May;
- from April 20 - opening of shops with a commercial area up to 800 sq.m.

This also applies to car dealerships, car repair shops, bicycle shops and bookstores, without restriction on commercial space;

- requirements for wearing non-medical masks by citizens in public transport and shops were introduced on 27 April.

- from May 4 - resumption of study activity for the upper classes and for those levels in the schools where the exams are due;

- Mass events remain generally banned until August 31, incl. concerts and football games;

- the requirement to maintain a distance of 1.5 meters, to move people out to a maximum of two (or in a family circle) and to communicate only with people in the common household remains in force;

- many companies have announced their intention to gradually resume operations in the coming weeks;

- The Bundesliga has announced its intention to resume matches from the May 9 national championship, which will be played without spectators in the stands.

The country has called for a larger EU budget to support economic recovery in the Union, linked to the adoption of a European Economic Package to support economic recovery in the next two years.

## **Italy**

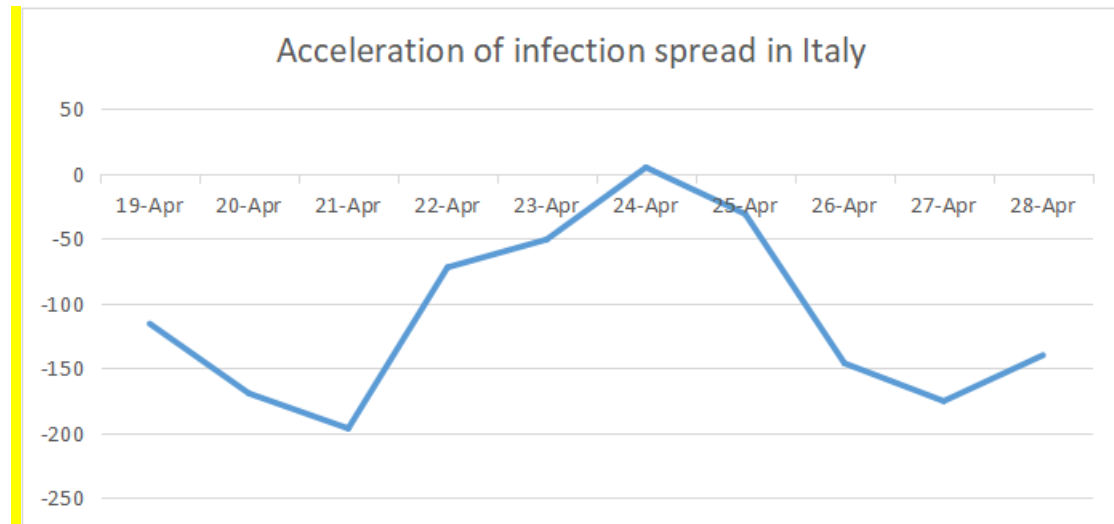
The number of fatalities and new infections in Italy is significantly lower than the peak period at the end of March, but the trend towards a significant decline has not persisted despite national quarantine. The country remains as one of the world centers with an active coronavirus infection, with 201505 cases detected at that date.

Italy also calculates a ratio of deceased and newly infected infants less than 10 days a day, which is due to the same facts as in Germany. The rate of spread of the virus is negative and the number of newly infected infections is gradually decreasing. The health care system is significantly depleted and we expect the number of deaths as a percentage of all infected to begin to decline slightly.

Although, in absolute terms, the country seems significantly affected, in fact other European countries are under similar pressure as well. Belgium is an example of this.

CMDR COE estimates of the population in Italy that have had contact with the virus continue to increase slowly and will approach 18% in a week. Not enough to stop the spread, but slow down its speed. This is due to the fact that there is already a substantial nucleus that has healed and healed. Combined with warm weather, this will create the necessary conditions for the restrictions to be lifted

without the risk of a sharp rise in the number of cases again. Problems will remain risk groups - adults and accompanying diseases.



An extension of the quarantine period in the country to May 03 was announced on April 10, while resuming some trading activities such as the operation of book exchanges and forestry. The cessation of all industrial and commercial production activities and the preservation of the physical distance between people when shopping was reaffirmed.

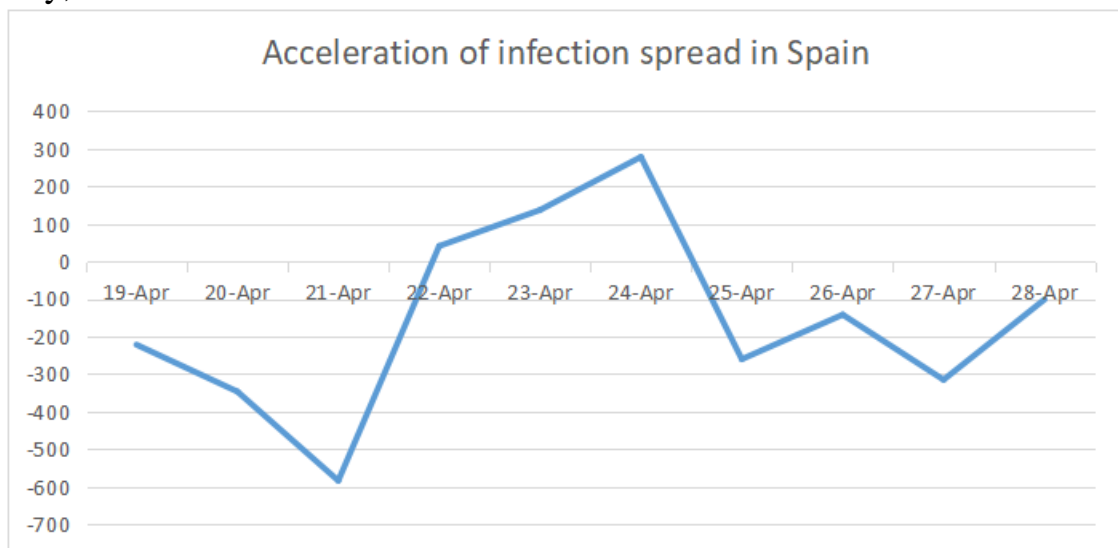
A legislative decree was adopted on 20 April, providing for emergency advice on the 2020 elections, given the state of emergency in relation to COVID-19. With this decree, elections in Italy are postponed to September 2020 - parliamentary and local.

On April 26, the Prime Minister announced the initial plan (the so-called "Phase 2", which will start from May 4. Travel between the different districts will still be prohibited, but traffic will only be allowed between municipalities in case of work, health plans or family visits, and plans to resume production and construction activities. Schools, bars, restaurants and hair salons will remain closed.

Currently, there are over 220,000 cases of COVID-19, the second highest figure in the world, with health ministry statistics reporting only cases confirmed by tests. Until last week (April 20-24), the government also included the number shown to have developed antibodies to the virus. On April 27, the government launched a study on sero-tolerance (transmission dynamics), involving 60,000 people, to collect information about the actual number exposed to the virus through blood tests.

## Spain

In Spain, the acceleration of the spread of the infection is still not permanently negative. This means that we will continue to monitor similar values of the number of newly infected day-to-day over the coming days. Also, the ratio of newly infected and dead per day is closer to 10 compared to Germany and Italy. However, the outlook is positive and there will be a decline in the number of reported cases in the next week. It seems that the country is largely repeating the development in Italy with a delay of several weeks. Just like in Italy, the population in Spain that has had contact with the virus continues to grow slowly and will approach 16% in a week. There are many well-healed people registered in the country, which allows a controlled release of restrictions.



At the same time, Spain began easing the economic constraints introduced on March 30, aimed at further restricting urban movement and increasing social exclusion in society.

The first step to ease the restrictions is effective from April 26 (Sunday), when children under the age of 14 have been allowed to go for a walk or bike accompanied by a parent. The new rules allow them to leave for an hour within a kilometer of their homes. The new conditions allow 6.3 million children in Spain to be outside every day between 9am and 9pm. Those over the age of 14 are allowed to shop in stores, as it was during the blockade, but parents, however, prefer not to send their children, especially in closed areas where there is a greater risk of contamination.

Currently, all views in Spain are on May 9. This is the last day of a prolonged state of emergency, and according to Prime Minister Pedro Sanchez, this is the date from which current restraints can be eased.

A key tool the health ministry has announced in deciding how the first steps will be taken is a serological study to detect the spread of the virus in Spain. However, the results of this test will not be ready until May 9 - the study began last week (April 22-25) and will last eight weeks.

## **Portugal**

The other Iberian state, Portugal, restores normality with some restrictions. The Prime Minister said that the economic sectors that will resume operations from May 4, 2020, will be determined on April 30 (Thursday).

Portugal will return to normal mode of operation with more "demanding" rules on public hygiene, health and safety. Distance, more personal protective equipment and a great deal of attention to the way in which the movement inside the factories takes place are the main criteria, according to the Prime Minister.

Currently (29 April) the proven COVID-19 cases in Portugal are 24,027 and the deaths are 928. The death rate is significantly different from that in neighboring Spain, where 5 million die per 1 million, while 93 die in Portugal. According to many scientific capacities, there are a number of reasons behind this difference, assuming that the reason lies in the way the statistics are kept.

It highlights the fact that, compared to other countries, the Portuguese Government has implemented restrictive measures relatively early. Strict emergency measures were put in place when there were no deaths in the country (the first was March 16, the measures were set on the 13<sup>th</sup>) and coronavirus infected were barely a hundred. Schools, bars and discos were closed, all sporting events were canceled, and border with Spain was closed.

Portugal had to act quickly mainly because of its health system. For now, intensive beds are sufficient, and two temporary hospitals for the sick have been prepared, but overall health care is in dire straits - because of the savings imposed after the crisis of ten years ago. There is a shortage of doctors, nurses and advanced equipment. In the meantime, it can no longer count on tourism inflows. With an aid package of more than 9 billion euros, the government is trying to soften the blow.

Portugal is one of the European countries where international tourism is expected to decline the most this year due to the pandemic. According to a study by Oxford Economics, a 40% drop in visitor numbers is forecast for Portugal,

surpassed only by Spain and Italy. According to the survey, Portugal will welcome seven million fewer visitors this year compared to 2019.

At the same time, Portugal does not see a slowdown in planned foreign investment despite COVID-19. According to country's economy minister, Portugal will remain an attractive country in the long run because of its relatively successful counter-measures in the crisis imposed by the government.

### **United Kingdom**

The temp in numbering COVID-19 cases in the UK has dropped significantly over the past week, falling to 20% from the previous period (up 50% back then), reaching 161,145,000 people infected. However, this week the UK took the 5<sup>th</sup> position (after the US, Italy, Spain and France), ahead of Germany globally by COVID-19. The Kingdom maintained its 5<sup>th</sup> position in terms of casualties, reaching 21,678 casualties (20% increase). During this period, it is also important to note that the authorities announced a double reduction in occupied intensive care beds in hospitals.

In the sixth week of the introduction of lockdown, it appears that the UK has reached the peak of the first wave of COVID-19 spread, lasting about 13 weeks since the start of the infection in the country (31 January 2020).

The national statistics on the island has reported that one-third of all deaths in England and Wales have occurred in seniors' homes with people over 65, which is beginning to worry authorities.

