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THE POLISH INSTITUTE OF INTERNATIONAL AFFAIRS

THE PANDEMIC COMPENDIUM

REACTIONS OF STATES TO COVID-19

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Contents

Introduction

The current pandemic is such a new phenomenon in international relations that little can yet be said about its consequences. Its novelty and scale raise the importance of basic research: compiling information about events, and the reactions and decisions of affected states. In the course of such work at the Polish Institute of International Affairs, we have prepared concise notes about almost 30 countries and regions, which we present as a “Pandemic compendium”.

Each note contains information about the spread of the pandemic in a given country (including data on morbidity and mortality), decisions of governments in the political, economic and social spheres, and a preliminary assessment of the effectiveness of actions taken to flatten the curve. Whenever such an assessment could not be formulated, we have presented the public's reaction to the decisions taken by authorities. We have also tried to estimate how restrictive these actions are and the extent to which they violate civil liberties. The added value of these notes lies in the fact that, although we do not provide footnotes to the facts cited (in most cases this would increase the volume of the text two-fold), the data derive from reliable, verified sources.

States and regions covered in the compendium include the Arab states, the Baltic states, Belgium, Brazil and Latin America, Canada, China, Czechia, France, Germany, Hungary, India, Iran, Ireland, Israel and Palestine, Italy, Japan, Romania, Russia, Singapore, Slovakia, South Korea, Spain, Sub-Saharan Africa, Sweden, Taiwan, Turkey, Ukraine, the United Kingdom, and the United States.

Arab States

Sara Nowacka

The Course of the Pandemic. The first case of COVID-19 was confirmed in the United Arab Emirates (UAE) on 29 January. In mid-February, the virus also spread to other Arab countries, including Saudi Arabia, Syria and Iraq. The highest number of cases were recorded in Saudi Arabia (6,380), the UAE (5,825) and Qatar (4,103). The largest number of patients died in Algeria (348), Egypt (196) and Morocco (130). The highest mortality rate among Arab countries (as well as in the world) was recorded in Algeria (15.3%). The second was in Egypt (7.3%), and the third was Morocco (5.7%). Saudi Arabia recorded the lowest mortality (1.3%). The UAE is at the forefront of the countries in terms of the number of tests carried out per million inhabitants (77,550).

The Reaction of the Authorities. Jordan has used the most radical measures against the pandemic. On 21 March, the authorities introduced a 24-hour curfew. Violation is punishable by up to one year in prison (over 1,600 people were arrested). The army, authorised under the state of emergency introduced in March, blocked entry to Amman. At the end of March, the UAE authorities began mass disinfection of public spaces and forbade residents to leave their homes between 8pm and 6pm. In Saudi Arabia, the government introduced a curfew in the most-threatened cities (including the port city of Dammam and seven districts of the city of Jeddah), allowing residents to leave homes from 6 a.m. to 3 p.m. only for medical purposes or to buy essential goods. Iraq also introduced a curfew on 17 March, closing the borders of most provinces and Baghdad. Egypt, Tunisia, Lebanon, Morocco, Kuwait, Bahrain and Algeria also banned residents from leaving their homes at night. Restrictions on participation in religious ceremonies were also applied. From 27 February, foreigners were not allowed to visit the holy mosques in Mecca and Medina. In March, the authorities of all Arab states suspended prayers in mosques and churches.

Six members of the Gulf Cooperation Council (GCC) will allocate a total of over $120 billion to counteract the economic effects of the pandemic. The most ($34.3 billion) will be spent by the UAE. Measures include business support, tax relief and a refund of custom duties on imported products. In Egypt, where tourism accounts for 12% of GDP and employs 10% of the country's workforce, President Abd al-Fatah al-Sisi announced the extension of the credit line for this industry to $1.3 billion. The government has also reduced gas and electricity prices for industrial companies. Private entrepreneurs in Egypt criticise the army's dominant role in the production of masks and mass disinfection. Tunisia, Morocco, Algeria and Jordan have also announced financial assistance to mitigate the economic impact of the pandemic.

The situation led to the suspension of the demonstrations ongoing since 2019 in Lebanon, Iraq and Algeria. The president of Lebanon has asked the international community to pay a portion of the $11 billion support promised at the 2018 conference. These measures would not only prevent the consequences of the virus but also raise public support for Hasan Diab, who was named prime minister in January. In Iraq, activists are preparing personal protective equipment for medical personnel and helping families who have been affected by the disease.

The pandemic emphasised the lack of transparency of some Arab authorities. Based on the number of foreigners who have contracted the virus in Egypt (97), Canadian researchers estimated that the actual number of infected people in the country is about 19,000 (when official numbers were about 1,450).

Once tourists returning from Egypt were diagnosed, the authorities denied the possibility that they had been infected in that country, and accused the Muslim Brotherhood of interfering with government data. During the parliamentary session, Muhammad Gomaa, the Egyptian Minister for Religion, blamed the Brotherhood for deliberately infecting army and police officers, court and media officials with the virus. In Iraq, healthcare representatives confirmed that there were about 3,000 to 9,000 positive test results, although according to official data there were 1,031 at that time. Following the publication of this information by Reuters, the Iraqi authorities revoked the operating licence of that agency.

The pandemic has become part of the Gulf crisis that began in 2017. In February, Saudi Arabia refused permission for Hanan al-Kuwari, Qatar's Public Health Minister, to enter the GCC coronavirus emergency meeting in Riyadh. In March, journalist Nura al-Mutari wrote on Twitter that Qatar had known about the virus since 2015 and was paying China to work on it, with a plan to use it to weaken the Saudi economy and delay the Dubai Expo 2020. At the beginning of March, the Egyptian government prevented Qatar's citizens (including those with a valid visa) from staying in Egypt.

The pandemic also strengthened the relationship between the UAE and China. The UAE sent medical assistance to China, and was one of the last countries to close flights to Beijing, which made it easier for China to gather the necessary resources to manage the pandemic. In cooperation with the WHO, they also sent humanitarian aid to Iran.

Assessment. The actions of the rich Gulf countries will be the most efficient in preventing further infections, thanks to financial resources and well-functioning healthcare. Residents of countries affected by armed conflict (Yemen, Syria and Libya), refugees living in camps in Lebanon and Jordan, as well as 1.6 million internally displaced Iraqi residents are at greatest risk. They live in unsanitary conditions, with limited access to water and medical facilities. The inhabitants of Egypt are also exposed since urban centres have a high population density (up to 19,376 per square kilometre in Cairo). Arab societies have a low median age (in Jordan it is 23.8, and in Egypt 24.6), which can reduce the mortality rate of the virus.

Although the restrictive pandemic prevention measures used by Arab countries may prove to be effective, they violate civil liberties. This is particularly dangerous in the face of the lack of transparency and corruption of many Arab governments. There is a great threat that the penalties for non-compliance with curfews will be used against the opposition, especially in light of the anti-government protests that have been ongoing since 2019. Around 16,000 people have been already arrested for violating curfew in Iraq since March.

Baltic States

Kinga Raś

The Course of the Pandemic. The earliest cases of infection were found in Estonia, at the end of February. By 16 April, the number of cases in Estonia was 1,434, of which 35 people had died. In Lithuania, there had been 1,118 cases and 30 deaths, and, in Latvia there had been 675 cases, including five deaths.

In Lithuania, the relatively high incidence among medical personnel (currently about 100) is becoming a more serious problem. In each of the Baltic States, the disease curve is developing at a different pace, despite their geographical proximity and the dense network of transport connections. According to virologists, the peak in Estonia has not yet occurred, and the pandemic will be prolonged, which means that the curve will be relatively flat. Only Estonia decided to increase the number of tests and conduct them as widely as possible.

Estonia, where the highest number of cases was registered, reacted most strongly to the development of the pandemic. A declaration of an "emergency situation" was announced on 12 March, with the imposed restrictions lasting until 17 May. Lithuania announced a "preventive emergency situation" at the end of February but introduced self-quarantining in mid-March, as did Latvia. In Lithuania, it will last until 11 May, and in Latvia until 12 May (based on the latest regulations set out on 7 April).

As of 16 April, the Latvian government does not plan to relax the current rules. In Lithuania, the prime minister admitted that consideration should be given to the possibility of liberalising the rules, for example regarding the re-opening of certain service outlets. In Estonia, the government is also working on a slow recovery strategy. However, considering statistics, an extension of at least some of the existing rules can be expected.

The Baltic States have reacted quite similarly, duplicating the scheme of relatively restrictive regulations compared to, for example, Italy or France. In addition, additional border controls were implemented, and in mid-March foreigners were banned from entering the Baltic States unless they had a residence permit. Each person entering the Baltic States is also subject to a mandatory two-week quarantine. The Baltic States have cooperated efficiently in bringing their citizens home while maintaining the necessary transport routes.

At the political level, the crisis led to consensus in Estonia, where the opposition declared that it would cooperate with the government. Latvia also managed well, and there was even a new minister of the economy (albeit not related to the pandemic). President Egils Levits plays a quite important role in public, trying to moderate the debate. The most politically sensitive of the Baltic States in relation to the pandemic is Lithuania, where restrictions are being criticised and the opposition is undermining solutions adopted by the government. This is primarily due to the election planned for autumn and the use of the current situation by individual parties. However, the government of Saulius Skvernelis is very positive about the reaction to the crisis itself.

In the Baltic States, the crisis is not used to increase prerogatives in the field of foreign policy, although it will have consequences when it comes to the positions of countries in European policy, including as regards the future EU budget and crisis management at EU level.

To date, the largest aid package has been announced by Lithuania, amounting to around €5 billion, which is close to 10% of the state budget. The Lithuanian government approved a plan to stimulate the economy and mitigate the consequences of the pandemic. In the short term, this is to serve to preserve jobs and liquidity of enterprises (co-financing and tax deferrals), and, in the long run, to stimulate economic development. Controversy among the opposition is raised by the recent decision of the Lithuanian Sejm, giving the government the power to regulate prices. President Gitanas Nausėda will also consider this issue.

Latvia has planned preventive measures to overcome the COVID-19 crisis, at a cost of €4 billion. The government has made an additional €150 million to help companies maintain liquidity. Efforts to overcome the direct negative effects of the pandemic will be financed from the state budget. However, after the crisis, the economy will be stimulated using EU funds, in line with the decision taken by the working group of Finance Minister Jānis Reirs.

In Estonia, the government approved a package of €2 billion in March, which is almost 7% of GDP. The goal is to alleviate the most difficult initial effects of the crisis. State funds will be used to support enterprises through KredEx and the Rural Development Foundation. The package also includes support for the labour market by the Estonian Insurance Fund to mitigate unemployment, ensure payment of sickness benefits, and provide temporary tax relief (payments will be deferred for 18 months, and class two pension contributions will be temporarily suspended.

Assessment. At this stage, it is difficult to assess the effectiveness of the decisions and actions taken by the Baltic States. Estonians are the most socially mobilised, and Latvians the least (in Latvia, due to non-compliance with the restrictions, the authorities had to increase penalties for breaking the rules). Preventive measures should be assessed as quite restrictive, given the possibility of tightening measures (Lithuania is the least in favour of such solutions).

Belgium

Melchior Szczepanik

The Course of the Pandemic. The first case of coronavirus was diagnosed on 4 February. The pandemic accelerated in early March: on 6 March, the daily number of detected infections passed 100 for the first time. Since 23 March (apart from weekends, when fewer tests are performed), there have been more than 1,000 cases daily. In total, as of 17 April, there had been 36,138 cases. The number of cases per million inhabitants (2,939) is among the highest in the EU (in France and Germany it stands at 1,585 and 1,573, respectively, and in Italy at 2,732). To date, 5,161 patients have been hospitalised, 1,140 of whom in intensive care units, 5,163 of whom have died, and 7,961 of whom have been discharged as recovered.

The Authorities' Reactions. Confronted with the spread of the pandemic, on 19 March, the majority of political parties decided to support the government which, since December 2018, has functioned as a minority caretaker government. Representatives of those parties have not assumed cabinet positions, but the Prime Minister, Sophie Wilmès, pledged to consult with them. Parliament also granted the executive the right to issue decrees (for three months, with the possibility of a three-month extension). Decrees are binding without the consent of the parliament, but can be annulled by the legislators. Moreover, a special parliamentary committee will scrutinise the government's use of this prerogative. The government cannot use decrees to modify tax rules or social security payments, but it can report or suspend some of the dues.

