

## COVID-19 Country Response Analysis – April No. 6

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This update covers the period April 25 to 27.

### Global trends<sup>1</sup>

- The global cumulative number of COVID-19 cases passed the grim milestone of 3 million on 27 April 2020.
- The daily number of new cases reached an all-time high of 105,825 on 24 April falling to 73,895 on 26 April, possibly reflecting a decrease in reporting over the weekend.
- Turkey and Russia have replaced the Netherlands and Belgium in the 10 most affected countries based on total cases<sup>2</sup>. However, the Johns Hopkins Coronavirus Resource Centre does not yet reflect this trend.
- The trend in daily new cases continues a sustained decline in Italy, France, Germany, Turkey and Iran. However, it has become unstable in Spain, which reported a large spike on 26 April.
- The trends in daily new cases remain highly unstable in the US (which reported an all-time high of 36,188 cases on 25 April), and the UK.
- Russia continues to experience exponential growth in new cases.
- On 26 April, the countries with the highest increases in daily new cases were Qatar (9.9%), Belarus (9.1%), Peru (8.6%), Russia (8.5%), Saudi Arabia and Mexico (both 7.5%) and Singapore (7.3%).
- **Belarus** has not closed its borders. There have been no strict lockdown measures, and the national football competition continues to play in front of crowded stadiums. The country's President, Alexander Lukashenko, has labelled fears about Covid-19 a "psychosis", and warned a shutdown would harm the economy. In defiance of medical advice, he has cited drinking vodka and regular trips to the sauna as ways to ward off the virus.
- **Ecuador** has been one of worst-affected countries in Latin America, overwhelming medical and mortuary services in Guayaquil, the commercial capital. The country added more than 11,000 cases to its total on 24 April essentially doubling the total number. Since then it has not provided reports to WHO. Based on trends in overall deaths, the actual number of COVID-19 deaths is estimated to be ten times the number officially reported<sup>3</sup>.

### Australian trends

- Daily new cases continue to be less than 50.
- There are currently a little over 1,000 active cases in Australia.
- All states except Tasmania now have an R0 less than 1.
- Australia has now tested more than 500,000 people or 1,989 per 100,000 for a positivity rate of 1.3%. By comparison, the UK has tested 670,000 people in a population almost three times that of Australia.
- South Australia has the highest rate of testing at almost 3000 per 100,000 compared with 1,523 per 100,000 in Victoria and 1,323 per 100,000 in Western Australia (the lowest).
- If Victoria is to achieve its goal of testing 100,000 people over the next two weeks, the state will have to more than double the current daily figure, from an average of 2,700 tests per day over the past week to at least 7,000 tests per day.

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<sup>1</sup> <https://coronavirus.jhu.edu/data/new-cases>

<sup>2</sup> <https://www.worldometers.info/coronavirus/#countries>

<sup>3</sup> <https://www.nytimes.com/2020/04/23/world/americas/ecuador-deaths-coronavirus.html>



## Case studies of epidemic responses

### Portugal

- The country has so far reported 23,864 cases and 903 deaths, a case-fatality ratio (CFR) of 3.8% (compared with more than 10% in Belgium, the UK, Spain, Italy, France, the Netherlands and Sweden).
- The number of daily new cases has declined by 60% since 16 April to 472 on 26 April.
- Portugal's testing rate of 3,241 per 100,000 is the highest in Europe (other than the small countries of Iceland and Luxembourg) and more than three times the testing rate in the UK.

Portugal's effective response is despite having more citizens aged over 80 than anywhere in the EU except Italy and Greece, plus a health service that's poorly equipped and underfunded. Portugal has just 4.2 critical care beds per 100,000 people, the lowest in the EU. Spain has over nine such beds per 100,000 and Germany has almost 30<sup>4</sup>.

Mainland Europe's most westerly nation registered its first coronavirus cases on March 2, a month after the disease appeared in Spain and Italy. That time lag allowed the government to learn from its neighbours' mistakes and introduce countermeasures before the virus took a grip.

The Minister of Health told The Guardian that the government moved quickly to increase laboratory and intensive ventilation capacity during this period and to plan for the provision of more intensive care unit beds. He added that Portugal's rapid reaction had been helped by five years of sustained investment to bring the National Health Service back to pre-austerity levels<sup>5</sup>.