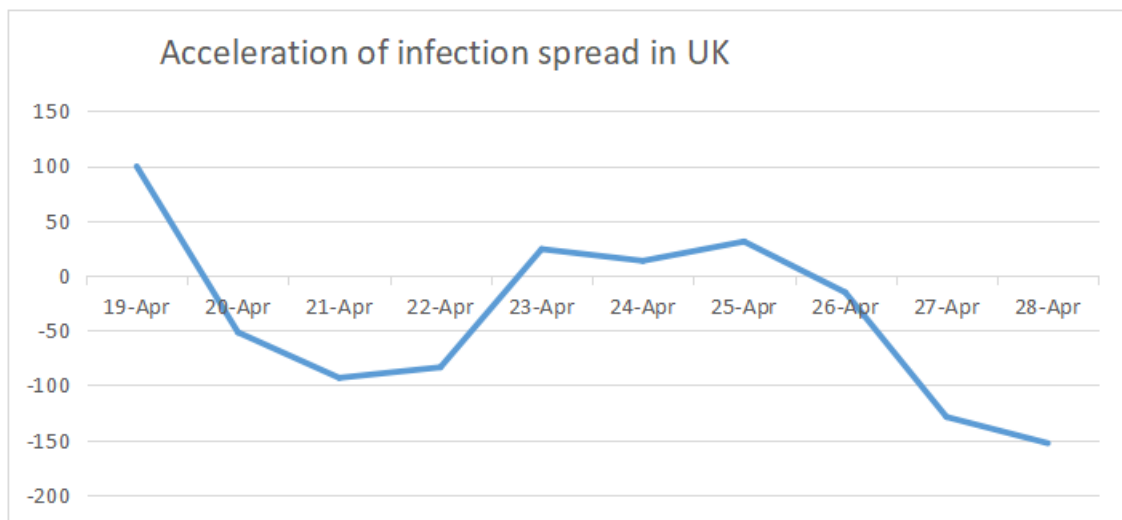
During the period the UK conducted 203,434 tests (approximately 43,000 tests were performed on April 28), reaching a total of 763,387 tests over the whole period (of which 26.89% were positive). 6%, which may be explained by the increased number of tests performed, reaching 11,245 tests / 1 mil population.

Slowly, the UK is increasing the number of tests carried out per day, as promised by the government as part of a test, track and trace strategy to try to keep the epidemic under control. However, the goal of the government is to run 100,000 tests a day, which increasingly looks like political populism, not reality and ability. However, in recent days they have managed to reach 81,000 per day, which is close to what was promised. An increase in the capacity of the tests carried out was made possible after the delivery of home test kits and the use of mobile modules by the armed forces.

There are no new measures introduced last week in the country. Boris Johnson has tasked his ministers with thinking about how to rebuild a shattered economy after the May 7 restrictive measures expire.

The British government has refused to share what the potential steps for emergency response are despite the growing interest, saying it is too early to do so. Unlike other European countries, the United Kingdom does not provide information on the number of patients recovered. According to medical authorities, the recovery process from COVID-19 is lengthy and difficult to follow.

As previously reported, the government is making significant efforts to encourage the search for a vaccine for the virus. Initially, researchers thought they would be able to develop the vaccine early in September, but now Oxford University has announced that they have created an effective vaccine and plan to conduct clinical trials with 6,000 people by the end of May.



The situation in the UK is developing according to the CMDR COE forecast of the previous week. Such a pronounced slowing in the spread of the virus was not observed. However, this week's results show of reaching a plateau of contagion rates. It is also possible to see a sustained deceleration in the coming week, which will help manage the situation. This is also indicated by the low ratio of deaths per day to newly infected persons.

Given the CMDR COE commentary distortion of the statistics submitted, it is difficult to calculate the percentage of the population that has had contact with the virus. However, it is estimated that it may already be 20%. This will naturally limit the acceleration and a possible second exponential wave after the constraints fall. So far, the country is developing with about a week delay compared to Italy, Spain, and Germany.

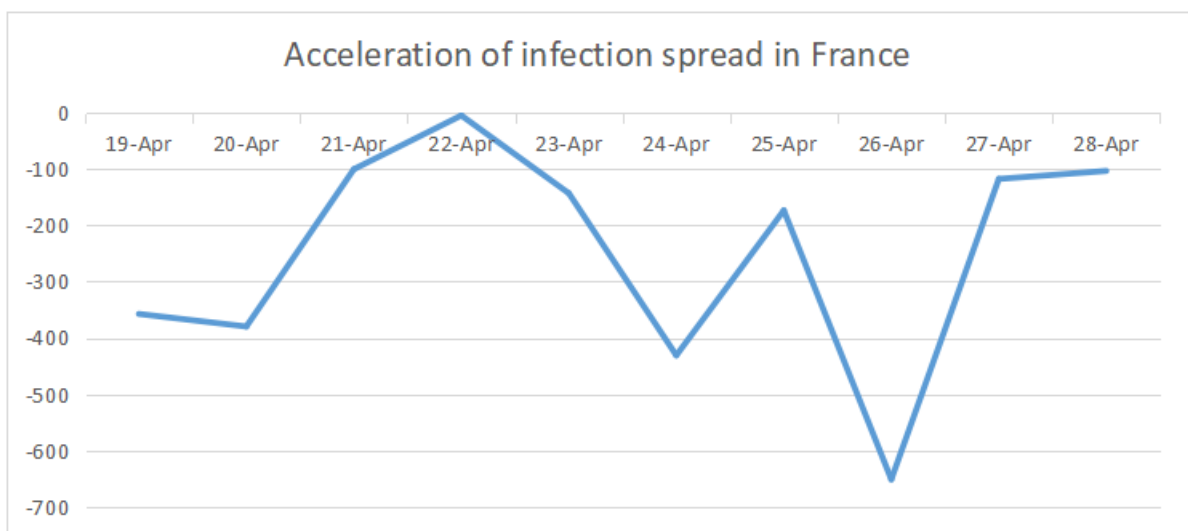
### **France**

Currently, there are 165,911 cases of infection in France and 23,660 deaths. The country is very optimistic about how the pandemic has developed over the past

week. On April 26, France reported a large fall in the number of deaths from coronavirus, with 242 deaths in 24 hours, a drop of more than a third on the previous day. According to them, deaths in hospitals - 152 - were the lowest daily value in the past five weeks, with 90 people dead in nursing homes. The number of people leaving intensive care units is also higher than the number of people entering intensive care units.

For the last week, the main focus of the COVID-19 situation in France has been the partial lifting of restrictive measures in the country since 11 May. Before the French Prime Minister Edouard Philippe officially presents the national strategy for exiting the restrictions imposed because of the coronavirus from 13:00 on April 28, general information on the key elements in it is presented to the public. The presentation of the plan will be followed by a vote on the "national plan of the opening plan". According to an Ifop poll for the Journal du Dimanche, only 39 percent of the French public have confidence in the government's ability to effectively deal with the virus, seven points lower than last week. Seventeen priorities have been identified for the gradual removal of the country after May 11. These include reopening schools, companies returning to standard operating mode, returning public transport to normal conditions, offering masks and disinfectants, testing policies and support for the elderly.

Currently the acceleration of the spread is permanently negative. Also, the rate of deaths per day and newly infected persons is less than 10. As for other countries, this means that death statistics per day replicate the appearance of the delayed infection schedule.



French Prime Minister said the government's plan will focus on six key areas - public health, schools, business, public transport and public meetings. But leaders



and experts remain divided on how quickly to revive closed economies while maintaining a delicate balance between freedom and security.

On April 24, the head of the French RATP, Catherine Guilloir, said that transport authorities are working on making 70% of the Paris transport network operational by May 11, up from 30% now. Ensuring that 70% of the transportation network works would be tantamount to making about eight million trips a day, she told Radio France Inter. The system currently has 4 percent capacity or 500,000 trips per day.

The clarity on the presented national strategy for easing the blocking form of May 11 includes the following:

- The government's target is 700,000 tests per week, starting May 11. France will seek to test anyone who has been in contact with someone infected with the coronavirus.
- A sufficient number of masks will be available for all from May 11. The government is calling on all companies to provide workers with masks and, if necessary, will help small businesses get them. The masks will also be sold on the post office website and will produce five million pieces each week for the most vulnerable.
- All stores except cafes and restaurants will be open after May 11th.

### **Austria**

There are 15,357 registered patients in Austria, of which 12,580 are cured, 560 are deceased and 2208 are active. The good news is that the number of new infections continues to decline. While some social distance measures remain in force, quarantine has been lifted for the other three previously affected areas in Austria. This encouraging development may be due to the rapid implementation of extensive measures by the Austrian Government and the discipline of the Austrian people. Discipline yes, but the facts of Friday showed that the pressure was increasing in the country. A crowd of about 200 opposed a police ban on gathering in central Vienna to protest the blockade in Austria. The protest organizers, the Coronavirus Proven Information Initiative, want the blockade to end.

Austria has issued clear guidelines for when and how public life can be restarted. A decision will be taken by the end of April to set a date for the reopening of the services sector. The aim is to provide a gradual recovery beginning in mid-May. Events can take place at the end of June.

Starting May 1st all retail stores, as well as hair salons, can reopen following strict rules. The gastronomic business remains closed until the second order - transportation or delivery services are allowed. The goal is a gradual

recovery starting in mid-May - however, this remains dependent on the assessment of the situation at the end of April.

Restrictions on entering the country, ski areas, mass events, status of the institution do not change.

### **Belgium**

The current situation in Belgium remains stable over the past period. Strict preventative measures to tackle Covid-19 will remain in force until May 3th, at the earliest. After that date, Belgium may begin a gradual loosening of the measures, if circumstances permit. The data from the last day confirms the trend, after the beginning of April, of a gradual decrease in the daily number of infected and deceased Covid-19 patients.

Recent data in Belgium shows a slight decline in the number of hospitalized patients with Covid-19, and there is even a slight decrease in intensive care patients. The number of people confirmed infected with Covid-19 is decreasing. By 28 April, a total of 47 334 patients with COVID-19 had been registered in Belgium. To date, 10 943 patients have been recovered, 7 331 have died and 220 204 have been tested.

### **Netherlands**

The Dutch government continues to control the virus as much as possible in order to protect vulnerable groups. The government has decided to extend most of the measures taken until May 19, 2020 inclusive.

The Dutch government is closely monitoring the situation with Covid-19 and will respond promptly if circumstances require it, the country's prime minister said.

The excess mortality in nursing homes has been reduced for the first time in several weeks. In recent weeks, the death rate among men has been higher than among women, but in recent days the differences have become quite small.

By 28 April, a total of 38 245 patients with COVID-19 had been reported by the National Institute of Public Health and the Environment (RIVM) in the Netherlands. To date, 4 518 have died. The Dutch Government did not provide information on the number of patients recovered. According to medical authorities, the recovery process from COVID-19 is lengthy and difficult to follow.

RIVM monitors the distribution of COVID-19 in the Netherlands. Coverage over the last few days is still that COVID-19 is spreading more slowly than if no action had been taken. The number of new patients per day shows a decreasing trend

### **Sweden**

There are currently 18926 cases of coronavirus infected. The deaths are 2274 and the cured 1005.

Sweden, unlike its Scandinavian neighbors, Denmark and Norway - and just about every other country in the western world - has opposed broad blocking restrictions to prevent the coronavirus epidemic. Instead, it largely keeps the public, including schools and restaurants open, and relies on voluntary social distance measures that attract a sense of self-limitation. According to polls, the strategy is widely supported by most Swedes. Probably what is happening now is that many countries are starting to act on the Swedish model. They open schools trying to find a way out. They return to sustainability.