Rules regarding confinement and limiting economic activity were introduced gradually in the first half of March. People can leave their homes only to go to work, to get food or medicines, and to help their relatives. Physical activity outside is allowed. Companies that do not provide services considered essential, are unable to introduce teleworking, or cannot ensure adequate distance between employees, were obliged to suspend their activities. Nurseries, schools and universities closed, but childcare for employees of the healthcare and security services is provided. Border controls were reintroduced on 20 March, but people who work in another country are allowed to cross them.

The government adopted several measures to prop up the economy. Benefits for the temporarily unemployed will cover 70% of their salaries (if needed until the end of June). The self-employed, who are furloughed, can receive between €1,300 and €1,600 per month. Depending on the extent of their losses, they will be able to have their social security payments deferred or reduced. In Wallonia, small companies received a one-off support payment. The regional government allocated €200 million for cheap loans. The budget minister estimated that the state deficit in 2020 would amount to €24 billion (5% of GDP), which is twice as much as was expected at the beginning of the year.

Assessment. The largest Flemish party (centre-right), which did not support the government, has been sparing in criticising its activities. Its leader has focused on emphasising the necessity of devising a strategy for re-opening the economy. The Flemish regional government decried the division of EU funds related to the pandemic, claiming that too much was allocated to Wallonia where the number of cases is lower. But the division was the outcome of EU, not national, rules.

The spread of the disease slowed down. Between 20 and 30 March, the number of detected cases tripled, while between 4 and 14 April infections increased by 50%. Since the end of March, two weeks

after the last series of measures related to confinement entered into force, the daily number of new hospitalisations tended to decrease, while the total number of patients in hospitals remains stable. This suggests that the measures introduced were effective. Currently, around 60% of beds in intensive care units are occupied, and experts do not believe that their availability could become a problem. Just as in several other EU Member States, medical staff have complained of shortages of equipment and medications.

Brazil and Other Latin American States

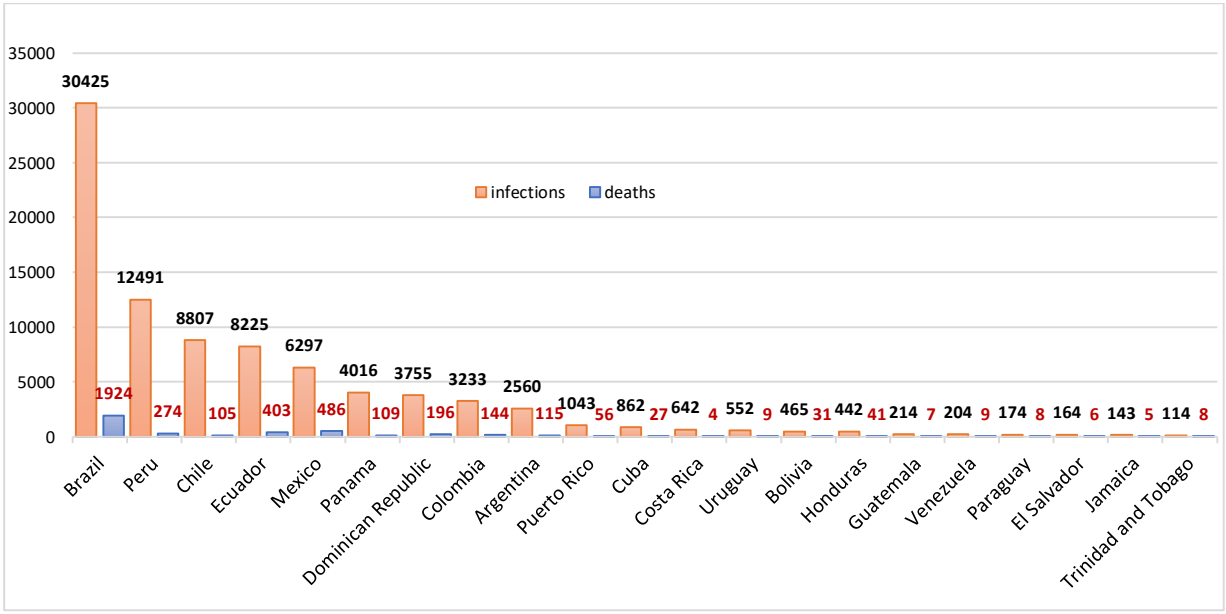
Bartłomiej Znojek

The Spread of the Pandemic. By 16 April, the governments in Latin America and the Caribbean had reported more than 80,000 SARS-CoV-2 infections and nearly 3,700 deaths. On 26 February, Brazil became the first Latin American country to confirm that someone had tested positive for the virus. However, even in January, Brazilian health authorities isolated people who were suspected of being infected and had previously been in China.

Figure 1 and **Figure 2** show that, in mid-April, Brazil accounted for more than a third of confirmed cases (above 30,000) and nearly half of the fatalities (above 1,900) in Latin America. This gives a mortality rate exceeding 6%, which surpasses the region's average (see **Figure 3**) Importantly, Latin American countries have been struggling in parallel with a dengue epidemic. Brazil has recorded the highest number of cases of the disease, with 2.2 million infections and 800 deaths in 2019 (685,000 and 181 since the beginning of 2020).

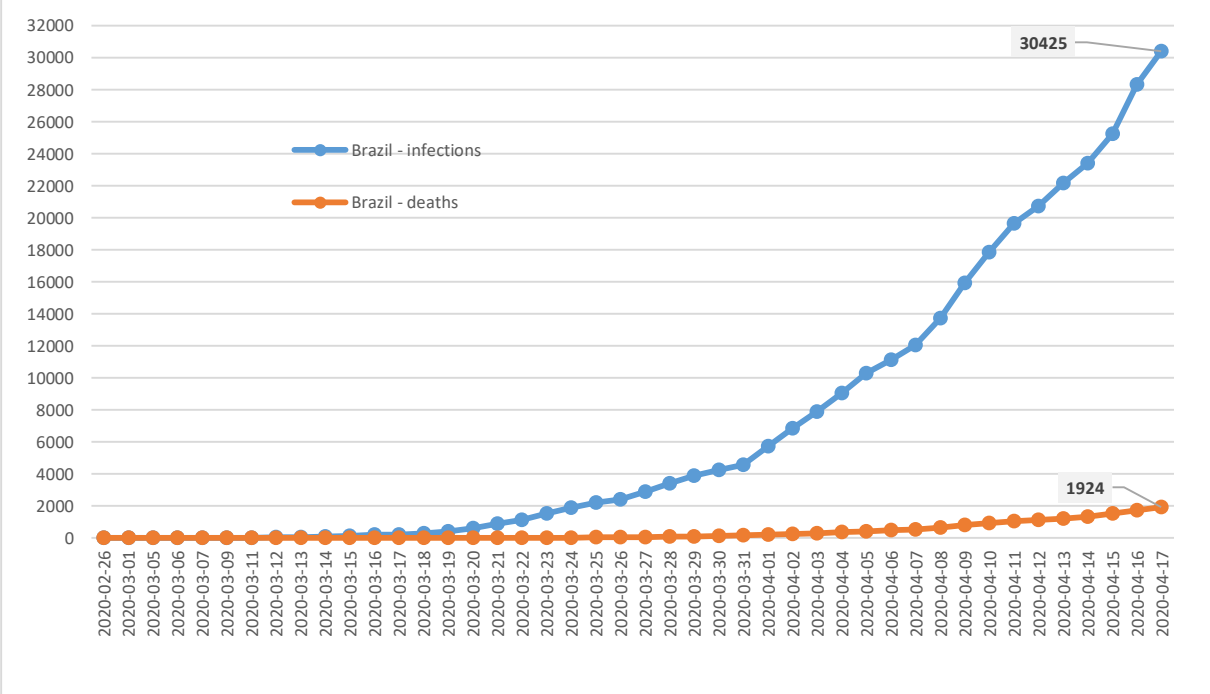
In discussions about the official data, there are arguments that numbers are under-reported because of inadequate healthcare systems in many countries, insufficient tests performed (for example, in Mexico), and suspicions that complete data is not disclosed (as is the case in Venezuela). In Brazil, there are particular concerns over threat coronavirus poses to Amazonian indigenous tribes (the first case among them was recorded in April).

Figure 1. SARS-CoV-2 in Latin America and the Caribbean: number of confirmed infections and deaths in countries that reported more than 100 cases (as of 16 April 2020)



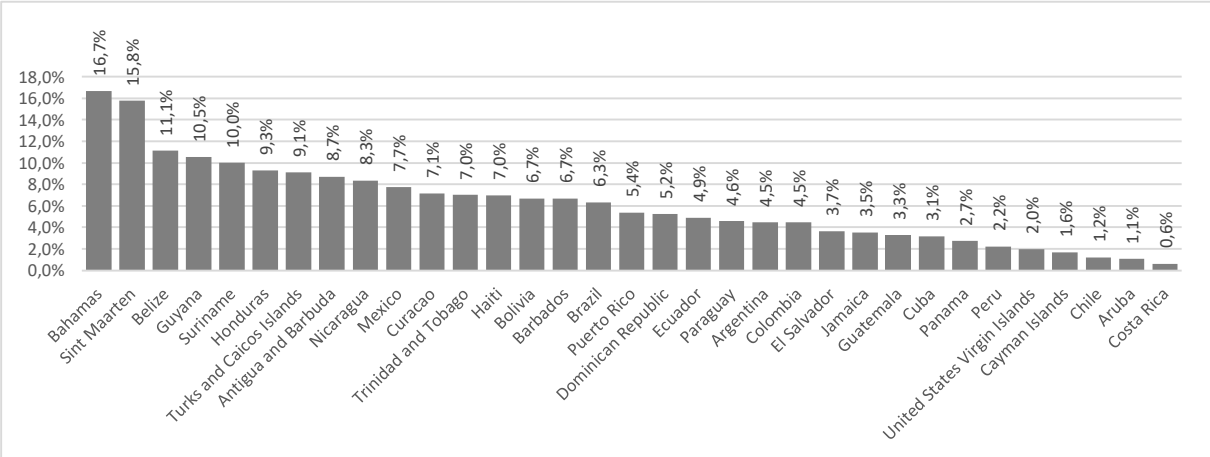
Source: Own calculations based on data from the European Centre for Disease Prevention and Control (ECDC).

Figure 2. Increase of the number of confirmed infections and deaths associated with SARS-CoV-2 in Brazil (as of 16 April 2020)



Source: Own calculations based on data from the European Centre for Disease Prevention and Control (ECDC)

Figure 3. Sars-CoV-2 mortality rates based on confirmed infections and deaths in Latin America and the Caribbean (as of 16 April 2020)



Source: Own calculations based on data from the European Centre for Disease Prevention and Control (ECDC)

The Authorities' Actions. Latin American governments differed in their assessments of the threat and the speed of imposing restrictions. Most of them responded fairly quickly, for example by closing borders, introducing a state of emergency and nationwide quarantine, or restricting movement (using curfews, among other things). Brazil and Mexico, the region's largest countries, were among a small group of countries to avoid implementing restrictive measures and prioritise economic stability over health security. Such approach resulted from strong opposition to restrictions by the President Jair Bolsonaro of Brazil and his Mexican counterpart Andrés Manuel López Obrador. Both leaders downplayed the scale of the problem and even ignored recommendations from epidemiological services. In Bolsonaro's case, there was even a public confrontation with representatives of his government, including Minister of Health Luis Mandetta (Bolsonaro dismissed him on 16 April).

The Brazilian health authorities upgraded the epidemic alert in January due to suspected infections in people who had returned from China. At the beginning of February, the Senate adopted quarantine rules for returning nationals, and the government organised the evacuation of Brazilians from China (at the request of the Polish government, a group of Poles was also repatriated). The minister of health gradually expanded the list of monitored countries. On 10 February, Bolsonaro signed an emergency agreement giving the Ministry of Defence power relating to coronavirus.