"Between December 2015 and December 2019, the national health workforce has increased by 13%, which means that 15,000 more healthcare workers, including 3,700 doctors and 6,600 nurses, are working," he said. "Also, between 2015 and 2019, government expenditure on health has increased by 18% (€1.6bn)."

Madrid allowed over 100,000 people to attend an International Women's Day march on March 8, while Lisbon banned all public gatherings at an early stage in the epidemic's evolution. The state of emergency putting Portugal on lockdown was declared March 18 when the country had just 448 cases. Spain took similar measures three days earlier with almost 10 times more cases; Italy had over 9,000 people infected by the time its nationwide lockdown came on March 10.

Although the epidemic is concentrated in the north, around the city of Porto, Portugal's centralised system of government allowed for rapid nationwide measures rather than the piecemeal regional action adopted elsewhere. Also, there was bipartisan political support for the measures.

The political solidarity was maintained as the government took measures such as fast-tracking all residency requests from migrants and asylum seekers to give them equal access to health care and social security; and granting early release to over 10 percent of inmates to reduce the risk of transmission in prisons.

Portugal's lockdown has been less strict than in many European countries. Factories and construction sites could stay open. Citizens were permitted daily exercise as well as trips for food and to the pharmacy. Still, most people preferred to stay in. A survey published on 12 April showed that 51 percent left home only once a week or less.

### Key Lessons

- Early preparedness planning building on recent health sector investments
- Swift, decisive action
- Broad political consensus

<sup>4</sup> <https://www.politico.eu/article/how-portugal-became-europes-coronavirus-exception/>

<sup>5</sup> <https://www.theguardian.com/world/2020/apr/19/swift-action-kept-portugals-coronavirus-crisis-in-check-says-minister>



- Centralised decision-making
- High level of testing
- High level of compliance to government measures by the population
- Inclusion of all people inside Portugal's borders in social welfare and access to health care, including migrants and asylum seekers.

## Greece

- In a population of just over 11 million, Greece has reported only 2,517 cases and 134 deaths, the lowest in the EU and not many more than much smaller Iceland. The CFR is 6%.
- The number of daily new cases has declined from a high of 129 on 2 April to 11 on 26 April.
- The testing rate is not particularly high at 620 per 100,000 (compared with 1,900 in Australia).

The country's ability to cope with a public health emergency of such proportions was not a given. After almost a decade embroiled in debt crisis – years in which its economy contracted by 26% – Greece's health system has far from recovered. State hospitals bore the brunt of cuts demanded in return for rescue loans from international lenders to keep the nation afloat and in the eurozone. With the epidemic's arrival in Europe, officials were forced to acknowledge that Greece had only 560 intensive care unit beds. It was a stark reality that left no room for a mitigation strategy, or contemplating policies of achieving "herd immunity".

Greece, like Italy, also has a large elderly population, with about a quarter of pensionable age. "There were realities, weaknesses, that we were very aware of," said Dr Andreas Mentis who heads the Hellenic Pasteur Institute<sup>6</sup>. "Before the first case was diagnosed, we had started examining people and isolating them. Incoming flights, especially from China, were monitored. Later, when others began to be repatriated from Spain, for example, we made sure they were quarantined in hotels."

What is increasingly being seen as textbook crisis management, even by political foes, has been attributed as much to prioritising science over politics as to a managerial approach that focused on what the 51-year-old prime minister, Kyriakos Mitsotakis, has described as "state-sensitivity, co-ordination, resolve and swiftness".

From the outset the 25-strong national coordination committee pushed for the socially disruptive choice of lockdown, a devastating option for a country that had only just begun to show signs of economic rejuvenation. In late February, before Greece had recorded its first death, carnival parades were cancelled. On 4 March, before most of Europe, schools were ordered closed. Within days, bars, cafes, restaurants, nightclubs, gyms, malls, cinemas, retail stores, museums and archaeological sites were also shuttered.

The measures were not immediately accepted and in quick succession the government was forced to shut down beaches and ski resorts, ban public gatherings of more than 10 people, prohibit travel to islands to all but permanent residents and – as argument raged over the power of faith and science – take on the influential Greek Orthodox church, whose clergy refused to give up services and the rite of Holy Communion. Air links with the worst-affected countries were suspended.