Scientists in Sweden and abroad have accused the country of dangerously pursuing "herd immunity" - the idea that by building a broad pool of recovered infectious disease patients in society, the disease will eventually cease to spread, as most people will not be susceptible . Herd immunity is usually achieved through vaccination and is achieved when a sufficiently large percentage of the population is immunized. The chief epidemiologist at the Swedish Public Health Agency has denied that "herd immunity" is not a major element of the plan to curb Sweden, but the country may be beginning to see the impact of "herd immunity".

Sweden's COVID-19 strategy is to maintain transmission levels at a level that the Stockholm healthcare system can maintain. So far, the healthcare system has provided health care to everyone, including those without COVID-19, although it has been emphasized that it works very hard. This is a sustainable strategy; something that can go on for months. Coronavirus is not something that will simply disappear. Any country that believes it can protect itself (by closing borders, closing businesses, etc.) is likely to be wrong at some stage. We must learn to live with this disease.

The acceleration of the spread of infection in Sweden is supported by smaller settlements. The development of the epidemic is close to what is natural for the country. We are expecting another week with a similar spread and the number of newly infected. Then a gradual decline will begin. The problem mentioned above is the risk groups for which the encounter with the virus is fatal - the elderly and those with accompanying diseases. The data so far shows that they are paying a heavy price in Sweden. We expect this trend to continue as the crisis develops.

### **Norway**

There are currently 7599 cases of coronavirus infection. The death toll is 205 and the cured 32.

Based on recent data, it can be assumed that Norway is on the right track to overcome the crisis with minimal negative social, financial and political consequences. Trends in the disease's progression to reduce the spread of the disease and it is likely to be under control. The Norwegian kroner will probably benefit from Norwegian companies doing business in US dollars. However, this will probably lead to higher prices for many consumer goods in Norway. Continuing the ban on all events with more than 500 participants until 1 September would inevitably support the fight against the pandemic. The Norwegian air fleet is likely to remain grounded over the next 12 months and a full recovery will occur by 2022.

Some of Norway's restrictive emergency measures are in the process of relief. This includes re-opening kindergartens and schools for the youngest children. Companies such as hair salons have now been allowed to reopen and the controversial ban on cabin stay has been lifted. Norway, by contrast, extends the ban on all events with more than 500 participants to 1 September - sports events, festivals and concerts. Air travel to Norway and across Europe is interrupted as demand downturns lead to the cancellation of a huge number of flights by most major airlines. SAS and the Norwegian Airlines focus on just a few domestic routes and connections between Scandinavian capitals in the coming weeks.

### **Finland**

There are currently 4,695 cases of coronavirus infection. The death toll is 193 and the cured 2500.

Based on recent data, it can be assumed that Finland is on the right track to go through the crisis with minimal negative social, financial and political consequences. Disease trends are diminishing and the prevalence of COVID 19 is likely to be under control.

Finland will adopt a hybrid strategy to move to a more normal life while still holding back the coronavirus outbreak. The strategy will allow Finland to gradually reduce existing restrictions on virus ones, while increasing tests. Testing, monitoring, isolation and treatment, together with the removal of restrictive measures in a controlled manner. The government did not immediately remove any restrictions, which include the closure of schools and public places such as libraries, as well as a ban on public gatherings of more than 10 people until May 13. Restaurants should remain closed until the end of May, except for remote deliveries. The government will decide whether schools can be reopened after May 13; it decided to extend the ban on major events to more than 500 people by the end of July. The introduction of gradual relief is possible, as Finland imposed its blocking measures early before the virus caused a single death in the country. Finland plans to drastically increase Covid-19 tests - continuous, enhanced tests are part of Finland's strategy to combat coronavirus following the outbreak of the epidemic in the country. The testing will focus on symptomatic medical professionals, social and health care staff with even mild symptoms, individuals critical to the functioning of the community, those with the least suspicion of infection, people belonging to coronavirus risk groups who are suspected of being exposed to the virus, as well as relatives of those with confirmed Covid-19 infections.

A hybrid strategy is likely to gradually reduce existing restrictions on limiting the virus, while increasing tests. Applying a test increment approach would inevitably support the fight against the COVID - 19 pandemic.

### **Denmark**

Denmark has outpaced the COVID-19 curve through a combination of planning and forecasting programs, mass testing, tracking programs and early isolation. Now Denmark has removed many restrictions and allowed therapists, beauty salons and hairdressers to reopen. Schools in Denmark have already been reopened after a five-week blockade, but in a very different environment with many new measures to maintain social distance. Denmark is now progressively adapting to keep the virus under control. Now anyone who has respiratory symptoms is being tested for coronavirus, with the country setting up test centers in tents in cities and towns across the country. The Danish government has also revealed a set of financial rescue measures to support workers and businesses affected by the coronavirus crisis. Denmark became the first country to refuse financial assistance to offshore companies.

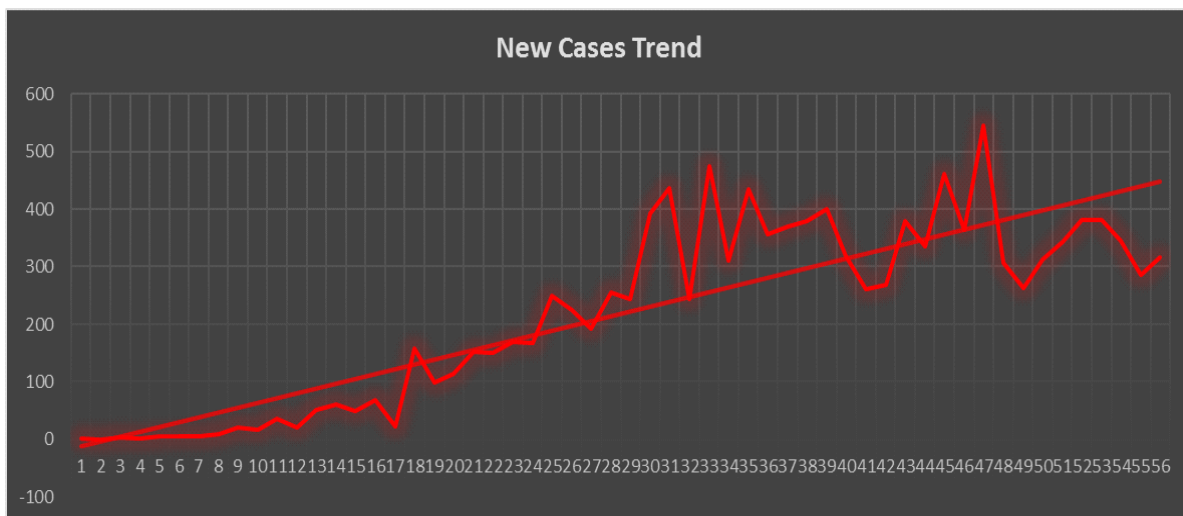
Based on statistics, charts and research, it can be assumed that Denmark has become one of the countries with the "gold standard" for national coronavirus

response. Denmark has acted swiftly, successfully implementing a holistic approach to the Coronavirus and projections to achieve a consistent strategic response. Danish mass testing, tracking and low mortality rates mean they are perfectly prepared to handle a future peak of the virus.

The lesson from Denmark is this: rapid isolation measures followed by rapid cancellation.

### **Poland**

Since the start of the pandemic in Poland, the number of infected people has been growing steadily, reaching the figure of 12,200. The number of new ones has fallen slightly over the past week and is slightly below the trend line.



The average number of new cases was 337 per day over the past week, placing Poland 11th in Europe and 29th in the world.

The number of tests performed so far is 297,859, and 73,504 tests were performed in the last week.

The number of cures is 2655, which is almost double compared to last week.

The death toll is 596, with an average age of death 75 years.

As of April 20th, a gradual easing of measures has been announced, which does not result in an increase in the spread of the infection. Even the number of new cases dropped slightly to 320 per day. However, the data is insufficient for more reliable analysis.

## **Greece**

As of April 28, there were 2,566 cases of COVID-19 in Greece and 138 dead (5.38% mortality). The number of cures is 577. The incidence of infection is below 1.

Over the past week, the number of infected people has continued to increase, but at a very low rate. The number of critically ill hospitalized patients is diminishing. The curve of new cases is almost flat and the infection seems to be under control and the spread of the virus is decreasing. But there is still a risk of a new outbreak of infection, especially in refugee centers.

Greece has taken very stringent measures in time, including full quarantine of infected cities and villages. These measures have preserved the health system and only 10% of beds in intensive care clinics are occupied, as well as human lives saved.

The Greek Prime Minister announced on April 28 a plan to phase out restrictive measures:

From May 04:

- The requirement to send a text message on exiting is removed;
- People can move freely, but only within their prefecture;
- Individual outdoor sports are allowed;
- Some stores are open. Hairdressers will be able to work only with prior arrangement;
- Churches open for individual visits;
- Schools open only to students last year.

May 11:

- Schools open for students in grades 7 to 11.

May 17:

- Community institutions, including hospitals, will return to major shift activities;
- Public transport will increase;

From June 1:

- Malls, restaurants and year-round hotels open.

## **Serbia**

As of April 28, 5466 people were tested, of which 222 showed positive results, with a total of 8497 confirmed cases. 2517 patients were hospitalized, 1260 were cured and 79 were intubated.

The government eased some of the measures taken earlier to curb the spread of COVID-19. All commercial flights to and from Serbia are suspended indefinitely. All border checkpoints are closed to travelers, with the exception of

freight transport. As of March 15, the Serbian government has declared a state of emergency with travel restrictions and curfew. This week, the following measures have been modified / decided to change, given the current situation:

- In view of the upcoming Labor Day holiday, the Serbian government announced a curfew from 6 pm on 30 April to 5 pm on 4 May.
- 65 Adults over 65 can walk daily between 6:00 pm and 1:00 am, with a distance of no more than 600 meters from their home.
- Most stores are open, including car repair shops, dry cleaning, driving schools, bookstores, car dealers, white goods stores and construction supplies.
- Outdoor and indoor markets.
- Interurban transport resumes while urban public transport is still suspended. Taxi services continue and private cars are allowed.
- Fitness and sports halls are reopened with minimum distance requirements and use of masks, gloves and disinfectants.
- Hair salons and beauty studios reopened.
- Supermarkets, pharmacies, gas stations, post offices, banks are open until 5:00 pm.

Serbia has designated hospitals / clinics for patients with COVID-19 and quarantined areas throughout the country.

On April 24, the Serbian government promulgated three important documents that provide funding for the COVID-19 Economic Measures Program.

The documents are a 2020 Budget Review Bill, a regulation on senior citizens' aid payments, and a contract between the government and commercial banks that approves a \$ 2 billion financing scheme for entrepreneurs, micro, small and medium-sized enterprises.

The financing of commercial activity is intended to provide liquidity to the economy. The approved budget framework includes all the necessary elements and activities and is linked to the economic assistance package for the Serbian economy and society.

The Serbian government has terminated humanitarian flights to return Serbian citizens from abroad, except in emergencies.

Serbia continues to maintain international contacts with Austria and Italy. On 25 April, Austria announced its intention to send medical equipment to the country's temporary hospitals. In addition, as a gesture of co-operation, the Serbian government is donating medical supplies to Italy to fight coronavirus.

The World Health Organization (WHO), through its office located in Serbia, actively cooperates and assists the country in the fight against COVID-19.



Serbia is working to strengthen co-operation with Korea and the Russian Federation in the fight against COVID 19.