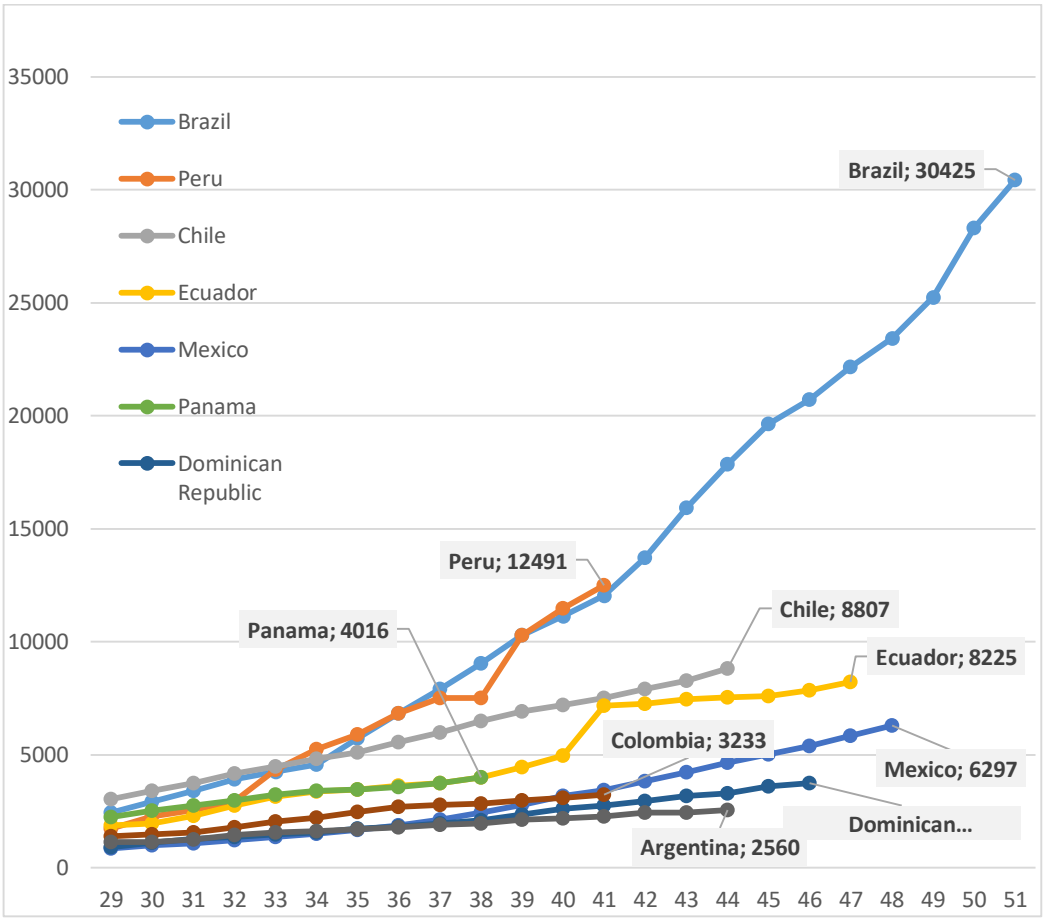
On 6 March (more than a week after the first reported case), Bolsonaro argued in a message to the nation that there was no reason to panic and that citizens should just follow the basic recommendations for infection prevention. He maintained this rhetoric for the next weeks. The minister of health, in turn, limited himself to recommending self-isolation. The most serious restriction introduced by the government to date has been the gradual closure of borders in the second half of March. In addition, on 20 March, the authorities declared a state of calamity in order to bypass the constitutional spending threshold.

In view of the federal government's moderate policies, since mid-March, state and municipal authorities started to impose restrictions such as the closure of schools, mandatory quarantine, and closure of public places (including cinemas, theatres and beaches) and non-essential business. The measures introduced in the states of São Paulo and Rio de Janeiro, governed by Bolsonaro's political rivals, triggered fierce criticism by the president. His administration has prepared a campaign called *Brasil não pode parar* ("Brazil cannot stop"), calling Brazilian workers to ignore quarantine and return to work (the court quickly banned the initiative). On 30 March, the Supreme Court announced that it would block actions contrary to the recommendations of the health authorities. A day later, Bolsonaro softened his rhetoric by calling for joint efforts to protect life and jobs, but opposed the restrictions (the health minister argued that quarantine and social distancing were necessary). Bolsonaro fears the return of the economic crisis and damage to his chance of being re-elected in 2022. His attitude is, to a certain extent inspired by the approach of U.S. President Donald Trump.

The Brazilian government has paid much more attention to measures to support the economy. Like other countries in the region, it intends to help businesses with preferential loans or tax payment deferment, , among other things. It also offers help for citizens such as informal market workers (ensuring the minimum wage) and the lowest-income families (higher direct cash transfers, protection in the event of inability to pay debts, and job losses). At the same time, state authorities resorted to protective measures such as deferral of VAT payments. 25 On March, a majority of the 27 governors called on the federal government to agree to suspend the 12-month debt repayment. The finance minister estimates the value of the stimulus package at 1 trillion reais (more than $190 billion).

Reaction. The longer Bolsonaro downplayed the threat from coronavirus, the more isolated and less popular he became. According to polls in early April, many more Brazilians trusted the minister of health and the state governments. The vast majority supported restrictive measures to prevent the spread of the virus. However, since the beginning of April, Brazil has seen a sharp increase in new cases, which may indicate insufficient and belated restrictive measures. In other countries in the region, the infection curve is relatively mild, although there are no countries which have been able to visibly reduce the pace of new cases so far (see **Figure 4**.) Overall, the restrictive measures introduced by Brazil's federal government are very mild, while those ordered by state authorities are relatively stronger, albeit differentiated.

Figure 4. The increase in confirmed SARS-CoV-2 cases in selected Latin American countries, expressed as status per days since the first recorded case in the country with graphs starting from the 29th day (as of 16 April 2020)



Source: Own calculations based on data from the European Centre for Disease Prevention and Control (ECDC).

Canada

Paweł Markiewicz

The Course of the Pandemic. The first case of COVID-19 was diagnosed on 27 January, in a Canadian citizen returning to Toronto from Wuhan. However, the pandemic did not begin progressing until early March, when over 52 infections were noted among Canadians who returned from China, primarily to the provinces of British Columbia, Ontario and Quebec. The first instances of coronavirus transfer were seen thereafter in British Columbia and Ontario, while the number of infected began rising exponentially in mid-March (by about 100 to 200 daily). On 9 March, the first infected Canadian died in British Columbia. According to data, the number of deaths (1,196) as of 17 April is well below the number of infections (30,106) while 9,729 people have recovered. Of the 13 provinces and territories comprising the confederation, the pandemic significantly affected Quebec (14,248 infected), Ontario (7,953), Alberta (2,158) and British Columbia (1,575). Individuals infected with COVID-19 appear in all provinces and territories, with the exception of Nunavut in the Canadian Arctic. People over 65 years of age, about 17.5% of the population, are the group most at risk of infection.

The Authorities' Reactions. The federal government's measured reaction to the crisis was analogous to the tempo of the pandemic's spread in Canada. Toward the end of January, the authorities introduced screening measures for travellers returning from Wuhan at three of the country's largest airports (Vancouver, Toronto and Montreal). Those showing symptoms were suggested to self-quarantine for 14 days. The spread of the pandemic in China prompted debate in the House of Commons about whether or not Canada should tighten its border controls and cancel flights from China. Prime Minister Justin Trudeau did not take these actions, but urged citizens to self-isolate voluntarily. It was not until March that the federal government took concrete measures in response to the exponential rise of infections. International flights to Canada were suspended for all non-citizens, and the border with the United States was closed to all non-essential traffic, excluding trade. Invoking the 2005 Quarantine Act, the federal health minister required all Canadians returning home to self-quarantine for 14 days. After his wife contracted the virus, Trudeau and his family were also forced to quarantine. Parliament suspended sessions for five weeks, the notable exception being an emergency session to pass a stimulus package worth CAD $82 billion, consisting of, among other things, wage subsidies for small and medium-size businesses, tax breaks, and CAD $2,000 payouts for individuals who lost their jobs during the pandemic, for up to four months. Trudeau appealed to Canadians to stay home and limit interpersonal contacts, but refrained from declaring a federal state of emergency. Based on their executive powers, all provincial premiers introduced states of emergency in which they limited gatherings, closed public institutions (schools, restaurants with the exception of take-away services, night clubs, churches and theatres), and increased controls on regional traffic. Provincial legislatures in Ontario and Quebec approved supplementary financial packages to the federal governments.

Assessment. The introduction of restrictive states of emergency by provincial premiers contributed to a certain fall-off in infections (for example, in British Columbia) and limited virus transmission in other provinces. Canadians are rather pleased with the work of the federal government and the role medical experts are playing in influencing government decisions. Positive public approval increased parallel to the spread of coronavirus in Canada. Even though the government was criticised for discounting health risks and delaying restrictive responses, a poll conducted between 13 and 15 March showed that 58%

of respondents approved Trudeau's actions. Support increased to 64% after he announced his financial support plans. Overall, Canadians approve the response of their provincial legislatures over that of the federal government. Public approval for provincial premiers is highest in Quebec (93%) and Ontario (74%).

China

Marcin Przychodniak

The Course of the Pandemic. When analysing the course and reactions of the Chinese authorities to the COVID-19 pandemic, one should remember about the imperfections of the available official data. Unofficial information indicates that the first COVID-19 patient was identified in China as early as 17 November 2019, while WHO claims it was 8 December. By 27 December 2019, more than 180 Chinese people were infected, and on 1 January 2020 this number had risen to 381. On 7 January, Chairman Xi Jinping was informed about the situation. There were 911 deaths on 9 February (more than during the SARS epidemic of 2002 to 2003). On 13 February, the daily contagion rate in the Hubei province reached in excess of 14,000. people. A few days later, the increase in contagion began to slow down. On 13 February, nearly 60,000 people were infected. The following day there were just over 64,000, and on 15 February the total had reached just over 66,000. From the beginning of March, the number of new cases did not go beyond +/- a thousand people. However, there is a still slight increase in local infections, which may indicate a second wave of COVID-19. From the beginning of the year to the end of March, there were more than 82,000 infections recorded in China, of which slightly more than 70,000 recovered. More than 4,000 died from COVID-19. These statistics are often changed by the Chinese authorities (on 17 April, the authorities in Wuhan increased the exact number of deceased in the city by exactly 50%).

Government Actions. After the omissions in December 2019, in January and February the Chinese authorities took the following actions:

1. On 23 January, Wuhan (the capital of Hubei Province, with a population of 11 million) and three other cities nearby were put into lockdown, blocking all passenger transport connections. Temperature testing was launched at the city's gates. By 24 January, 12 medium-sized cities in the Hubei province (and around 50 million people) were obliged to adhere to similar restrictions. On 13 February, all factories whose production was not necessary were closed.

2. Educational facilities were closed in Hubei and large Chinese cities, and the possibility of leaving homes was limited, setting a limit of one person, once a day. Security cameras and a system of social support networks functioning in many Chinese cities since 2004 (in communities, observers report to the authorities about local activity) monitored the effectiveness of this solution. In Guangzhou, for example, 170,000 people were affected, and in Chongqing the figure was 118,000. Body temperature testing was introduced, and visits and the entry of outsiders to compounds were prohibited. By 12 February, such solutions covered 207 cities (including 26 provincial capitals and autonomous regions).

3. A whole-country video monitoring system (over 200 million CCTV cameras) was used to track and identify citizens with elevated temperatures, with the help of AI.

4. There was an order to install special applications on mobile phones, such as the Alipay Health Code (introduced in Hangzhou as a pilot, but extended to more than 200 cities). In cooperation with the police (information goes directly to the police servers) the applications assign citizens categories depending on their state of health.

Economic Assistance. The indebtedness of the whole country and individual provinces makes it difficult to talk about specific stimulus programmes. Current activities, including those carried out by the central bank, are there to stabilise the financial market mainly by providing greater access to credit for companies. For example, the percentage of reserves required for banks to hold was reduced, which freed up about $56 billion. Detailed plans to support the economy have not yet been announced.

Political Use of the Pandemic. The authorities use the pandemic to strengthen their political position. This is done by presenting Xi Jinping as the main person responsible for controlling the first phase of the epidemic. Similar rhetoric is used in relations with foreign partners. In foreign policy, in addition to exchanging experience, China has used donations (commercial or humanitarian) of medical equipment, sanitary equipment or delegations of Chinese doctors to selected countries. These activities were universal and concerned the majority of institutions which, as part of a top-down campaign, offered their foreign partners (at the level of political parties, universities, local governments and companies) assistance in obtaining equipment. Some of these offers were related, for example, to a commitment to accept a certain number of Chinese students after the pandemic. China, after arrangements at the highest level, such as in the conversation between Xi and German Chancellor Angela Merkel, promised access to better quality equipment for major partners (such as Germany). The pandemic (and the decrease in the number of cases in China) was also intended to show the world the effectiveness of the Chinese political system. This was managed by propaganda (involving the Ministry of Foreign Affairs and diplomatic missions), as well as disinformation activities (regarding China's inadequate reaction in December 2019).