But the pandemic was also a catalyst for an administration elected to power last July on an agenda of reform and as Greece went into lockdown, the government announced it was harnessing the crisis to enact long overdue digital reforms aimed at both protecting citizens' health and modernising the state. "When the pandemic broke, the need to simplify government processes became paramount," Greece's minister of digital governance, Kyriakos Pierrakakis, told the Guardian. "One of the first things we did to limit the incentives for people to exit their homes was to enable them to receive prescriptions on their phones. That, alone, has saved 250,000 citizens from making visits to the doctor in the space of 20 days. It has dramatically helped reduce the number of people exiting their home, which can only be a good thing."

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<sup>6</sup> <https://www.theguardian.com/world/2020/apr/14/how-greece-is-beating-coronavirus-despite-a-decade-of-debt>



Meanwhile, Greece has managed to almost double the number of ICU beds. But doctors say testing, limited with rare exception to hospitals, will need to be much more widespread for confidence to prevail. With two refugee camps quarantined after detainees tested positive for coronavirus, concerns abound over facilities described as “ticking health bombs” by the government.

One of the key factors in Greece's success may have come straight out of the US CDC's *Field Epidemiology Manual*, which devotes an entire chapter to communication during a health emergency, and indicates that there should be a lead spokesperson that the public gets to know—familiarity breeds trust. Every day at 6pm Greeks turn on their TV sets and tune into a broadcast that at other times they might have missed. Like most rituals, there are no surprises: each time they encounter the same scene, two men, seated several metres apart, behind a long table in a brightly lit room.

The health ministry's daily coronavirus briefing then begins with Dr. Sotiris Tsiodras, an Australian-born Harvard-trained professor of infectious diseases, delivering the latest facts and figures with the occasional emotional plea. Nikos Hardalias, the civil defence minister, invariably follows, invoking the gravity of the situation with warnings that Greeks “must stay at home”.

### **Key lessons**

- Swift, decisive action
- Broad political consensus
- Centralised decision-making
- Clear, consistent communications by government
- Innovation, such as the rapid upgrade of digital platforms to enable people to stay at home
- High level of compliance to distancing measures

## Massachusetts

- The state has reported 54,938 cases and 2,899 deaths for a CFR of 5.3%, which is similar to the US national CFR.
- It is the third most affected state both in terms of actual numbers of cases and attack rate (804 per 100,000).
- The state has the second highest test rate in the country -- 3,456 per 100,000. The test positivity rate is 23%, higher than the US national average.

The Massachusetts governor announced a new initiative on 24 April to accelerate the state's efforts to contain the spread of COVID-19, by dramatically scaling up the state's capacity for contact tracing through a new collaboration with Boston-based global health NGO Partners in Health (PIH)<sup>7</sup>. This is the first state to initiate a contact tracing collaborative strategy. The initiative follows the governor's recent announcement of significantly increased capacity for COVID-19 testing across Massachusetts, through private laboratories and the Broad Institute of MIT and Harvard and to bring the positivity rate below 10% as recommended by WHO.

Because of severe shortages of COVID-19 tests in the U.S., large-scale contact tracing has not been possible as many states are having trouble testing anyone beyond hospitalized patients. In many states, even those with symptoms strongly suggestive of COVID-19 infection are not being tested. Meanwhile, the World Health Organization has been advocating that all countries must "go on the offensive" against the novel coronavirus, by implementing stronger quarantine and isolation measures and broader testing with contact tracing.

Expanded testing and contact tracing will support the state's ongoing efforts to expand bed capacity, increase supplies of Personal Protective Equipment (PPE) for caregivers, and provide more ventilators. Testing, contact tracing, and safe, high-quality care are the core elements of the state's continuously expanding response to COVID-19.

In Massachusetts, PIH and the Community Tracing Collaborative will support the state's efforts by training and deploying hundreds of contact tracers, who will call people who have been in close contact with confirmed COVID-19 patients. The CTC's work will be combined with the state's initiatives to increase testing, and will provide support to people in quarantine in order to contain the spread of COVID-19.

As hospitals and health centres in the state are providing care for the sick, the CTC will focus on decreasing community transmission. The **COVID Community Team**, a virtual support centre of nearly 1,000 people, will contact COVID-19 patients, learn about their recent public activities, and ensure they can take appropriate steps to get healthy and not spread the virus further.

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<sup>7</sup> <https://www.pih.org/ma-response>