As of April 28, the country has the lowest coronavirus mortality rate - 1.9%, compared to countries in this part of Europe.

According to the government, Serbia's healthcare system has the capacity, medical teams and equipment to handle the situation.

Serbia starts production of tests, the first tests will be ready in a month.

As of April 28, parks and alleys are open to visitors, and all outdoor training is allowed. Serbia intends to resume flights on 18 May, in coordination with other European Union (EU) countries. Belgrade, Nis and Kraljevo airports will be open to passenger flights. Intercity transport will be operational from 4 May and public transport in Belgrade and Niš from 8 May.

On the other hand, the transport of goods is also carried out during the pandemic, which helps Serbia to overcome to a great extent the economic crisis.

### **Turkey**

The CMDR COE forecast for the development of the crisis in Turkey is fully realized this week. The acceleration of the spread of the virus in Turkey continues to decline. There was a decrease in the number of patients per day. We expect such a gradual decrease in the number of newly infected in the coming days. It should be emphasized that this was achieved by the introduction of some extreme restrictive measures. The likelihood of a rapid second epidemic wave is very high when restrictions are removed. USA

Like most Western European countries, the United States has waited for the infection process to begin with sufficient speed to put in place certain measures. As a result, the numbers continue to grow and the country is ranked number one in the world. In the last week there has been a trend towards a permanent reduction in the acceleration of the infection.

There are around 150,000 tests a day in the country, while experts recommend that at least 500,000 tests should be done before social distance measures are discontinued. Building both testing and control capabilities is crucial to the economic recovery. This is also the goal of social distance to gain the time it takes.

On April 19, the Trump administration released a three-step advisory plan that individual states should follow, called "Opening Up America Again." States with declining infections and reliable tests will begin a three-stage gradual business reopening and opening of schools, each phase lasting at least 14 days, which means ensuring that the outbreak does not re-start.

Protests calling for an end to the restrictions imposed were held in more than 12 states. In the last week of April, governors in several states have taken steps to reopen some businesses, though they did not meet the criteria set out in federal government guidelines. At the end of April 2020, pressure on individual states intensified to remove imposed restrictions. President Trump has consistently encouraged and discouraged restrictions.

In late April, some states began loosening restrictions. The governor of Georgia said restaurants and movie theaters will be able to reopen on April 27.

Due to the interruption of the school year caused by the pandemic, the US Department of Education has allowed individual states to drop the standardized tests required for each student. In addition, the College Board has abolished traditional exams for home-based exams. The College Board also canceled SAT testing in March and May in response to the pandemic. Similarly, the American College Testing (ACT) certification exams were rescheduled for June 2020.

On April 21 and 23, the Senate and House of Representatives passed a \$ 484 billion bill that would provide funding for the Wage Protection Program, provide \$ 75 billion for hospital funding, and provide national testing for the virus. The bill was signed by the president on April 24.

In a previous report, CMDR COE analyzed that similar numbers of newly infected people are expected in the US, and this is fully confirmed. The acceleration of the spread of infection is now closer to negative values. However, we expect another week with a similar increase in the number of people infected in the country. An indication that the trend for the country is still negative is also the ratio of dead and newly infected per day, which is more than 10.

## **Russia**

The rate of spread of the coronavirus in Russia for the period from April 23 to April 28 remains steady. In the last three consecutive days of the past period, the country reports more than 6000 new cases. The total number of infected persons is close to 95,000. Thus, the number of infected persons increased by an average of about 1.5 times during the reporting period.

The number of cases of contamination with coronavirus in Russia as of April 28 reaches a total of 93538, the deaths are 867 and the cured are 8156, with which the country is ahead of China.

Russian President Vladimir Putin spoke on April 28 at a meeting to counter the spread of coronavirus in the regions. Later, he also addressed an address to the Russians, outlining the ten most important measures and initiatives to be taken in the coming days and weeks by senior government officials.

Measures need to be taken by society to take into account the fact that the situation remains very difficult and the fight against the coronavirus is still far from over. On April 28, it becomes the Day of the ambulance worker in Russia, the head of state announced.

The president announced May 6, 7 and 8 as non-business days. Thus, the "vacation" period in Russia is extended to May 11 inclusive. The Head of State stressed that it would be necessary to strictly follow coronavirus prevention measures throughout this time.

Putin has instructed the government to prepare options to exit the May 12 regime. He stressed that this should be done "depending on the current epidemiological situation and its sustainable prognosis". At the same time, the president noted that there would be "no country-wide restrictions at the same time" but a "difficult and difficult road".

It became clear that the Russian Prime Minister was infected with the Crown virus.

The situation in Russia for the previous week also confirmed the CMDR COE forecast. Acceleration is declining this week in value, but is still positive. This means that this week we expect the 6,600 newly infected day to be exceeded. While maintaining quarantine, we expect acceleration to come to zero over the next week and the number of newly infected ones around the clock fluctuate around the present value. Conditions for lifting restrictions are not yet in place.

## China

Within the 23 – 30 April period, the general trend for China remains largely the same as compared to previous periods - **safeguarding lives and safeguarding livelihoods** – targeted and precise measures according to the specific risk level (i.e. risk assessment<sup>5</sup>) of the epidemic situation and local specifics<sup>6</sup> – phased and cautious initiation of **stabilisation and recovery** with a focus on (virus) *carriers* from abroad and *asymptomatic* cases as possibly rebounding to an outbreak. Targeted containment and detecting and reinforcing areas of weakness to prevent any resurgence of infection; **minimising the risk of hospital-acquired infection**; improving and decreasing the cost for testing (both nucleic acid and antibody) for COVID-19 (easier-to-operate, more efficient testing equipment with greater accuracy) and expand their usage to enable more targeted containment efforts and

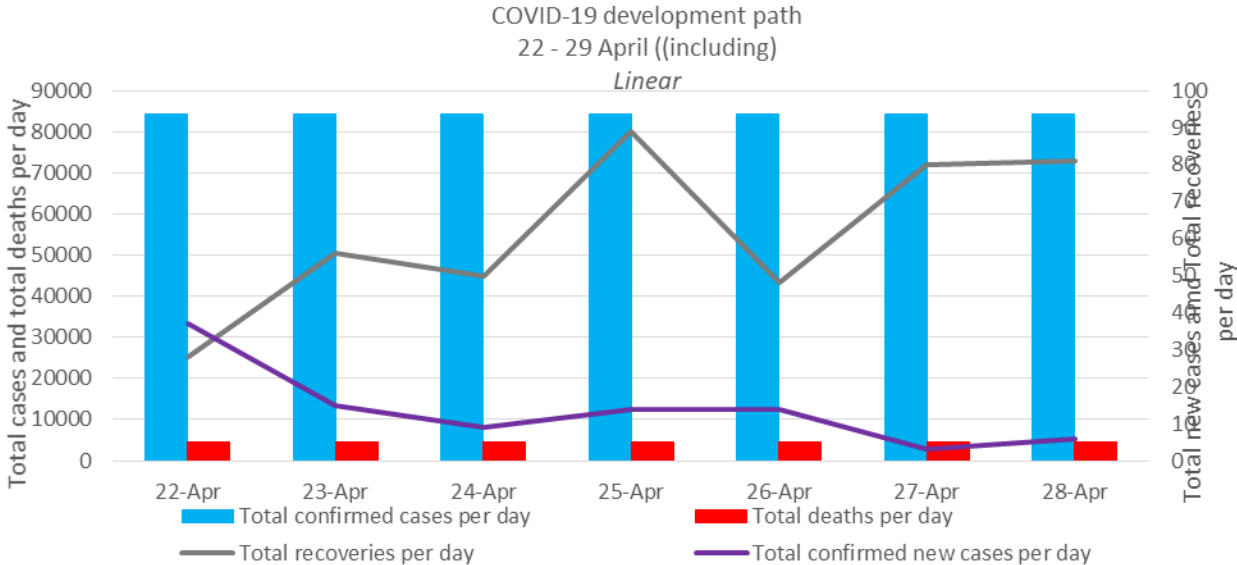
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<sup>5</sup> China to adjust and optimize the criteria for determining epidemic risk levels to more accurately reflect risk exposure at the local level and better adapt to the need of regularized containment (Ministry of Foreign Affairs, China 2020).

<sup>6</sup> Different parts (regions) of China have experienced differently the epidemic and have been at different stages at the same time. Therefore, measures have been designed to respond to these difference: slow-down measures (testing, tracing, social distancing and patient hospitalization) were adopted in regions at early stages; shut-down measures (testing, tracing, stay-at-home order for healthy people and closing recreational sites) were adopted in regions at the progressive stage; and lockdown measures were adopted in Wuhan and other cities in Hubei to break the transmission chain (What makes a difference on COVID-19 death rate? Lessons beyond math 2020).

the reopening of businesses (Ministry of Foreign Affairs, China 2020). Targeted testing of asymptomatic cases and gradual loosening internal measures, coupled by an increase in testing capacity to ensure people can safely return to their daily routines (businesses). Keeping tight travels restrictions to and out of the country to prevent a rebound. Utilisation of modern technology and focus on research and development (vaccine and treatment).

**Economy** – highly resilient - business operations now approaching or reaching normal levels and the pandemic spawning new sectors, business models and bolstering the growth of other sectors (Wei 2020). Main efforts are exerted at boosting full-capacity production, steadily resuming consumer services and reopening schools, enabled by effective containment measures (Ministry of Foreign Affairs, China 2020). All major enterprises have resumed work and production in the pilot free trade zone in Central China's Hubei province (Latest developments in epidemic control on April 29 2020). A focus on supply-side structural reform and high-quality growth powered by reform and opening-up. Specific measures aim at raising the budget deficit ratio, issue special sovereign bonds and increase the scale of local government bonds. Prudent monetary policy, which to ensure adequate liquidity with the use of tools such as relending and cuts in reserve requirement ratios and interest rates (Wei 2020).