A Second Wave. After stabilising the level of the disease at the beginning of March, the Chinese authorities lifted some restrictions regarding movement, some local businesses were allowed to open, and leaving Wuhan was permitted. At the same time, new measures were introduced, possibly to prevent a second wave of the virus. These measures included:

1. Visas for foreigners issued before 28 March were cancelled, requiring people still interested to re-apply for them.
2. Strict rules for check-in of foreigners in hotels, whose access to public places was limited. These were, among others (mainly in Guangzhou) used intensively against citizens of African countries as potential carriers of the virus.
3. Compulsory quarantine for arrivals was also introduced, requiring them to stay, at their own expense, in hotels converted into special centres.
4. Some cities re-implemented (after about a week) some of the previously withdrawn bans (such as closing cinemas or tourist attractions in Shanghai).

Assessment. China's reaction to COVID-19 proved effective in stabilising the wave of disease, which was achieved in March. Movement of the population and starting the economy may cause a second wave of infections among people who have not been in contact with the virus, have not acquired immunity, and could become infected by asymptomatic patients who were not included in Chinese statistics until the end of March. It is therefore difficult to assess the effectiveness of this policy in the long term. Stabilisation of the wave of the disease in March took place using restrictive methods against civil liberties. However, China was not observing these freedoms before the virus.

Czechia

Łukasz Ogrodnik

The Course of the Pandemic. As of 16 April, the number of cases in Czechia was 6,303, of which 831 people recovered and 166 died. The beginning of the pandemic in this country was 1 March when the Ministry of Health announced the first three confirmed cases of coronavirus.

Government Actions. Czechia took preventive measures even before the first cases of infection were recorded. On 30 January, visas were suspended for Chinese citizens, and flights from that country were suspended on 8 February. Classes at education establishments were suspended from 10 March. A state of emergency (nouzový stav) has been in force since 12 March, originally adopted for 30 days, and extended to 7 April to the end of the month. Andrej Babiš's minority government proposed a 30-day extension, but he did not get parliamentary approval because most of the opposition was critical of further extending restrictions. Restrictions on trade have been introduced, except grocery for stores, petrol stations and pharmacies. Restrictions on movement since 16 March did not include going to work or to such stores. In addition, from 20 March, Czechs were obliged to cover their mouths and noses when leaving home. As part of the information campaign, the Czech authorities sent citizens leaflets with recommendations. Supplementary elections to the Senate in the Teplice District were postponed (originally scheduled for 27 to 28 March). In response to economic problems, the Czech government has presented support packages for entrepreneurs, including tax exemptions, low-interest loans and a three-month extension of the deadline for submitting tax declarations. At the same time, the Council of the Czech National Bank lowered interest rates. Czechia was the first country to support, using NATO mechanisms, Spain and Italy, sending humanitarian aid, and later also helping Northern Macedonia. Thanks to this, the Czech government gained measurable image benefits. The cancellation of the announced anti-government demonstrations due to restrictions on public assembly was also a factor limiting criticism of the Babiš government.

Assessment. Czechia has seen a visible flattening of the disease curve, which is why the Babiš government announced the abolition of some restrictions. From 7 April, Czechs were allowed to practise practice individual sports outside without masks, from 8 April some stores may be re-opened (such as those for hobbyists, selling building and paper materials), and from 14 April Czech citizens were able to leave the country in selected cases (including for family or medical visits). On the same date, the Czech government presented a five-step plan to ease restrictions on trade and services. Easing of restrictions was made conditional on the domestic development of the pandemic. In Czechia, relatively restrictive measures have been taken in terms of civil liberties. However, they strictly concerned measures limiting the possibility of coronavirus infection, such as freedom of movement, use of services and the right to assembly, including religious gatherings.

France

Łukasz Maślanka

The Course of the Pandemic The first case of SARS-Cov-2 virus contagion in France was recorded on 24 January, in Bordeaux. The first death occurred on 14 February, in Paris. The first mass infection happened in Mulhouse, on the occasion of the Evangelical Communities Gathering (17 to 21 February), involving approximately 2,500 people. About 1,000 of these were infected, dispersing the virus across the entire territory of France. The next focal point was department of Oise, where tourists coming back from winter holidays infected a hospital team. At the beginning of March, the number of infections was rising in the Paris region. On 14 March, the number of infected people increased to 4,500 and was doubling every 72 hours. In the next days, the situation worsened to resemble the Italian and Spanish trajectories (the number of infected people doubling every 48 hours). By 16 April, 106,206 infections and 17,167 deaths had been reported.

Reaction of the Authorities. On 23 March, the French parliament adopted the Sanitary Urgency Law, giving broader competences to the government and allowing serious restrictions of civil liberties. Strict domestic isolation was introduced across the entire territory of France. Leaving home is only allowed when going to work, buying essential shopping, taking limited exercise, or helping family. Citizens are obliged to fill in declarations every time they leave home. The police enforce these restrictions scrupulously (about 500,000 fines were issued between 17 March and 7 April).

The anti-crisis plan for economy involves a direct intervention of €110 billion. Part of this sum will cover the payment of 84% of net salaries to all employees grounded during the pandemic. Currently, every fourth employee is affected by this measure. The authorities also announced the suspension of fiscal and social charges for March. A special fund of €1 billion per month has been created to help small businesses in the service sector. In addition, the state has issued guarantees that companies forced to renegotiate credit with banks can count on a public warranty which amounts to a total of €300 billion. The state investment bank Pbifrance has opened a credit line for companies at risk of bankruptcy. The nationalisation of crucial enterprises is not excluded. The Renault and PSA automobile groups have been producing medical ventilators.

Special hotspots for victims of domestic violence have been arranged. The state is also ready to fund 20,000 hotel nights for people fleeing domestic abuse. The Ministry of Agriculture supports the recruitment of people willing to work in the sector, as a lack of seasonal workers looms. A dedicated government webpage makes it easier for NGOs to contact volunteers willing to help aged, ill or confined people, or to take care of children of medical teams. Vouchers worth a total €15 million are being distributed to homeless people, enabling them to buy food and personal hygiene items. Access to contraception has been facilitated (pills are available without prescription until 31 May), and medical abortion is available up to the ninth week, after video consultation with a doctor.

Assessment. Significant limitations of civil rights have been introduced in France, especially the right to free movement. France has been living under emergency law (with short interruptions) since 2015. Court deadlines have been suspended, prolonging pre-trial detention of 22,000 inmates and raising protests from the Chief Inspector of Prisons. Simultaneously, in order to prevent riots, about 10,000 inmates have been released.

The decision to hold the first round of local elections on 15 March was a major cause of controversy. However, the opposition enjoys complete liberty to criticise the government, the prime minister maintains constant links with the leaders of parliamentary parties. The press is totally free to criticise the government, and public media are reporting the political debate honestly.

Strict measures have not so far led to flattening the virus curve. However, a decrease in the number of ICU admissions has been recorded since the beginning of April (from 7,000 beds occupied every day to about 6,000), and the overall number of ICU beds has increased from 10,000 to 14,000. The easing of restrictions will not start before 11 May. At the first stage, nurseries, creches and some schools will be opened. The authorities are gathering stocks of masks and tests.

Germany

Lidia Gibadło

The Course of the Pandemic. The Robert Koch Institute (RKI), a federal agency that investigates infectious diseases, noted the first case of COVID-19 in Germany on 28 January, in Bavaria. By the end of February, 16 cases of COVID-19 had been reported in Germany. Factors that enhanced the spread of the virus were returns from winter holidays in Austria and Italy, festivities organised to celebrate the end of the carnival season, and the first round of local elections in Bavaria, on 15 March. The first two coronavirus fatalities were recorded on 9 March.

The number of cases and deaths varies from region to region. By 17 April, the most cases had been recorded in the western federal states, with the highest populations. These included Bavaria (36,027 cases, 1,137 deaths), North Rhine-Westphalia (27,030 cases, 1,137 deaths) and Baden-Württemberg (26,543 cases, 872 deaths). The peak of the daily increase was on 28 March, when 6,294 new cases were reported. According to RKI data, 133,830 COVID-19 cases, 3,868 deaths and a daily incidence increase of 3,380 had been recorded in Germany by 17 April.

Despite the high number of infections, a low death rate has been recorded in Germany (2.9%). This is due to the large number of tests performed (650,000 per week), regular medical check-ups, and the low average age of infected people (50 years), which increases their chances of survival. At the same time, the number of people who have recovered is rising, to 68,000 according to RKI estimates.

The Authorities' Reactions. During two consultations with the prime ministers of all federal states, on 13 and 22 March, the federal government established a nationwide catalogue of measures and restrictions relating to COVID-19. The federation's competences were also increased by the amended act on the prevention and control of infectious diseases, thanks to which the minister of health has the right, for example, to control the supply of medicines and medical assets.

On 16 March, federal authorities introduced controls and restricted passenger traffic on the borders with Austria, Denmark, France, Luxembourg and Switzerland. On 10 April, the government introduced a two-week quarantine for German citizens returning from a stay abroad, citizens of EU countries, and other foreigners living in Germany.

In the field of foreign assistance, the government decided to hospitalise in Germany patients in severe condition from Italy, France and the Netherlands, send medical products and equipment to Italy, Austria and Switzerland, and deploy medical teams to support doctors in Spain and Italy.

On 13 March, to mitigate the effects of the economic downturn, the government held a press conference at which it presented a "protective shield" plan. Among the measures envisaged are the introduction of a short-time work system, fiscal breaks, and funds for cheap loans, together totalling €460 billion. On 23 March, the finance minister announced an increase in loan guarantees by €375 billion, with the possibility of extending this to €1,06 trillion. An economic stabilisation fund of €600 billion has been created to cover five-year loan guarantees for companies, liquidity support for companies in trouble, and temporary state acquisition of shares in companies. In addition, individual federal states offer aid packages supplementing federal assistance.

The falling daily increase in incidence prompted the federal government and the federal authorities to lift the first restrictions. According to a decision of 15 April:

- from 4 May, schools are to be opened to the oldest students, who are awaiting exams
- stores with an area of maximum 800 m^2 can open, provided that hygiene standards are observed

At the same time:

- social distancing rules will continue until at least 3 May
- mass events will be banned until 31 August
- religious sites will remain closed to large groups of people
- wearing masks in public places is recommended

Assessment. A survey conducted in early April by the Forschungsguppe Wahlen opinion poll institute shows that Germans support the measures (74%) and are satisfied with the government's actions (88%). The decrease in the daily number of recorded infections indicates that the restrictions adopted by regional and federal authorities are bringing the expected results. The degree of restrictions adopted should be assessed as medium.

Hungary

Veronika Jóźwiak

The Course of the Pandemic. In Hungary, the pandemic is mild in terms of the number of infections (as of 16 April, 1,652 cases had been confirmed, including 142 deaths). The first two diagnosed cases were recorded on 4 March. Since then, the pandemic has not been growing at an exponential rate. The number of new infections ranges between 40 and 100 people a day. The pandemic in Hungary is distinguished by relatively high mortality (8.5% as of 16 April), which may signal a significant difference between the actual number of cases and confirmed cases. According to Hungarian epidemiologists, this number may be up to ten times higher than the official one, taking into account the relatively low number of tests performed (by 16 April, this stood at 3,848 per 1 million inhabitants, compared, for example, to 20,823 per 1 million inhabitants in Germany). One of the reasons for the small scale of testing is Hungarian epidemiological standards, unchanged after the outbreak of the COVID-19 pandemic, according to which family members of those who are infected are not automatically tested. Detailed data on cases are not transparent. For example, the Hungarian authorities do not provide statistics on the age or sex of patients. The contagion map, allowing active cases to be tracked, was not made public until the second week of the pandemic.

The Reaction of the Authorities. On 11 March, the government announced a state of danger, one of the few extraordinary states defined by the constitution when a special legal order applies. However, the restrictions adopted within its framework, connected to entering and moving around the country and impacting the social sphere, were introduced gradually and were not exceptionally strict. On 11 March, border controls with Slovenia and Austria were restored, and entry bans from Italy, China, South Korea and Iran were announced. Hungarians returning from these countries were obliged to quarantine. Relatively late, on 16 March, schools were closed, as were land borders to foreigners. Mass events were forbidden, while opening hours for restaurants and non-food stores only limited. On 26 March, international air traffic was stopped, and Hungarian citizens returning from abroad were obliged to undergo medical examination (but not SARS-CoV-2 tests), and, depending on the results, to quarantine. Since 28 March, until further notice, Hungarians have been forbidden to leave home except for activities formally listed as necessary, including individual sports, going to a hairdresser or attending religious ceremonies. Coronavirus in Hungary is treated primarily as a problem for internal affairs, not public health. That is why measures are coordinated by an operational staff established on 31 January, led by a police colonel.