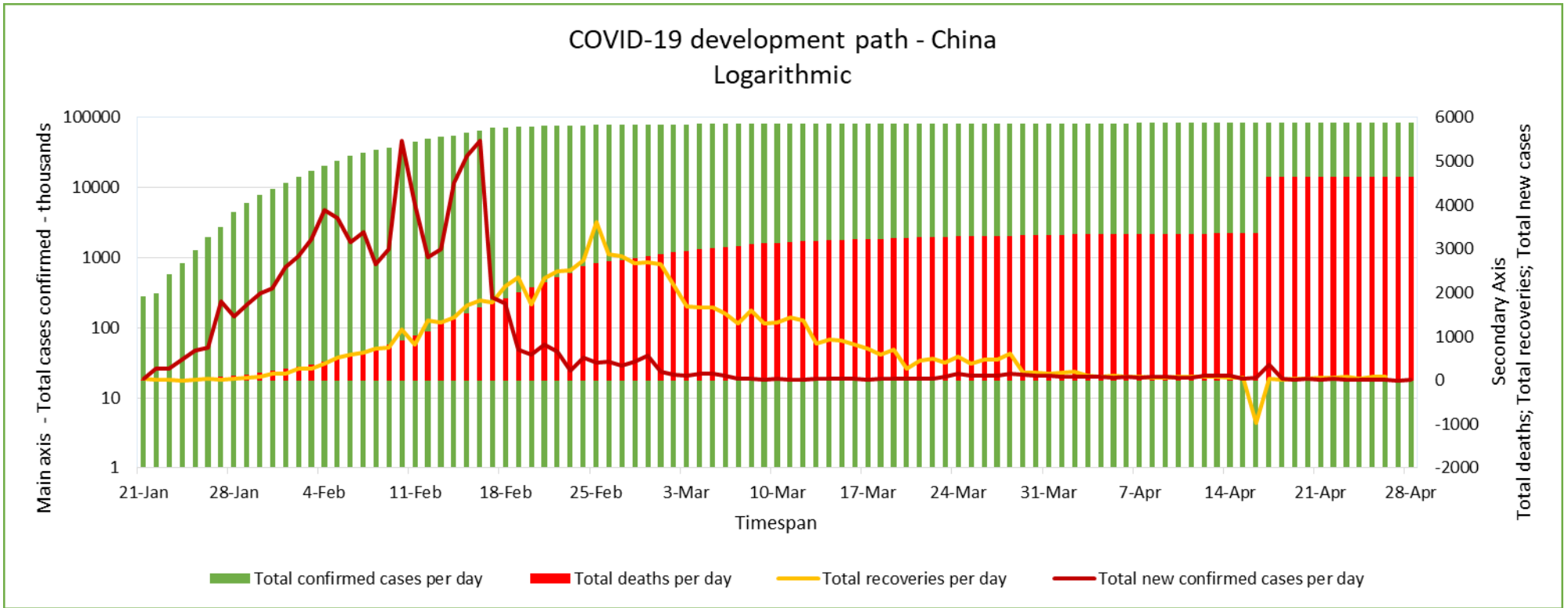
The last 12 patients were discharged from hospitals on 26 April in Wuhan bringing the existing number of COVID-19 cases in the province to zero (China's Hubei cleared of confirmed COVID-19 cases, 2020).

Since the update in deaths, which occurred on 18 April, until 29 April (including) one new death case was reported pointing to the steady COVID-19 transmission containment trend in China.

China's case study reveals that containing an epidemic is highly contingent upon the implementation of epidemic control measures by the central government, local governments and people (China Daily Global , 2020). Key factors in this regard are the mobilisation of national resources and people's cooperation, hence – the strength of collective targeted efforts.

In terms of COVID-19 spread, scientists remark that the number of COVID-19 cases is not likely to drop significantly in the summer worldwide and new outbreaks are possible in the autumn (Expert: Summer unlikely to see drop in COVID-19 cases, 2020). Therefore, stronger and unified global efforts would be key in future suppression of the transmission.

China's experience with 2003 SARS epidemic allows conclusions about significant difference between the two virus, for instance, people infected by SARS develop high fever whereas COVID-19 cases may be asymptomatic or only exhibit very mild symptoms, meaning that a large group of people could go undiagnosed. Such developments do not allow categorical conclusions about the full containment (elimination) of COVID-19, particularly minding the lack of a vaccine for mass use, meaning that the virus would coexist with humans for a long period of time. The latter requires preparedness and prevention at levels commensurate with local specificities and global demands.



COVID-19 outbreaks in Beijing have been contained. No new confirmed cases have been reported in the city over the past 12 days (*Hospital that treated virus cases to close, 2020*).

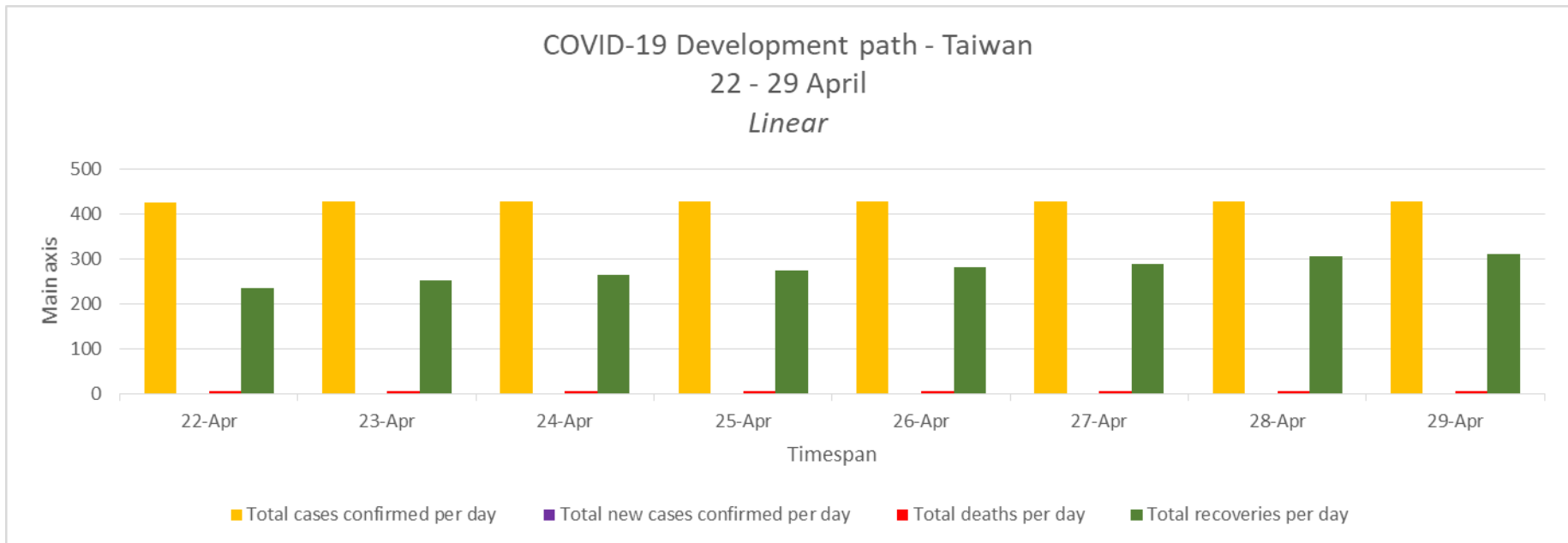
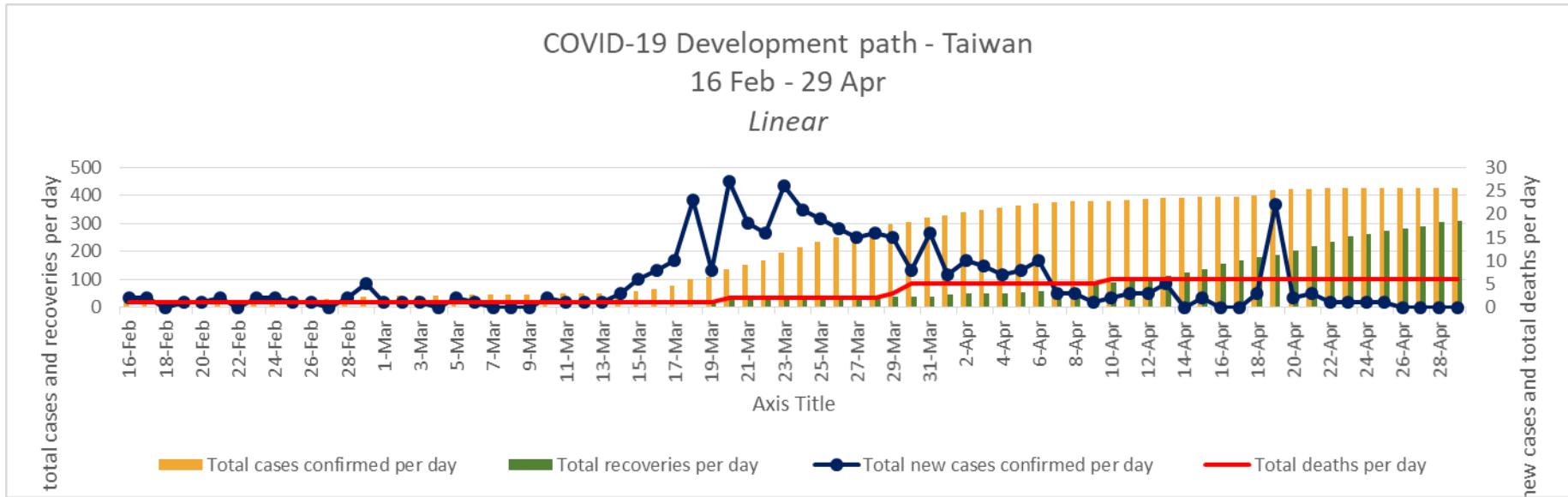
## Taiwan

Within the 23 – 29 period, the trend remains largely unchanged - **stabilisation and recovery** – two imperative: **safeguarding lives and safeguarding livelihoods** – targeted and precise measures according to the specific risk level (i.e. risk assessment) of the epidemic situation – phased and cautious initiation of **stabilisation and recovery** – focus on (virus) *carriers* from abroad and *asymptomatic* cases as possibly rebounding to an outbreak, therefore – travel restrictions and border controls (medical checks). Focus on targeted (cluster) testing and testing of asymptomatic cases. A tendency for stricter distancing measures and bans on mass gatherings. Figure 5 and 6 below trace COVID -19 development path as of outbreak monitoring (16 February) until the current weekly update – 29 April 2020. It is evident that Taiwan is moving with a steady pace on the virus’ curve – 5 consecutive days with no new confirmed cases, keeping a total of 429; 6 deaths and a continuously increasing number of recoveries; 15<sup>th</sup> consecutive day with no local transmissions of the disease reported (Taiwan CDC cited in Yen, 2020). A case of special attention is the cluster from a three-ship Navy flotilla, which is still being investigated to determine whether these are local or imported infections. As of 27 April, 1,916 people have been listed as having been in contact with the 31 confirmed cases in the Navy cluster, and 585 of them are in home isolation (Taiwan CDC cited in Yen, 2020).

These results are exemplary given the country’s population (approx. 24 millions) and geographical proximity to, and economic and social relations with the epicentre of the disease.

Taiwan is exhibiting a steady path towards full (local) suppression of COVID-19 and is therefore, directing targeted and tailored efforts towards minimising the risk of *imported* cases and identifying and tracing asymptomatic cases. It should be noted that this success has been achieved with relatively less strict measure, if compared to China, or Bulgaria for that matter.

A major favourable condition in Taiwan has been what is referred as a “collective social behaviour” – a behaviour demonstrating respect for and confidence in epidemic measures, and respective control protocols, which have turned into a well-exercised routine in the context of COVID-19.





**CRISIS MANAGEMENT AND DISASTER RESPONSE CENTRE OF  
EXCELLENCE**

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### **Japan<sup>7</sup>**

According to Ministry of Health, Labour and Welfare statistics, 11,772 Japanese had been infected with the COVID-19 coronavirus as of April 29, with 287 total deaths. These numbers have been rising somewhat more rapidly in recent weeks, but despite Japan recording its first case more than three months ago, in mid-January, the number of both confirmed cases and fatalities remain significantly lower than many of its peer countries.

Overseas media and specialists alike have struggled to explain the pandemic in Japan. There has even been conspiracy talk, with allegations that numbers in Japan were deliberately being kept low to keep the Tokyo Olympic Games on schedule. Indeed, the number of PCR tests has been very small, at fewer than 10,000 a day even now. The government has said its goal is to double the number of tests, albeit to a number that would still be comparatively low. Yet while it is almost certainly the case that many infected persons have not been tested, masking the number of deaths would be an altogether more difficult task.

And it is this relatively low number of deaths that can be considered evidence that the “Japan model” of combating COVID-19 has been successful, at least to this point.

So what is the Japan model? First, it is a cluster-based approach, derived from a hypothesis obtained from an epidemiological study based on Chinese data and conducted on the Diamond Princess Cruise ship that entered the port of Yokohama on February 3, 2020. This hypothesis accounts for the many passengers who were not infected with the coronavirus despite having had close contact with infected persons. It posits that the explosive increase in infected persons is a result of the high transmissibility of certain infected individuals, which forms a cluster. Infected individuals with even higher transmissibility appear from these clusters to form more clusters and infect many others. Based on this hypothesis, under the cluster-based approach, each cluster is tracked to the original infection source and persons with high transmissibility are isolated to prevent the spread of infection. For this reason, pinpoint testing is carried out and broad testing of the population is not required, in contrast to the approaches taken in other countries.

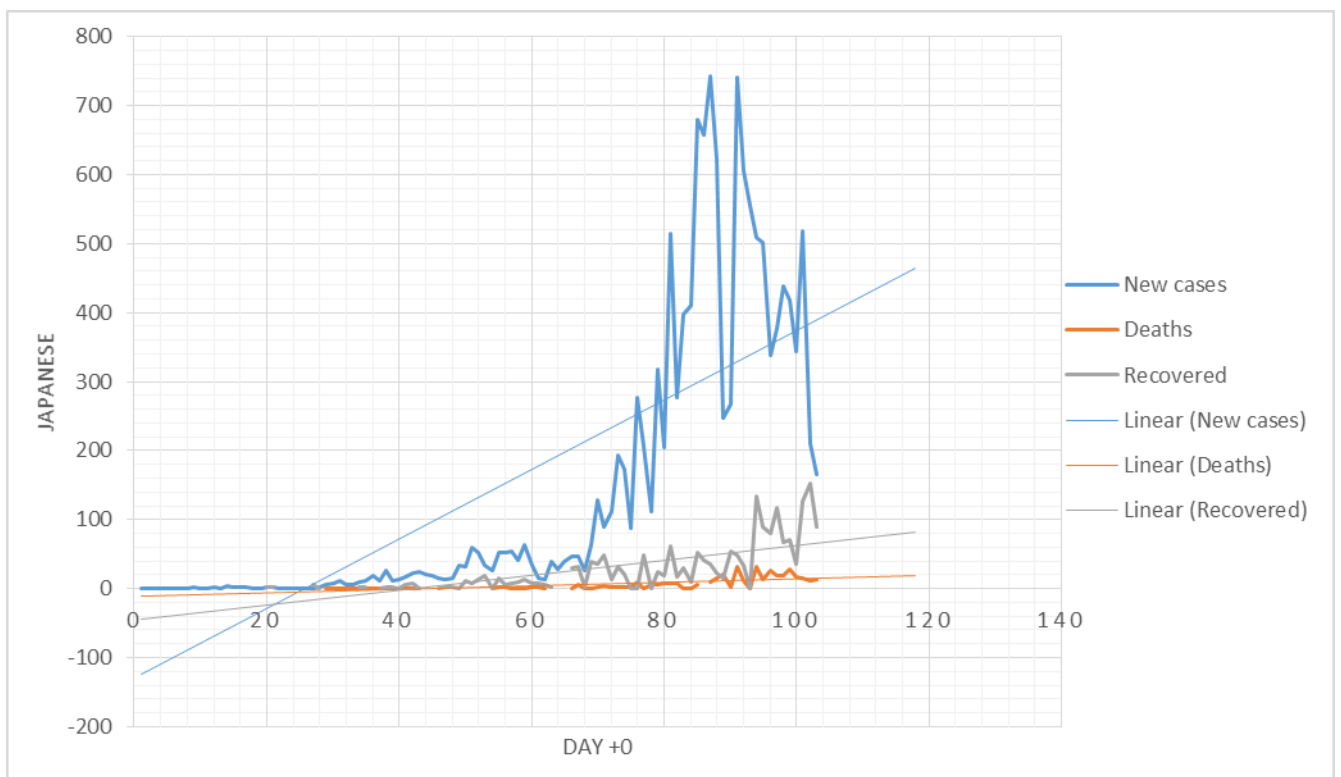
This cluster-based approach is conditioned on an environment in which there are only a few infected persons and clusters are detectable at an early stage. In February 2020, when the spread of infection was observed in

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<sup>7</sup> Main source: <https://thediplomat.com/2020/04/covid-19-strategy-the-japan-model/>

Hokkaido, a cluster-based approach was adopted. As a result, Hokkaido was successfully able to contain its outbreak.

For the cluster-based approach to be effective, protective measures at airports and ports are important. Hokkaido has the advantage of being an island, making it comparatively easy to control the inflow of infected people. Behavioural changes are also required. On February 28, 2020, acting without legal basis, Hokkaido Governor Naomichi Suzuki declared a state of emergency and called on residents to refrain from going outside. Residents took the call seriously, and are responsible for the success of the cluster-based approach. Following its success in Hokkaido, the cluster-based approach was adopted nationally. On February 25, 2020, a Cluster Response Team was established in the Ministry of Health, Labour and Welfare.



The country has 13,736 registered patients, of which 1899 are cured, 394 died and 11,443 active cases

**Border enforcement measures to prevent the spread of novel coronavirus<sup>8</sup>**

For the time being, foreign nationals categorized below are denied permission to enter Japan as ones who fall under the Article 5, paragraph (1), item (xiv) of Immigration Control and Refugee Recognition Act, unless exceptional circumstances are found.

<sup>8</sup> Source: [https://www.mofa.go.jp/ca/fna/page4e\\_001053.html](https://www.mofa.go.jp/ca/fna/page4e_001053.html)

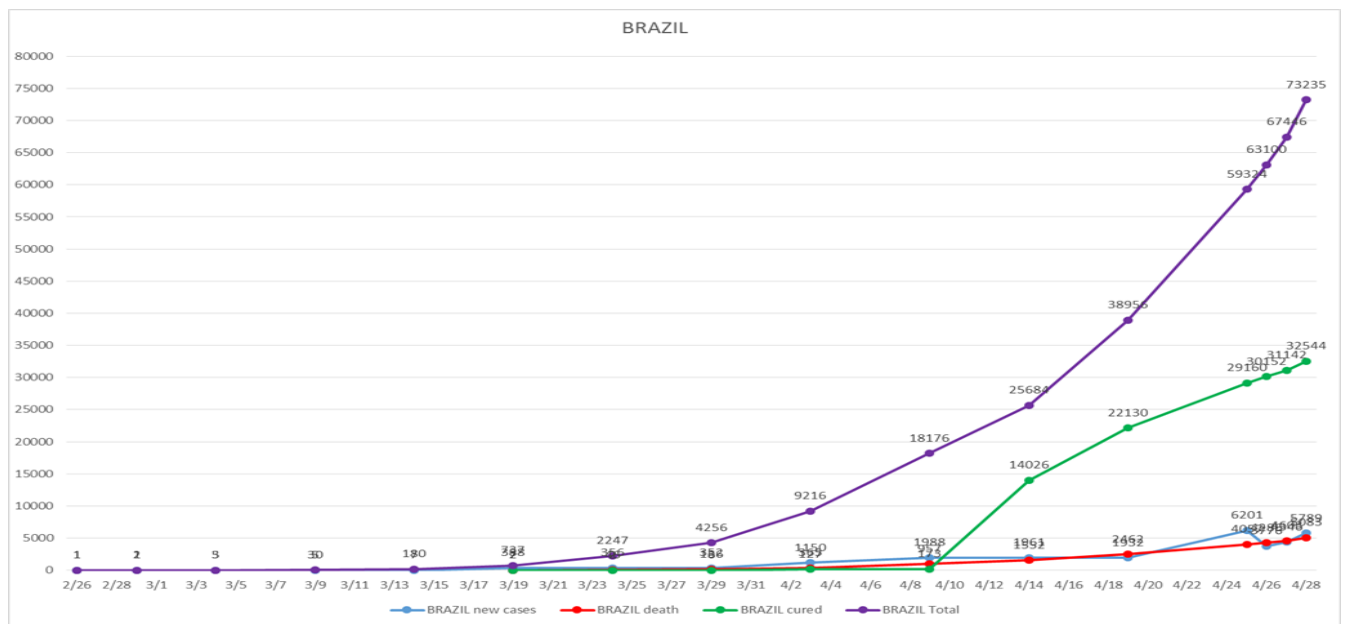
The following 14 countries have newly been added to (1) below based on the decision made on April 27. Foreigners who have stayed in these countries within 14 days prior to the application for landing will be denied landing into Japan. The measure is effective from 00:00am (JST) on April 29.

United Arab Emirates, Antigua and Barbuda, Ukraine, Oman, Qatar, Kuwait, Saudi Arabia, Djibouti, Saint Christopher and Nevis, Dominican Republic, Barbados, Belarus, Peru, Russia

### Brazil

The coronavirus pandemic was confirmed to have spread to Brazil on February 25, 2020 after a 61-year-old man from São Paulo, who returned from Lombardy, Italy, tested positive.

**The total number of infected, deaths, new cases and recoveries is as follows:**



The total number of infected, deaths, new cases and recoveries: Infected – 73 235; Coronavirus deaths – 5083 (6,9 %); New cases for the last 24 hours as of 28.04.2020 - 5789; Recovered – 32 544 (44,4 %); Cases per 1 M of the population - 345.

A major trend in the 23 – 29 April period is that the number of new cases is growing exponentially and uncontrollably.

On February 3, a public health emergency was declared at national level, with no confirmed cases in the country.

In the course of the spread of the epidemic, a partial closure of the border with Venezuela has been announced at national level, with individual states

declaring anti-epidemic measures themselves, depending on the situation, limited to declaring a state of emergency, public emergency and partial quarantine (the closure of all commercial and non-essential services), as well as restricting movement between states. There is a lack of complete information on the specific measures in the various states, but the conclusion is made about not very rigid anti-epidemiological measures.

The measures taken are aimed at attempting to protect against the collapse of the health system and the economy and stabilize the business.

The situation to date shows the ineffectiveness of the measures. The negative tendencies continue.

The initial underestimation of the situation and the delayed and reactive measures have led to the uncontrolled spread of COVID 19 in Brazil, a huge number of infected people and death.

To date, there are no indications of a peak or approaching a peak in the coronavirus spread in Brazil.

In March, scientists predict up to 2 million deaths in Brazil in the worst-case scenario without any measures to control the virus. They point out that a social distance policy is one of the most effective vaccine-free measures. Italian experts warn that the growth curve of coronavirus spread in Brazil will replicate that of European countries. A study by doctors at the University of Sao Paulo USP, Unicamp, Unesp, UnB, UFABC, Berkeley (USA) and Oldenburg (Germany) shows that the number of infected people, based on the data until March 19, doubles every 54 hours .

The health minister says their numbers will grow exponentially by the end of June.

Given the different approaches of the governments of Brazil and Bulgaria, in response to the developing pandemic, measures applicable in Bulgaria to deal with the spreading exponential contagion cannot be determined.

### **Vietnam**

Vietnam presents an exemplary case in terms of COVID-19 transmission containment. As of 30 April, there are 270 confirmed cases, 221 recoveries, and no deaths. Over 213 000 tests have been conducted. Hanoi remains the epicentre of the disease in the country with 112 confirmed cases.

Global media classify Vietnam, alongside, Taiwan, South Korea, and Singapore, as among countries with most well-developed COVID-19 response systems (note that of all listed, Vietnam has the least confirmed cases).