In the economic sphere, initially ad hoc measures were taken. For example, the repayment of loans was suspended until the end of the year and, in some sectors, employers were exempted from paying payroll taxes until 30 June. An economic package of 18% to 20% of GDP was announced on 6 April. This includes help for employers, such as the government taking over the payment of 70% of salaries in the event of shorter working hours, as well as populist measures, including a 13th monthly pension payment for the retired.

The most serious restrictions concern legal changes. The announcement of a state of emergency allows the government to adopt regulations that conflict with applicable law, without control of the legislature and without thematic or time restrictions. Also, the act adopted on 30 March extends the validity of these regulations for an indefinite period. These changes are used by the government for

political purposes, for example to limit budget subsidies for political parties. The Penal Code has also been amended, and the new provisions allow imprisonment for publishing facts in a way that limits the effectiveness of the authorities during a state of danger.

Assessment. The measures the authorities have taken directly related to fighting the coronavirus (social restrictions) are moderately restrictive, yet with their help it was possible to avoid a rapid increase of infections. On the other hand, legal changes, introduced largely under the pretext of the presence of the virus in Hungary, allow serious restrictions on civil liberties.

India

Patryk Kugiel

The Course of the Pandemic. The first case of COVID-19 was confirmed in India on 30 January, in the southern state of Kerala, when an Indian student who studied in Wuhan, China, tested positive. The number of cases began to increase only from the beginning of March. As of 16 April, there were 12,380 cases of infection in the country, and 414 people had died.

However, India has relatively few cases of the disease in relation to the size of the population (11 cases per million inhabitants), as well as in relation to the total number of infections in the world (0.62%) and the total number of deaths (0.32%). The largest outbreaks are found in the southern states of Tamil Nadu and Kerala, in the state of Maharashtra (where the business capital of Mumbai is related) and the capital Delhi. However, outbreaks have already been found in most (29) regions.

Government Actions. India is implementing among the most radical coronavirus restrictions. Temperature checking for people arriving in the country was introduced in February. On the day of the pandemic announcement by the WHO (11 March), the issuing of tourist visas was suspended for a month and those already issued were cancelled. Land borders with Pakistan, Bangladesh and Myanmar were closed, and all international air passenger traffic was stopped on 23 March. At the same time, India has successfully carried out several air operations to evacuate its citizens from the most vulnerable regions of China, Iran, and Italy.

Initially, the authorities recommended voluntary self-isolation and maintaining social distancing, and cancelled sporting events and meetings. On 23 March, the government ordered a 14-hour quarantine of the whole society of 1.3 billion people. For the following week, such measures were introduced in 80 districts in 17 states, where cases of illness were detected. From 25 March, the central government imposed a total 21-day national lockdown, and internal air, rail and bus connections were suspended. On 14 April, the quarantine was extended until 3 May. The police, who can use force against those who break the bans, are responsible for enforcing the order to stay at home. This means radical restrictions on civil liberties, such as movement, the right to work, etc.

To alleviate the economic effects of the country's blockade, the government adopted a $23 billion aid package for the poorest residents. A special economic response team has been set up for the crisis. Prime Minister Narendra Modi addresses the nation regularly, explaining the measures adopted and recommending compliance with new regulations.

Assessment. Despite the adoption of very restrictive measures, the number of infections in India after 25 March increased rapidly. There were more than 1,000 infections a day at the beginning of April, and only in recent days has the situation began to stabilise, indicating that the country could already have reached the peak of the pandemic (for example, there were 941 new cases and 37 new deaths between 15 and 16 April). Despite this, there is still a high risk of the disease spreading. According to some estimates, it could affect tens of millions of people.

However, the country's blockade caused serious problems for hundreds of millions of employees in the informal sector (over 90% of all employees) and internal migrants who could not return home. The country's blockade will also cause a much more serious economic crisis than originally anticipated. According to IMF estimates prior to the introduction of the blockade, India was to remain one of the

few economies with positive economic growth in 2020 (about 2% of GDP), which seems less likely under current conditions.

India is simultaneously using the pandemic to take the diplomatic initiative in the region and at the global level. On the initiative of Modi, a meeting of the leaders of the main regional organisation, SAARC, took place on 15 March. The leaders agreed, among other things, the establishment of a COVID-19 SAARC emergency fund, to which India has transferred $10 million. Coordination of the response to the pandemic may help resuscitate SAARC, which has been paralysed since 2016 due to tensions between India and Pakistan.

At the global level, Modi urges G20 leaders to cooperate more closely to handle the pandemic. For this purpose, he has already spoken by telephone with the leaders of the United States, Germany and Australia, proposing coordination of joint actions. India may also use its potential in the production of generic medicines (the country is one of the main sources of anti-malarial drugs used as supportive treatment for COVID-19). The international position of the country will largely depend on whether it is able to stop the increase in infections and limit the economic effects of the pandemic. There is some hope of a positive outcome for India, due to higher temperatures, which will rise to over 40° C in May and June.

Iran

Karol Wasilewski

The Course of the Pandemic. The first infections in Iran were recorded on 19 February. As of 21 April, the official number of infected people was 84,802, with 5,297 dead. This means that Iran, the first Middle Eastern country to experience the disease, has the highest mortality rate (6.2%) in the region and one of the highest in the world. This is, according to Iranian doctors, the result of the low availability of drugs used against coronavirus (especially hydroxychloroquine and oseltamivir), a limited number of respirators and beds in intensive care units (the number of coronavirus infections outnumbered ICU beds two-fold around mid-March), and the premature discharge of patients from hospitals. Iran is also one of the main sources of pandemic outbreaks globally, reportedly being a source of illness in 28 other countries.

Government Actions. Initially, the Iranian authorities downplayed the epidemic as a result of their desire to increase the turnout in the parliamentary election of 21 February. They later tried to blame the emergence of the coronavirus on foreign forces, especially the United States. President Hasan Rouhani and supreme leader Ali Khamenei pointed out that the virus could have been produced by the United States. On 12 March, Khamenei stated that it could have been an instrument of "biological warfare", and ordered the army to create a special unit to tackle the pandemic. The purpose of this rhetoric was to remove responsibility for the inadequate response from the Iranian authorities, and to incite the belief that the country had been attacked by another type of coronavirus, which would explain the high mortality rate. In short, the authorities' priority was to impose their own discourse regarding the pandemic. This is evidenced by the systematic demands of the Revolutionary Guards, who tried to use the pandemic to strengthen their position, that they should be consulted about all information regarding the disease, and by the arrests of numerous critics of the authorities' approach to the epidemic.

The government was reluctant to introduce restrictions fearing economic collapse. The first step was the closure of schools and universities on 23 February. The president wanted to lift the restrictions on 29 February, only backing down after criticism. Then the authorities decided to suspend collective prayers and cancel sports and cultural events. At the beginning of March, the government announced that it would establish checkpoints at city borders and appealed to citizens to stay at home, which, however, did not stop Iranians from traditional trips to celebrate *Nowruz* (New Year). As a consequence, the government decided to ban all travel, but this did not happen until 25 March. A few days earlier, on 20 March, all stores except groceries and pharmacies were closed. In addition, on 9 April, Ali Khamenei announced that gatherings during Ramadan would be banned.

At the same time, Iranians sought support from foreign partners. In mid-March, the government applied to the IMF for a $5 billion loan. The Ministry of Foreign Affairs argued for the lifting of U.S. sanctions, or at least the unfreezing of Iranian funds accumulated abroad.

Reactions and Assessment. The authorities' response was late, unsuited to the scale of the pandemic, and inconsistent. The government's information policy is bad, as many conflicting messages are sent to the public. Prioritising the economy is also a problem, as it limits the authorities' willingness to introduce restrictions and encourages the early lifting of those already in place. For example, Rouhani announced that he wants to "return to normality" from 11 April. Some experts warn that, if the

primacy of the economy in the authorities' approach to the coronavirus is maintained, the state may expect another wave of the disease.

It is difficult to provide credible data on how Iranians see the government's actions, but reports from the local press indicate that it is rather negative, and that citizens are primarily afraid of an economic downturn. It also seems that there is a widespread belief in Iran that the authorities understate the official numbers of infections and deaths due to coronavirus.

Ireland

Przemysław Biskup

The Course of the Pandemic. The first foreign infection in Ireland was recorded in Dublin on 28 February, and first domestic one on 5 March. By 10 March, the number of infections had increased to 34, and on 11 March, the first death was registered. The number of infections increased by 15 March to 169, and by 27 March to 1,819 (including 19 fatalities). Since then, the pandemic has been spreading dynamically, increasing the number of infections to 13,300 (including 487 deaths) by 17 April. The hardest hit centres have been the biggest metropolitan areas of Dublin and Cork, accounting for about 7,300 infections. The number of infections in Northern Ireland on 17 April was 2,200 (including 158 fatalities), which is high when compared to the Republic outside Dublin and Cork. The mortality rate in the Republic is approximately 4%.

Importantly, Ireland and the UK constitute a combined epidemiological area resulting from the operation since 1923 of the Common Travel Area (CTA). Moreover, the Irish government has been keeping the maintenance of an "invisible border" on the island its highest priority. Irish and British citizens are treated by each country as their own. However, these rules do not apply to foreigners residing in the other country. Both countries operate separate visa systems, but in 2016 a common visa exemption and facilitation system was introduced for Chinese and Indian nationals.

The Reaction of the Authorities. Initially, the government's strategy was to stop the pandemic (the first school closures took place on 1 March). But, from 12 March, the goal was revised to delaying the spread of the virus. The healthcare system in the Republic has a relatively limited capacity compared to other Western European countries and is prone to systemic overburdening (in contrast to Northern Ireland). Consequently, the government's actions were ahead, or parallel to, the WHO's recommendations. On 13 March, the government closed all educational establishments, and on 15 March followed on with restaurants, cafes and pubs, to prevent the virus spreading during St. Patrick's Day festivities. The fact that many people decided to celebrate 17 March in Northern Ireland highlighted the problems associated with controlling the CTA and the "invisible border" if there are conflicting public-health policies on both sides. This caused tensions between the Irish government and the Northern Ireland Executive/UK government.

On 20 March, the Health (Preservation and Protection and Other Emergency Measures in the Public Interest) Act 2020 was adopted. Using extraordinary powers, the Irish government ordered, with effect from 27 March, social distancing, banned gatherings of more than 100 people, restricted trade to deliveries only, recommended remote working, mobilised the armed forces and coastguard (especially medical units and rescue ships), and created improvised medical facilities. Since 16 March, successive parts of the economic shielding programme have been developed, partly in cooperation with the banking sector, including the establishment of new unemployment benefits, extension of social assistance, suspension of loan repayments and new credit lines.

Assessment. The authorities' actions have kept the death rate from the pandemic low (more than three times lower than in the UK), despite a relatively high infection rate (2,714 per 1 million people vs. 1,663 in the UK).

From the political point of view, the pandemic in Ireland developed during a government crisis. In the parliamentary election of 8 February, Sinn Féin achieved the best result, overtaking the two traditionally dominant parties (the ruling Fine Gael, led by prime minister Leo Varadkar, and the main opposition party, Fianna Fáil). However, all three parties received a similar number of seats, and none were able to establish a new government. Consequently, despite his formal resignation on 20 February, Varadkar has been continuing in office as the head of a caretaker administration. Thus, the pandemic has, unexpectedly, stabilised the Irish pollical scene in similar fashion to Brexit between 2016 and 2019.

The government's approach to the pandemic challenge has been influenced by the memory of mistakes made during the financial crisis of 2008 to 11. Despite the initial reluctance of the Irish society towards the introduction of restrictions, there has been demand for political leadership necessary to create an effective economic shielding programme. This has corresponded with strong concerns in society about the negative impact of the pandemic on the country's economy, personal finances, and the labour market (with 75-95% of respondents indicating these concerns in polling), Studies from early April demonstrated support for the government's activities reaching 80% to 95%.

The personal leadership and competences of Varadkar, a medical doctor by profession, have also been valued. When, on 6 April, he appealed to retired healthcare workers to temporarily return to work, he led by personal example and resumed some of his medical activities. Studies indicate a change in public support for political parties, with Fine Gael coming first (34%, compared to 20.9% in the February election), ahead of Sinn Féin, despite its growing support (28% compared to 24.5%) and a fall in support for Fianna Fáil (18% compared to 22.2%).