2003 SARS experience has been cited as providing a much needed prerequisite for Vietnam's response approach towards COVID-19. Noteworthy, Vietnam was the first country to successfully contain SARS epidemic.

Despite lower economic and technological capacity, Vietnam's response to COVID-19 has received a high appreciation for its straightforwardness, effectiveness I transparency, in contrast with countries such as China, the USA, and in Europe.

### **Australia and New Zealand**

The countries have made the most progress in the fight against coronavirus. In the two island countries, a significant drop in both infected and active cases is observed suggesting that they will achieve a complete victory over COVID-19 in the next 2-3 weeks. Also, the mortality rate in both countries is very low.

The rapid restriction of the number of those infected is primarily due to the decision to close borders and take control of the transmission of the virus within countries.

Currently, 565,000 people are tested in Australia, with a positive of 1.2% (compared to 1.5% last week)

The two countries are of the worlds leading providers of testing existing medicines in an attempt to treat the disease. The program is called the Australasian Covid-19 Trial (ASCOT). The clinical trials involved 2,000 patients from more than 70 hospitals in Australia and from 12 hospitals in New Zealand. The drug lopinavir / ritonavir, which is already used in the UK for the treatment of AIDS, is being tested. Hydroxychloroquine, which is nationally approved for the treatment of malaria and certain autoimmune diseases such as rheumatoid arthritis, is also being tested. So far, the results show no benefit in treating patients with these drugs.

### **Africa**

The COVID-19 pandemic continues to expand in the African Region, despite the implementation of lockdown orders in the vast majority of countries. The number of new confirmed cases continues to increase every week, albeit at a slower pace than previously, thus indicating that the peak of the outbreak has not yet been reached. Four countries (South Africa, Algeria, Cameroon and Ghana) have recorded over 1 000 cases; these countries alone account for over half (55%) of the cases reported in the region. It is essential to reinforce mitigation measures in these countries in order to reduce morbidity and mortality, maintain essential health services and minimize the disruption of

public services and economic activities. At the same time, just over half (53%) of affected countries have reported fewer than 100 cases to date. In these countries, measures to contain or at least delay the spread of the outbreak need to be intensified; including active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices. Finally, the absence of reported COVID-19 cases from Comoros and Lesotho calls for a reinforcement of the alert management system in these countries, including the intensification of active case search and testing of suspected cases. Governments need to commit local resources, supplemented by the donor communities, to support the implementation of their containment and mitigation strategies.

The global community is racing to slow down and eventually halt the spread of COVID-19. In Africa, governments and health authorities across the continent are striving to limit widespread infections. Since the start of the outbreak the World Health Organization (WHO) has been supporting African governments with early detection by providing thousands of COVID-19 testing kits to countries, training dozens of health workers and strengthening the monitoring in communities. 44 countries in the African region can now test for COVID-19. At the start of the outbreak only two could do so. WHO has issued to countries regularly updated guidance, which is to take into account the evolving situation. The guidelines include measures such as quarantine, repatriations of citizens and preparedness at workplaces. WHO is providing remote support to affected countries on the use of electronic data tools, so national health authorities can better understand the outbreak in their countries. Preparedness and response to previous epidemics is providing a firm foundation for many African countries to tackle the spread of COVID-19. Importantly, basic preventative measures by individuals and communities remain the most powerful tool to prevent the spread of COVID-19. WHO is helping local authorities to inform the public about the risks of COVID-19 and what measures should be taken.

## **NATO**

During the past week NATO with the Euro-Atlantic Disaster Response Coordination Centre (EADRCC) stands ready to assist in the coordination of any offers being considered in support of the stricken nations. At this moment, six (6) Allied and six (6) partner nations have requested international assistance through the EADRCC. These are: Ukraine, Spain, Montenegro, Albania, The Republic of North Macedonia, The Republic of Moldova, Bosnia and Herzegovina, Georgia, Colombia, Slovenia and Afghanistan. Only 10 requests for International assistance are active right now, since Spain and Italy have



retrieved theirs. It has turned out that for the majority of Member States it is challenging to react, since each of them needs the same materials and equipment. It is clear that the crisis will be useful for NATO to modify and update some existing concepts and doctrines since new directives need to be elaborated.

## EU

In response to a call from the European Council of 26 March, the European Commission, in cooperation with the President of the European Council, presented a European Roadmap for the elimination of anti-epidemic measures in relation to the coronavirus. In its development the expertise of the European Center for Disease Prevention and Control and of the Commission Advisory Group on Coronavirus, Member States' experience and guidelines provided by the World Health Organization has been taken into account.

The gradual removal of home isolation measures will inevitably lead to an increase in new cases of coronavirus infection. Constant monitoring and readiness for adaptation and introduction of new measures are required. In this regard, clear and timely communication and ensuring transparency for citizens are essential. Three main sets of criteria should be applied in assessing whether the time has come to remove measures:

- epidemiological criteria to show a lasting reduction and stabilization of the number of hospitalizations and/or new cases of disease for an extended period of time;
- adequate capacity of healthcare systems, such as an adequate number of hospital beds, pharmaceuticals and equipment supplies;
- adequate monitoring capacity, including large-scale testing capacity for the rapid detection and isolation of infected persons and localization and monitoring capacity.

Although there are drastic differences in the situation in the Member States, it is essential to work with a common approach.

In the gradual relief of restrictive measures, the EU and its Member States should be guided by three principles:

- actions should be based on science and be focused on public health, while seeking a balance between social and economic measures;

- actions should be coordinated among Member States in order to avoid negative consequences for all Member States and political friction;
- respect and solidarity between Member States remain essential to ensure better coordination, communication and mitigation of health and socio-economic impacts.

The successful removal of home isolation measures requires a combination of accompanying measures in different policy areas, which apply to all Member States. In the previous report, we mentioned the steps taken by the EU in support of all of them.

The European Commission and partners have created a COVID-19 data platform that quickly collects and shares extensive coronavirus research data, such as DNA sequences, protein structures, preclinical and clinical trial data, and epidemiological data, to advance efforts to Research The Commission supports research and innovation to develop vaccines, new treatments, diagnostic tests and medical systems to prevent the spread of coronavirus. The platform is an important part of building an open science cloud in Europe, and researchers will be able to store, share and analyze a wide variety of coronavirus findings, from genomic data to microscopy and clinical data.

The European Union has taken a number of measures over the past week to support economic recovery:

On 22 April, The Commission proposed a €3 billion macro-financial assistance package to ten enlargement and neighbourhood partners with the aim to limit the economic fallout of the coronavirus crisis in partner countries. The proposal comes in addition to the €15.6 billion 'Team Europe' strategy, the EU's targeted response in support of partner countries' efforts in tackling the coronavirus pandemic. Beneficiaries are the Republic of Albania, Bosnia and Herzegovina, Georgia, the Hashemite Kingdom of Jordan, Kosovo, the Republic of Moldova, Montenegro, the Republic of North Macedonia, the Republic of Tunisia and Ukraine.

On 23 April, to swiftly support agricultural sector and food markets following the outbreak of the coronavirus, the European Commission has proposed exceptional measures. The Commission proposes to grant private storage aid for dairy and meat products, flexibility in the implementation of market support programmes to refocus funding priorities, and exceptional derogation from EU competition rules to stabilise the markets in different sectors. For example, the milk sector will be allowed to collectively plan milk production and the flower and potatoes sector will be allowed to withdraw



products from the market. Such agreements and decisions would only be valid for a period of maximum six months. Consumer price movements will be monitored closely to avoid adverse effects. The Commission aims to have these measures adopted by the end of April.

European leaders tasked the European Commission with shaping a collective response to the crisis following a videoconference on 23 April. A thorough economic assessment will soon be under way and the European budget, clearly linked to the Recovery Fund, is a time-tested and a trusted instrument that can deliver the magnitude of tasks behind the recovery. The bulk of the investments will go to creating investments and economic cohesion, improving the Union's resilience and autonomy, all while furthering modern policies like the European Green Deal and the digital transition. Solid partnerships in the EU's immediate neighborhood are also to be strengthened. "The next EU long-term budget, our next seven-year budget, has to adapt to the new circumstances, post-corona crisis. We need to increase its firepower to be able to generate the necessary investment across the whole European Union," said President von der Leyen. This whole endeavour is about protecting the Single Market, investments should be front-loaded in the first years and it will be necessary to find the right balance between grants and loans.

To develop and deploy safe, effective and affordable diagnostics, therapeutics and vaccines against coronavirus, the European Union is joining forces with global partners to kick-start a pledging effort – the Coronavirus Global Response – starting on 4 May 2020. Countries and organisations around the world are invited to make pledges and to help reach the target of €7.5 billion. European Commission President von der Leyen said: "We need to bring the world, its leaders and people together against coronavirus. We will launch a global pledging effort. A real marathon. Beating the coronavirus requires a global response and sustained actions on many fronts. We need to develop a vaccine, to produce it and deploy it to every corner of the world."

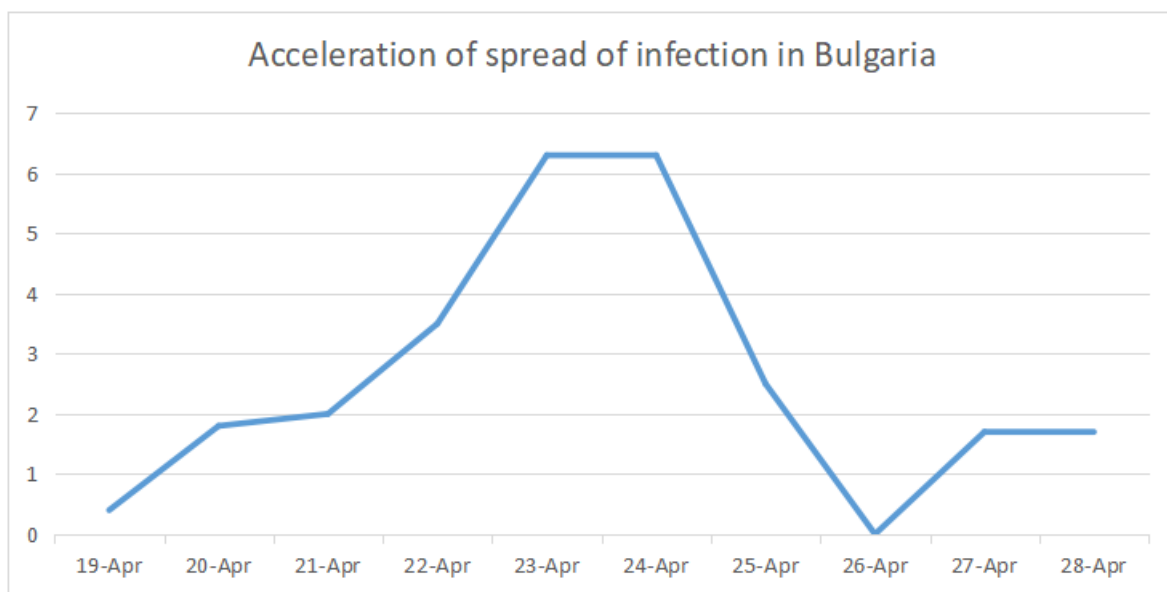
Also, billions of euros will go to Italy. It is not yet clear whether in the form of a grant or as a loan. The EU member states have agreed to help the country, which is one of the hardest hit by the coronavirus.