Israel and Palestine

Michał Wojnarowicz

The Course of the Pandemic. The first case of COVID-19 in Israel was confirmed on 21 February, in a female tourist returning from quarantine on the Diamond Princess cruise liner. By the end of February, another 10 cases had been recorded, including among people returning from Italy. Between 10 and 26 March, the number of infections rose between 30% and 20%, and the first death was recorded on 20 March. According to the most recent data (17 April), 12,855 cases have been confirmed in Israel, and 148 people have died. Since 3 April, the increase in new cases has fallen below 10%, with a mortality rate of around 5%. The Ministry of Health informed that approximately 188,000 tests had been conducted by 15 April.

The course of the development of the pandemic was influenced by the ultra-orthodox community (about 12% of Israel's population of 9.1 million). This is one of the poorest sections of society, characterised by high fertility (which affects population density) and active community life. In addition, it operates within its own flow of information (for example, without the Internet), relying on religious leaders' recommendations and often against the Israeli authorities. Those factors affected the increase in incidence in this population, which was higher than the national average.

The situation in the Palestinian territories remained limited. According to data from 17 April, 307 cases and two fatalities have been recorded. The potential for disease spread and mortality increase is very high due to population density and shortages in the medical infrastructure, especially in the blocked Gaza Strip.

The Authorities' Response. After registering the first COVID-19 case, non-Israeli travellers from Japan and South Korea were banned from entering Israel. A 14-day quarantine was required for all returning from these countries. On 9 March, Prime Minister Benjamin Netanyahu announced the extension of quarantine to all arriving in Israel, and on 18 March all foreigners were banned from entering. At the same time, the return of Israeli citizens from around the world was organised. Soldiers were mobilised to help manage the pandemic, as were the intelligence agencies Mossad (securing the supply of medical equipment) and Shin Bet (activating a programme to monitor the phones of the infected and inform people with whom they had been in contact).

Cooperation was established with the Palestinian counterparts to manage the pandemic in the Palestinian Authority (PA). This included coordinating medical supplies and addressing the issue of Palestinian workers in Israel. PA introduced a state of emergency and announced the closure of places with the highest number of infected. Preventive measures, such as the suspension of prayers in mosques, were also implemented by the Hamas in the Gaza Strip. International pressure on Israel was enhanced in order to increase support for Palestinians in the area.

The government introduced restrictions on social life based on provisions of national emergency laws. Educational establishments and public places (restaurants, beaches and shopping centres) were closed, and public transport, freedom of movement and business activity were limited. As a result, there was a surge in unemployment (from almost 4% to 25%), of which 90% are people on unpaid leave. On 30 March, the government announced an anti-crisis package worth ILS 80 billion to support healthcare, business and welfare. Over a dozen cities and districts (mainly inhabited by ultra-orthodox)

were declared closed zones. This included Bnei Brak. A three-day national lockdown was introduced to prevent movement and visits for the holiday of Pesach (except for Arab cities).

The pandemic coincided with the political crisis lasting since May 2019, related to the failure to form a new government. On 2 March, elections were held (with facilities allowing people in quarantine to vote). The need to maintain social distancing forced a change in parliamentary procedures, including voting and swearing in new MPs. One direct political effect of the pandemic was the decision by opposition leader Benjamin Gantz to join the coalition led by Netanyahu and establish a government of national unity.

Assessment. Due to regional and historical circumstances, the state apparatus and the majority of Israeli society are adapted to operate in crisis mode. This allowed rapid implementation and acceptance of harsh measures and restrictions on civil liberties. The attitude of the ultra-orthodox population remains a problem. For example, when Health Minister Yaakov Litzman, representing the orthodox party, was infected, this forced the quarantine of the prime minister and the head of Mossad, among others. A particular challenge for Israel would be an escalation of the pandemic in PA, which would require the allocation of significant resources. The government, and especially Netanyahu, benefited politically from the outbreak (including by the postponement of his corruption trial), primarily because the deadlock regarding the formation of a new government was broken. However, the strengthened position was not used to introduce systemic changes.

Italy

Maciej Pawłowski

The Course of the Pandemic. The first two cases of SARS-CoV-2 virus were diagnosed on 30 January in Chinese tourists in Rome. However, the rapid progression of the pandemic began between 21 and 22 February, when 76 more infections were found in Lombardy. At the beginning of March, the virus began to spread outside the north of the country, and the number of infected exceeded 1,700. The peak of morbidity took place on 21 March, when 6,557 people were infected in a single day. Then, between 22 March and 1 April, the daily number of new patients was between approximately 4,000 and 6,000 a day. The peak of mortality occurred on 27 March, when 969 people died. On 16 April, the total number of infected was 167,000. Of these, 22,000 had died and 40,000 had recovered. The pandemic mostly affected the northern regions of Italy, including Lombardy (63,000 patients), Emilia Romagna (21,500), Piedmont (19,000), Veneto (15,000) and Tuscany (8,000). An important factor in the spread of the pandemic was the high proportion of people in the risk group among Italian society, where 29% of the population are over 60 years old.

The Reaction of the Authorities. The government gave itself power to manage healthcare, taking over from regional authorities, by the introduction of a state of emergency on 31 January. Towns in the north of the country, where pandemic outbreaks had been located since 23 February, became "red zones" with restrictions on movement. Demonstrations and public gatherings, including religious ceremonies, were banned all over the country as well. On 8 March, all of Lombardy and 14 communities of Veneto became red zones, followed the next day by the entire country. Movement was restricted, sport events were suspended, and schools were closed. The government also obliged mobile network companies to convey GPS data regarding people leaving their homes. Since 11 March, discotheques and restaurants have been closed. On 22 March, trade in products other than necessities was suspended. The government used the pandemic as leverage with the EU, calling for the liberalisation of budget discipline, the establishment of European unemployment insurance, and the issuance of Eurobonds. So far, the European Commission has accepted a higher Italian budget deficit for 2020 (from 2.2% to 2.5% of GDP), and the temporary implementation of unemployment insurance. The idea of Eurobonds is gaining supporters among the Eurozone countries.

Assessment. The Italian public's perception of government policy has evolved during the pandemic. According to polls from 6 February, 84% evaluated the policy as positive. By 12 March, this had fallen to 34%, with 51% giving a negative opinion. On 21 March, 45% evaluated government's actions positively, and 52% negatively. The decrease in support for the government was a result of failures to introduce the restrictions and communication errors of the authorities. A media leak before the formal establishment of Lombardy as a red zone led to massive exodus of inhabitants from the north to the south, and to the spread of the pandemic all over the country. On the other hand, restrictions introduced by the government on 8 March, although late, proved to be effective. As a result, the daily percentage increase of infections decreased from 27% (7 March) to 4% (30 March). However, the government actions are evaluated negatively by scientists. They accused the authorities of initially ignoring the threat, introducing partial solutions, not using the experience of Asian countries, and insufficient collection and use of national data during the pandemic. The nature of the activities has evolved from little to moderately restrictive for civil liberties. The exception is the surveillance of citizens using data from mobile network operators. While this is legitimate in the current situation, and is supported by 63% of the society, it is potentially dangerous.

Japan

Andrzej Dąbrowski

The Course of the Pandemic. To date, more than 11,500 people have fallen ill with coronavirus in Japan (with a population of 126 million), and more than 280 have died. The handling of the Diamond Princess cruise ship was important from the point of view of the authorities' initial response to the virus. The cruise ship, with 3,711 people on board, entered the port of Yokohama and was quarantined in that location. From the quarantine beginning on 4 February until 22 February, 621 passengers, crew members and land-based medical personnel fell ill with COVID-19. Despite the rapidly spreading virus on board the ship, and knowledge about the first cases of the virus among the inhabitants of the state (mainly on the island of Hokkaido), the Japanese authorities delayed its decisions. At the same time, the first public reactions related to the mass purchase of personal protective equipment and basic hygiene and food products could be observed.

The Reaction of the Authorities. Between the emergence of the first case of the virus in Japan (16 January) and the introduction of a state of emergency in seven prefectures (7 April) and a state of emergency throughout the whole country (16 April), the government was inclined primarily to take a "soft" approach to the issue.

Prime Minister Abe Shinzo initially focused on limiting arrivals to the country, starting with the suspension of visas for some Chinese and South Korean citizens, followed by the suspension of visa-free travel and then a ban on entry for travellers from over 70 states and regions.

The government's basic activity was to appeal to citizens to stay home and maintain hygiene. In parallel, appeals were directed to companies to enable remote work if possible. In Japanese culture, a government appeal is understood as a demand. This was effective, for example, in schools (28 February) and entertainment facilities, but, due to the lack of sanctions for refusal to comply, some mass events were still taking place.

The Japanese constitution lacks provision for a state of emergency to be declared. Actions similar in form, but differing from European solutions, can be taken by the government on the basis of bills specially enacted to serve such purposes. Issues related to public health threats are regulated by the Act of 2012, adopted in response to the A/H1N1 (swine flu) epidemic in 2009, which had to be amended by including the SARS-CoV-2 virus in the threat catalogue. The bill, amended by parliament in mid-March, gave the government a tool to introduce a state of emergency. At the same time, the government did not receive the power to directly influence the lives of citizens. This is the responsibility of the governors of the prefectures (elected directly for a four-year term). The state of emergency was introduced on 7 April in seven of the 47 prefectures (about 40% of the country's population). Another government decision to extend the state of emergency was made on 16 April. According to this, the regulations are to apply throughout the whole country.

On 30 January, the government launched a medical assistance system created in the event of natural disasters, mainly to respond to earthquakes. It consists of about 700 hospitals as well as medical and emergency teams.

The Institute of Infectious Diseases (NIID) is involved, analysing the development of the disease and developing vaccines. The NIID is the only institution authorised to conduct tests for the virus, which creates a bottleneck that hampers nationwide testing.

COVID-19 is, according to Japanese regulations, a second-degree infectious disease. This means that anyone infected, even with slight symptoms, has the right to hospital treatment. This legal status forced the government to introduce a policy of persuading the sick but untested to stay at home and not burden the healthcare system. The government also turned Olympic hotels and facilities into quarantine facilities for the infected.

At the end of March, the government asked mobile network operators and online platforms to provide anonymised data that could help identify virus hotspots.

Assessment. Postponing the introduction of a state of emergency can be seen as reluctance to impose unpopular solutions. It also makes governors liable for any failures in countering the pandemic.

The economic recession, which was initially counteracted by economic reforms and the inflow of funds from the Olympic Games, will adversely affect support for the ruling Liberal Democratic Party (LDP).

It is difficult to determine clearly what impact the pandemic will have on Japan's foreign policy in the short term. Certainly, there has been further deterioration in relations with South Korea, which expressed its displeasure with Japan’s decision on tightening the visa policy. At the same time, good relations with China remain in Abe's interests, and he has been effective in strengthening ties through gestures, declarations of mutual assistance, and avoiding criticism of the Chinese authorities in relation to their reaction to the pandemic and the likely falsification of data on the number of people infected.

Romania

Jakub Pieńkowski

The Course of the Pandemic. By 19 April, 8,766 cases of COVID-19 and 434 deaths had been confirmed in Romania. The first infected person was detected on 26 February. This was a male, who had had contact with an Italian visiting Romania. The first three people died on 22 March. Since the beginning of April, there have been 200 to over 500 new cases, and from several to 30 deaths, each day.

The Authorities' Reactions. On 16 March, President Klaus Iohannis introduced a state of emergency, which was unanimously approved (online) by parliament on 19 March. On 15 April, this was extended for a further days. It prohibits strikes by workers in public transport, the energy and nuclear industry, health and social care, public radio and television, and media suppliers. It also empowers the government to set prices for medicines, food, fuels and communal utilities. The authorities can obligate private companies to manage the production and purchase of goods required to counter the pandemic without a formal public procurement process. State institutions and companies are required to order employees to work from home. The first security measures in Romania were implemented on 22 January, when temperature controls and location surveys were introduced at airports. On 23 February, these measures were extended to all state borders. A 14-day quarantine was introduced for those returning from pandemic regions. The authorities were particularly afraid of massive returns from Italy, where a million Romanians live, so transport links with this country were stopped at the beginning of March.

The Ministry of Internal Affairs received extraordinary prerogatives. "Military orders" introduced a national quarantine. Romanians are forbidden to leave home, except to go to work or in other essential situations. People of age 65 can only go out for medical help. Children under 16 can leave home only with adults. Gatherings of more than three people are prohibited, as are all assemblies with the exception of private religious ceremonies such as baptisms or funerals, with a maximum of eight participants. Penalties for non-compliance are up to RON 20,000 (€4,200). Sick people who disobey the rules and cause the death of another could be sentenced to 15 years in prison. Due to the concentration of illnesses, Suceava and eight surrounding communities, as well as the city of Ţăndărei, were cut off by a cordon sanitaire.