To ensure that banks can continue to lend money, support the economy and help mitigate the economic impacts of the Coronavirus, the European Commission has adopted a banking package. The package will allow banks to continue lending to households and businesses throughout the EU, and includes an Interpretative Communication on the EU's accounting and prudential frameworks, as well as targeted "quick fix" amendments to EU banking rules.

The Commission will engage with the European financial sector to explore how it can develop best practices that could further support citizens and businesses.

### Bulgaria

The acceleration of the spread of the infection in Bulgaria is positive for the time being. Our country follows a different distribution curve than that of the severely affected European countries. This is also the reason why no deceleration is observed. CMDR COE continues to calculate contacts in the country with the virus at nearly 10%. This is about twice less than estimated for Western European countries, i.e. in our country there are conditions for rapid acceleration of infection under certain conditions. What will limit it are government measures, population motivation for hygiene and social distancing and the warm weather. The country's strategy for dealing with the crisis is not yet clear. There is no indication as to what time and the delay in distribution will be used. The risk of a second wave remains with the autumn cooling.

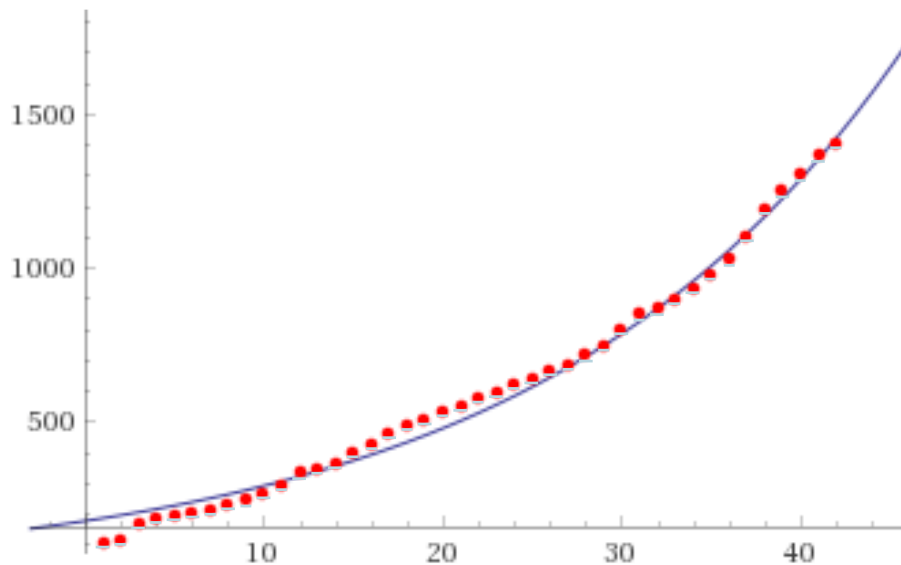


Last week's CMDR COE model estimates and statistics are as follows:

Actual data	Prognostic data	Mistake %
1024	1049	2,390650786
1097	1108	1,02074976
1188	1171	-1,461211657
1247	1237	-0,80826235

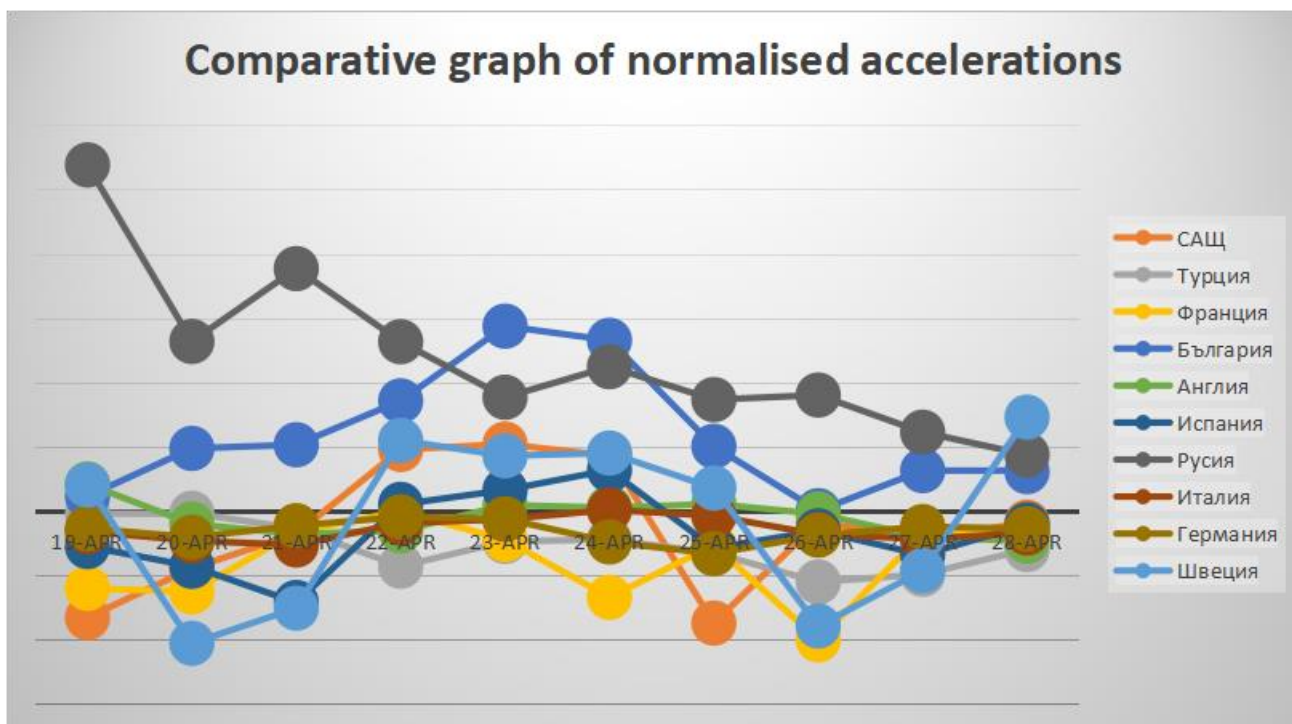
1300	1307	0,523820071
1363	1381	1,277152292

For the next week the development of the number of infected in the country according to the model is as follows:



According to this model, the number of infected should increase exponentially in the following days: 1427; 1499; 1575; 1655; 1739; 1827

Due to weekends, we expect this data not to be realized as indicated, but with a delay and a subsequent jump.



The chart of normalized accelerations shows that in Bulgaria it is currently higher than that of the Western European countries.

As part of the fight to fight the coronavirus at the Military Medical Academy, the first recruitment and transfusion of human plasma with antibodies was performed.

## Conclusions:

1. The spread of COVID-19 infection continues at a very high rate in several countries, with physical distancing and social isolation remaining the only surefire measures to address the problem.
2. The countries have gone through the first period of the crisis at a variable success, trying to increase their resilience, which is an important prerequisite for entering the next stage related to their active fight with the spread of the infection.
3. The decrease in the acceleration of the spread of the virus is being observed globally. The graph for the total number of cases loses its exponential appearance and begins to approach linear. CMDR COE believes there are several reasons for this. One of the most important is to take measures to limit the infection. The load on health systems also has an impact. With the increase in the number of infected, those with mild symptoms start to be omitted. This later leads to an increase in the reported mortality rate. Spain and Italy are an example with their health systems being overloaded. On the other hand, in countries where health systems have not yet been congested and a large number of tests are being done, the mortality rate is around 1%. This confirms CMDR COE's analysis of 3 weeks ago that the number of infected in Italy and Spain was then about 6-7 times higher than registered. The immunity built up in society has an increasing influence. CMDR COE estimates that in Europe, people who have had contact with the virus are around 5-10%. This is not enough to stop the spread of the infection but it is important for the speed of distribution.
4. Based on the data from the spread of the infection, the different mortality rates, as well as the disproportionate number of those infected in each country attract the attention. Therefore, the question arises as to what is the factor that determines these large disproportions.
5. There is still no firm evidence of the effects of climatic conditions on the virus.
6. The rapid spread of COVID-19 worldwide and the lack of clarity about the duration and intensity of the crisis predetermines the recovery of the economies of the countries to be in the so-called U-shape. This implies that the return to pre-crisis activity will be a long and painful process.

7. The need for a step-by-step approach to dealing with the crisis is strengthened - from restricting the spread to supporting and opening up various sectors of the economy with a view to maintaining high levels of prevention and protection in the context of a lack of established treatment and an early stage of a mass use vaccine development.
8. Experience from previous pandemics suggests that the number of patients is likely to decline as temperatures rise. There remains a great opportunity for a second wave of COVID-19 in the forthcoming cold weather, in the autumn or winter, when this will be combined with other viral diseases.
9. It is expected that the greater involvement of the Ministry of Interior and the Ministry of Defense in the fight against COVID-19 will provide greater opportunities for the activity of criminogenic elements.
10. There is a risk that US accusations against China will escalate in an unfavorable direction. Given the high levels of contamination in recent weeks, the country is apparently looking for someone to blame for the situation.
11. There is a noticeable increase in disinformation campaigns aiming at making maximum benefits of the current situation by manipulating society and creating artificial tension and opposition.
12. Efforts to find drugs and rapid testing tools for people continue at a variable success. At this stage it is relied on existing, tested, and WHO-approved medicines to partially support the treatment of patients. The prospect is to create quick tests that can be used at home and at work environment.
13. Increasing the number of daily tests allows for the early detection of infected people, even those who are asymptomatic but are carriers of the infection. This is proven by countries that have so far shown greater success in the fight against the Coronavirus.
14. With the continuing increase in the spread of the infection and the lack of clarity about the future it is expected that citizens' discontent may escalate which is a prerequisite for generating further tensions in the states and rising opposition in the society.
15. There is an increasing number of acts of domestic violence, workplace violence, as well as psychological trauma for people who are more vulnerable to isolation and lack of freedom of movement.
16. The optimal balance between safeguard measures and restoration of economic activities is needed in order to preserve the viability of both countries

and health systems which are in direct financial dependence on the economic situation.

### Key recommendations for improving the crisis response.

1. To initiate the implementation of the strategy for the phased controlled relief of the measures introduced. In developing this strategy, it is necessary to adopt a 'step-by-step' approach to crisis resolution where each subsequent step should be tailored to the specific conditions and results of implementing the previous one. On the one hand, a gradual return to normal social processes has to be ensured and, on the other, preventing the contamination curve from exceeding the state's health services capacity.
2. Decisions to move to each subsequent phase of measure relief should be taken after fulfilling the necessary conditions: analysis of the trend of new cases, health care efficiency and the level of compliance with sanitary instructions by the public.
3. Mitigation of measures is also to take into account many other additional factors, including as reference the international experience of other countries that have already started this process and, at national level, the follow-up of new cases, finding of contact individuals and quarantining them.
4. Continue to maintain the already established habits in the public for social and physical distancing and good personal hygiene, which will have a positive impact in the medium and long term on the delay in the spread of the infection.
5. Consideration and implementation of future economic measures are to follow the development of the crisis while remaining adequate to the evolving situation.
6. Create reliable capacity for increased testing and monitoring is critical to restoring the economy and returning back to normal.
7. Continue to strengthen the health system and social safety nets while supporting the private sector and maintaining financial stability and confidence in the population.
8. Take timely measures to reduce domestic violence and workplace violence and harassment during the pandemic.
9. Pay attention to the mental health of the population. To this end, a comprehensive approach to dealing with the crisis is to be implemented and therefore the expertise of specialists in many different fields should be used.