The state of emergency allows ad hoc assistance to companies. They may declare employees "technically unemployed", during which time they will receive from the state budget 75% of their basic salary, but no more than 75% of the average salary in Romanian. This covers 953,000 people, but approximately 200,000 more also their jobs. Support for companies includes deferral of public fees and bank loans. The government announced that it would provide RON 10 billion (about €2.1 billion) for interest-free loans. Total support is expected to reach 3% of GDP. This would aggravate the deficit, which was 3.6% before the pandemic. The amendment to the budget may block a 40% increase of pensions, which was planned for September 2020.

In the face of the pandemic, the ruling National Liberal Party (PNL) and the opposition Social Democratic Party (PSD), jointly passed a vote of confidence on 14 March, in support of the cabinet of Ludovic Orban from PNL. This was necessary to restore full prerogatives to the government, which, since 5 February (after a vote of no confidence by PSD) could only carry out basic administrative tasks. However, political disputes are still visible in the rivalry between the government and parliament,

dominated by PSD. Despite this, parliamentary parties agreed to postpone local elections planned for June, even though they cannot agree when the ballots can be held.

On 7 April, in the framework of the EU Civil Protection Mechanism, Romania sent 11 doctors and six nurses to Italy. On the same day, the Romanian Ministry of Health signed a cooperation agreement with the WHO Regional Office for Europe. Romania is the first EU country to contract medical equipment (respirators) from the rescEU programme.

Assessment. Romania rapidly introduced far-reaching restrictions, but it is difficult to assess their effectiveness for now. According to Romanian epidemiologists, the country has yet to reach the peak of the pandemic. In particular, the condition of the Romanian health service may cause concerns, because it lacks funds and is affected by corruption and emigration of personnel (between 2007 and 2016, about 10,000 left the service).

Russia

Jakub Benedyczak

The Course of the Pandemic. The first cases of coronavirus in Russia were confirmed on 31 January this year, in the cities of Tyumen and Chita (Siberia). On the same day, the Russian authorities closed the border with China, imposing an entry ban on Chinese citizens, as well as those of Mongolia, South Korea and Iran. However, nobody arriving from European countries was tested. Only 23 March, international air and land connections were almost completely stopped. Russia also introduced a ban on assemblies, and closed educational, entertainment and trade facilities, approximately ten days later than EU countries.

As a result, in the second half of the month the number of infections increased almost 40-fold (from 63 to 2337). Of these, 4.7% are in the Asian part of Russia (about two-thirds of the territory), with 95.3% in the European part, including 57.8% in Moscow alone.

In April, the number of patients increased by over 92% (deaths by 93%). As of 16 April, there had been 27, 938 patients and 232 deaths. The number of deaths raises the most doubts (by comparison, among the Netherlands' population of 17 million Netherlands, more than 3,000 people died). It is true that the WHO assessed the actions of the Russian authorities positively; Russia ranks third in terms of the number of tests administered (1.6 million) between the end of January and 16 April. However, there are reasonable suspicions that deaths from the virus might be hidden by attributing them to other causes.

The Reaction of the Authorities. From the beginning, the pandemic in Russia was overshadowed by a referendum scheduled for 22 April on constitutional changes that would allow President Vladimir Putin to be re-elected. However, on 25 March, Putin postponed the vote indefinitely.

On 1 April, the president signed a bill that gives the government the right to enter a state of national emergency over coronavirus. At the same time, he granted governors the power to choose a "quarantine regime". As many as 80 out of 85 Russian entities, following the example of Moscow, introduced a regime of full self-isolation. Among other things, this bans people from moving more than 100 metres from their homes. Until 30 April, non-working days apply throughout Russia.

Russia has made punishment for breaking the quarantine stricter. The fine was increased to €24,300 thousand, with imprisonment up to seven years, if breaking the quarantine results in the death of two or more people (200 people were punished in April). Russia also introduced fines of up to €121,500 and five-year prison sentences for deliberately disseminating fake news threatening the lives and security of citizens.

The state of national emergency over coronavirus may be a training ground for the authorities to test digital control technologies. Enhanced facial recognition systems are being used (with 100,000 cameras adapted for this technology in Moscow alone), as are applications that monitor the health of an infected person and monitor when they leave their place of residence by giving the authorities access to mobile device data. The use of geolocation data and QR codes is also being considered.

The authorities have been implementing a broad aid programme, which has already been updated several times (most recently on 15 April). The support package is based on Putin's social package

presented in January (€7.3 billion), support for regional budgets (€2.1 billion) and special purpose loans (€1.8 billion). In total, it amounts to €17.4 billion (approx. 5% of Russian GDP). The money provides for, among other things, payment of benefits for people dismissed after 1 March and for every child (until June), deferment of loans, support with insurance premiums and taxes for small and medium enterprises, and additional payments for medical staff. The programme will be financed from the National Welfare Fund, which currently amounts to €113.2 billion.

Russia is active in international politics, calling for the lifting of sanctions against Iran and Venezuela, and accusing the U.S. of "genocide" for resisting this. Russia has also sent medical equipment and doctors to Italy and the United States. The Russian authorities are actively creating a message about the weakness of NATO and the EU against the pandemic, and of the superiority of China and Russia's authoritarian systems over democracies in managing the virus.

Assessment. So far, Russia has not flattened the disease curve, and the number of infections has been increasing steadily since the second half of March. However, if official data can be trusted, the country's policy is effective in halting coronavirus deaths. The authorities announced that the disease will not peak until the second half of April at the earliest. In June, Russia will start human tests on vaccines.

Russians' reactions have been moderately positive. Support for Putin fell in March by 6% (to 63%), and for the government by 2% (to 48%). Among Russians, 63% consider the measures taken to be sufficiently effective. The authorities' actions should be assessed as relatively restrictive.

Singapore

Damian Wnukowski

The Course of the Pandemic. The first case of SARS-CoV-2 in Singapore was detected on 23 January (the second, after Thailand, outside China). According to WHO data, until 19 February, Singapore was in second place (after China) in terms of countries with the highest number of infections (81 were detected). At the turn of February and March, the daily number of infections detected was small, which indicated a halt in the spread of the virus. However, a clear increase in COVID-19 incidence has been occurring since the beginning of April, with 447 cases detected on 16 April alone. The upward trend is mainly related to outbreaks of infection in migrant worker dormitories. The first fatality in Singapore was not recorded until 21 March, nearly two months after the detection of an infected passenger from China. According to WHO data, by 16 April, a total of 3,699 SARS-CoV-2 infections had been detected but only 10 people had died.

The Reaction of the Authorities. To identify virus carriers, the authorities use, among other things, temperature checking in public places (airports and shopping centres), interviews with patients (providing false information can be punished), police activities (such as city monitoring), and the voluntary TraceTogether application, which uses a signal from cell phones to detect contacts between people. If there is a suspicion that a person is being infected, a house quarantine is enforced, violation of which involves financial penalties (up to SDG 10,000, about $7,000) or imprisonment for up to six months. In the second half of March, the authorities introduced restrictions on the movement of citizens. They closed bars and cinemas, and in early April most workplaces and schools were shut.

To support the economy, the authorities announced from February to early April three stimulus packages with a total value of SDG 59.9 billion ($42 billion), which is around 12% of GDP. They include tax breaks for companies and additional payments for salaries of full-time and self-employed workers for up to nine months. In addition, all adult residents are to receive SGD 600 to SGD 1,200 (around $420 to $840) depending on income.

In the political sphere, there are controversies over parliamentary elections, which must be held by April 2021. The prime minister has not yet decided on a date, stating that is must be dependent on the development of the pandemic. However, on 7 April, the government submitted to the parliament a bill that would introduce mechanisms enabling voting during the pandemic (such as voting by quarantined individuals in the places of isolation). Victory in the election for the People's Action Party, which has ruled the country since the establishment of Singapore in 1965, would strengthen the government's mandate to take difficult actions during and after the crisis. Singapore's effectiveness in managing the pandemic may reinforce its image as a modern and efficient state, engaged in international cooperation (for example, it sent medical equipment to China and Indonesia).

Assessment. Measures introduced in Singapore to control the pandemic can be considered moderately restrictive. The government ensures that it does not violate the privacy of citizens (for example, TraceTogether users' data can be stored only on their mobile phones). It should also be taken into account that, in Singapore, the presence of the state in many aspects of life is already a reality, and the experience of the SARS epidemic (2002 to 2003) may affect citizens' readiness to accept restrictions during the crisis. The WHO praised the comprehensive actions of Singapore's government.

The authorities also have public support, with 57% of citizens considering decisions to be adequate as of the end of March.

In the early stages of the pandemic, Singapore's authorities recorded very good results in the form of a relatively small number of infections and deaths. Even after the increase in this number since the beginning of April has been smaller than, for example, in many EU countries. However, further outbreaks may soon change this.

Slovakia

Łukasz Ogrodnik

The Course of the Pandemic. In Slovakia, as of 16 April, 977 infections had been confirmed, eight people had died, and 167 had recovered. The first case of coronavirus infection was registered on 6 March.

Government Actions. On 27 February, before the first infection occurred, the Security Council (including the prime Minister and some ministers) met. They introduced, among other measures, random border controls and a crisis team at the Ministry of Health. Public gatherings have been banned in Slovakia since 10 March. On 13 March, the government of Peter Pellegrini introduced further preventive measures, closing schools, universities and restaurants, implementing a partial entry ban for foreigners (except for those with the right of permanent or temporary residence) and restoration of border controls. On 15 March, the Slovak government introduced a state of emergency in healthcare. The new regulations allowed the authorities to take control of the management of medical personnel and private clinics. Following the example of Czechia, Pellegrini's government obliged citizens to cover their mouths and noses when outside home, and the highest state authorities joined in actions promoting the wearing of masks.

On 16 March, a 13-point economic package was announced. This included granting short-term loans at low interest rates to companies from certain sectors, and extending the deadline for submitting tax returns by three months. A change of government took place during the pandemic in Slovakia. On 21 March, Igor Matovič was sworn into office to lead a coalition government of four parties including Ordinary People and Independent Personalities (OĽaNO), Freedom and Solidarity (SaS), "We are the Family" and "For People". The change of government took place as a consequence of the parliamentary election on 29 February. The new cabinet continues its policy of introducing measures to limit the impact of the pandemic on the economy. On 7 April, the Slovak parliament voted to suspend the repayment of loans to individuals and small and medium-sized enterprises. On 14 April, the government of Matovič, as part of a programme to assist helping entrepreneurs, approved kurzarbeit solutions, allowing businesses to reduce the working hours of employees, whose salaries would be paid by the state. In the ongoing discussion in the Eurozone regarding the issue of joint European securities (coronabonds), Slovakia has not yet taken a position. During the Easter holiday (8 to 13 April), the government restricted movement, prohibiting people from leaving their homes, except for making necessary purchases, visiting a doctor, or attending the funeral of someone close to them.

Assessment. In Slovakia, relatively restrictive measures have been taken as regards civil liberties. However, their purpose was to prevent the spread of the pandemic, not to constantly increase the prerogatives of the executive. Slovakia has a relatively low COVID-19 incidence per capita but the curve has not flattened, unlike in Austria and Czechia. That is why the government is tightening up restrictions, above all on freedom of movement. However, such a policy is the subject of dispute under the new government coalition. While OĽaNO is in favour of maintaining restrictions, SaS is in favour of lifting them gradually. The main opposition party, Smer, is also against the tightening of preventive measures.

South Korea

Oskar Pietrewicz

The Course of the Pandemic. The first case of SARS-CoV-2 infection in South Korea was reported on 20 January. The situation deteriorated in the second half of February with the outbreak of the virus around a sect of the Shincheonji Church of Jesus in Daegu, North Gyeongsang Province. It is estimated that church members contributed to the infection of more than 5,000 people (about 50% of all cases). In addition to Daegu, where about 65% of the country's infections were reported, there are other local clusters, including in Seoul. At the peak of the infections, at the turn of February and March, there were several hundred new cases daily throughout the country. Since mid-March, the rate of new infections has decreased. The status as of 16 April was 10,613 infected, of which 7,757 recovered and 229 died.

The Reaction of the Authorities. The response to COVID-19 in South Korea is based on the solutions adopted after the MERS epidemic in 2015. The reorganisation of Korean Centres for Disease Control and Prevention and deepening of cooperation with the private healthcare and biotechnology industry enabled a rapid response to the new pandemic.

South Korea has been mass testing for the presence of SARS-CoV-2. By 16 April, the country had carried out more than 530,000 tests (several thousand each day). This was possible thanks to the network of domestic producers and extensive laboratory and testing facilities. Very effective healthcare also helps restrict the spread of the virus.

The South Korean authorities regularly inform residents about infections and issue instructions on how to behave. There are no lockdown restrictions in South Korea, where places such as shops and parks remain open. The authorities closed educational institutions and cancelled the largest mass gatherings, but the organisation of smaller ones, including for religious and entertainment purposes, was only discouraged. The government recommended avoiding group meetings and practising social distancing. The vast majority of the South Korean population complies with the government recommendations. Severe penalties on entities and people who do not comply with the recommendations are applied. Facilities may be closed, fines of up to $8,000 may be issued, and offenders may be jailed for up to a year for non-compliance with quarantine.

Surveillance technologies and contact tracing play a very important role in crisis-management in South Korea. According to the law, dozens of public and private entities provide the health authorities with GPS tracking data from phones, recordings from CCTV cameras, and credit card transactions. The collected data allow identification of the means of transport and locations where infected people have been and the people with whom they may have come into contact. The results of the tracking are made public through dedicated websites, text message updates, and phone applications.

South Korea didn't introduce an entry ban on its territory. But, due to the rapid increase in the number of infections globally, South Korea has tightened restrictions on people coming from all over the world. Tests are carried out at airports and, regardless of the initial result, people are directed to a 14-day quarantine and obliged to download the tracking application through which they are to inform the government about the state of their health. Foreigners who break these rules may be deported.

Moreover, South Korea suspended visa waiver programmes with 88 countries, that imposed travel bans on South Korean nationals.

South Korea uses its success to promote itself as a democratic country that, thanks to efficient organisation and the application of innovative measures in this crisis, can be an inspiration for others. South Korea also provides medical support, such as testing kits, to dozens of countries. President Moon Jae-in administration's success in managing the pandemic contributed to the victory of the presidential party in the parliamentary election that took place on 15 April.

So far, the South Korean authorities have presented several economic packages to deal with the economic consequences of COVID-19. The supplementary budget approved in March provided an additional $9.8 billion for healthcare. The government also presented an $80 billion economic rescue package to support small and medium-sized companies. In addition, the South Korean central bank cut its interest rate to 0.75%. The authorities have also announced a $7.9 billion assistance programme for 14 million households in the form of shopping coupons and gift certificates, which will be financed under the next supplementary budget. The latest economic stimulus package assumes support for exporters ($30 billion), stimulation of internal consumption through tax breaks for small businesses and self-employed people ($15 billion), and support for start-ups ($2 billion).

Assessment. South Korea has significantly flattened the curve and contained the spread of the virus so far. Despite this success, the South Korean authorities are aware of further challenges that will include the prevention of local outbreaks and imported infections from overseas. Therefore, the authorities extended the social distancing campaign for another week and introduced stricter restrictions on visitors. An additional challenge is the increasing number of relapse cases—as of 20 April, 181 such cases were reported.

Surveillance and contact tracing of all people residing on the territory of South Korea should be assessed as restrictive for civil liberties. At the same time, these steps prevented other restrictions, including limiting movement.

Spain

Maciej Pawłowski

The Course of the Pandemic. The first case of SARS-CoV-2 virus was diagnosed on 31 January, in a German tourist in the Canary Islands. In February, the pandemic spread slowly. There were only 29 cases all over the country. The rapid increase in the number of infections began in March. The pandemic outbreak centres were Madrid, Catalonia, Andalusia, Valencia and the Canary Islands. A football match between Valencia and Atalanta Bergamo (19 February) had a huge impact on the progress of the virus because of the 40,000 fans who travelled from north of Italy to Valencia. Between 9 and 13 March, the number of infected people increased from 1,000 to 5,000. On 9 March alone, the number of infections rose by 83%, especially in Madrid and Catalonia. This was most likely the consequence of the feminist demonstrations which brought about 120,000 people to Madrid and 50,000 to Catalonia on 8 March. According to the Ministry of Healthcare, the peak of morbidity was on 31 March, when 8,000 people were infected in one day. The highest number of people died on 2 April (950). On 16 April, there were 185,000 infected people. Of these, 19,300 had died and 74,800 had recovered. The pandemic mostly affected the richest regions of Madrid (50,000 infected) and Catalonia (37,000). An important factor in the spread of the pandemic was the high proportion of people in the risk group among Spanish society, where 25% of people are over 60 years old.

The Reaction of the Authorities. When the number of infections in the country exceeded 1,000, between 9 and 12 March, the regional governments of Madrid, Catalonia, Valencia, the Basque Country and La Rioja decided to close schools. On 13 March, the Spanish government took the power to manage health care from regional authorities, and established restrictions on movement by the introduction of a state of emergency. The rules were enforced by the military and police patrols. The government also decided to close schools and catering premises, banned public gatherings, and suspended sporting events. The state of emergency gave the government the power to regulate and intervene in the process of distributing goods (including food), including temporary confiscation. The government may also sequester factories and other premises. On 19 March, the state authorities decided to close hotels and use them (along with sport areas) to build field hospitals. This was necessary because of the overpopulation of traditional hospitals. On 30 March, the government banned construction, office, production and trade activities carried out outside the home and not serving the basic needs of society. At the same time, Prime Minister Pedro Sánchez used the economic crisis caused by the pandemic to obtain the consent of the European Commission for the ad hoc implementation of his 2018 calls for liberalisation of budget discipline and the establishment of European unemployment insurance.

Assessment. Spanish society is divided in the evaluation of the government's actions. According to polls from 29 March, 39% of respondents perceived these actions positively, and 51% negatively. Critical opinions are shared primarily by opposition voters who condemn the government for introducing restrictions too late. If the state of emergency had been introduced earlier, the number of infected people could have been lower, as long as society also accepted restrictions, including by not participating in demonstrations. Nevertheless, the government actions taken by the introduction of the state of emergency proved to be highly effective. In just 19 days, the trend of pandemic spread was reversed. Moreover, the authorities did not make full use of the powers granted to them under the state of emergency, and their interference in the scope of civil liberties was moderately restrictive.

Sub-Saharan African States

Jędrzej Czerep

The Course of the Pandemic. Sub-Saharan Africa was one of the last regions that the SARS-Cov-2 coronavirus reached. The first case was detected on 28 February, in Lagos, Nigeria, in an Italian citizen who had arrived three days earlier from Milan. By 17 April, a total of 10,321 cases and 254 deaths had been recorded in 47 out of 49 countries south of the Sahara. Early cases often involved international staff (for example, the EU delegation in Guinea, and French troops in Niger). The pandemic progressed the fastest in South Africa, where, by 17 April, there were over 2,600 cases, in Cameroon (almost 1,000), the Ivory Coast, Burkina Faso, Djibouti, Niger (500 to 700), Nigeria, Mauritius, Guinea, Senegal (300 to 500). In most countries, there are still several to several dozen confirmed cases. However, the data may be very inaccurate. In Sudan, for example, the first case was identified on 12 March, after the death of a patient who had returned from the United Arab Emirates more than a week earlier. It is likely that countries that have not yet recorded any cases (such as Lesotho) are also affected by coronavirus. The development of the pandemic is accelerating due to some authorities' decisions. For example, shortly before South Africa closed its borders, 23,000 people fled to Mozambique.

Healthcare systems that are among the world's weakest have not yet been overloaded (in Sub-Saharan Africa there is, on average, one doctor per 10,000 people, compared to 37 in Europe), nor have individual countries lost control over the situation, which could lead to uncontrolled movements of the population. Tensions are rising, for example, in the Ivory Coast, where demonstrators destroyed the COVID-19 testing centre under construction on 6 April. Refugee camps such as those in Uganda, Kenya and Ethiopia could become new hotspots. Even when the pandemic is under control in Europe and the United States, it may continue in Africa.

Government Actions. African authorities quickly implemented radical, though sometimes chaotic, remedies. In January, airport controls were increased, especially for flights from China, often using the temperature measuring devices used previously to detect Ebola cases. In February and March, most connections with Asia and Europe were cancelled. A number of countries, such as Kenya, have approved the use of chloroquine, a commonly available medicine for malaria, in COVID-19 cases, while its effectiveness against coronavirus is under investigation. Nigeria has implemented procedures for identifying people with whom those infected have had contact, which was implemented during the Ebola epidemic in 2014. At the turn of March and April, the standard on the continent (except for a few countries) was border closure, internal travel restrictions, public assembly bans and curfews. Sometimes, including in the cities of Kenya, Nigeria, Zimbabwe and South Africa, police used extensive force to ensure compliance. There has been no clear use of the pandemic to strengthen authoritarianism, although, for example, the Eritrean authorities were the only ones on the continent that refused to accept Chinese medical assistance, fearing that internationalisation of its internal problems would force political reforms.

In some cases, the pandemic has enabled structural reforms. In South Africa, President Cyril Ramaphosa on 15 March declared a state of national disaster despite having only 62 cases in the country. Then, he froze pay increases for officials and renewed cooperation with the IMF. In Kenya, Ghana, Nigeria and Ethiopia, the authorities accelerated the digitisation of services, expanding, among other things, the availability of mobile banking. Somalia presents an interesting approach, where the

ministry of religion engages imams in information activities and applies religious justifications for recommendations to the population. This is intended to increase confidence in the authorities and, as a result, weaken the popularity of al-Shabaab, the extremist group controlling part of the country. Some actions can be described as populist, such as the announcement by South Africa that a fence would be built on the border with Zimbabwe, from where most economic migrants arrive and often encounter xenophobic behaviour. Countries affected by the restriction of Chinese exports are trying to control prices. For example, Rwanda has introduced strict rice prices. Ethiopia, following Iran, has released prisoners.

The African Union set up a Coronavirus Task Force on 5 February, but there is a lack of harmonisation of policies on, for example, elections. Mali held the first round of its parliamentary election on 29 March, while Ethiopia has postponed elections scheduled for August this year indefinitely. Countries cooperate at the level of subregions, as in the case of the leaders of Ethiopia, Somalia, Djibouti, Kenya, Uganda, Sudan and South Sudan, who decided to create a joint strategy and a pandemic fund within the Intergovernmental Authority for Development (IGAD).

The United Nations Economic Commission for Africa estimate that about $100 billion is needed to control the pandemic on the continent, primarily to strengthen health systems. Half of the sum could be obtained by cancellation of foreign debts, especially interest, which would unblock existing state budget funds. In this context, for example, the Somali authorities obtained an exemption from two-thirds of the debt ($ 1.4 billion) from the Paris Club, and the G20 countries on 15 March froze repayment of 20 billion in debt from the 20 poorest countries.

Assessment. It is too early to assess the impact on the dynamics of the disease, although in Nigeria, for example, it is clearly lower than in neighbouring countries. Given the stage of the pandemic in Africa, the measures are restrictive, although countries lack the tools to implement them effectively. Due to the lack of public consultations, there is widespread public distrust of the authorities' declarations regarding, for example, recovery. The inconsistency of actions is criticised, as in Kenya, where those arrested after the assembly ban were detained in large groups, and in DR Congo, where the authorities declined to quarantine the entire Kinshasa agglomeration, limiting themselves to its central district. Awareness of the limited capacities of the authorities has provoked grassroots initiatives, such as providing homes as quarantine centres in Ethiopia and the engagement of African business (Tesla from South Africa, the Arise group from DR Congo, and the Aliko Dangote foundation from Nigeria) in transferring funds and equipment to countries in need.

Sweden

Veronika Jóźwiak

The Course of the Epidemic. In Sweden, as of 16 April, there were 12,540 confirmed cases, including 1,333 deaths. The first case of SARS-CoV-2 coronavirus infection was confirmed on 31 January. The pandemic developed relatively slowly, and it was only on 2 March, with 15 reported infections, that the Swedish sanitary and epidemiological services raised the risk assessment of the spread of the virus in the country from low to moderate. On 10 March this was upgraded to very high. In the following days, the number of cases grew rapidly, but only at the end of March was a surge in infections was recorded. On 25 March, there were over 300 new infections per day, and by 3 April this had risen to in excess of 600. Since then, the number of new infections per day has ranged between 400 and 700. The mortality rate in Sweden is high, at 10.6%. Tests are carried out only on people showing symptoms of the disease, those in risk groups, and medical staff.

The Authorities' Reaction. The Swedish authorities' efforts to contain the virus before 8 April consisted of formulating recommendations, which made them stand out from other EU countries. Formally, it was only prohibited to organise public events with the participation of over 50 people (29 March) and to visit care homes for the elderly (1 April). Recommendations included limitations on meetings, especially with the elderly, avoiding visits to hospitals, putting off trips, working from home, and, for people over 70, limiting going out to the absolute minimum. Local governments and schools could decide whether to close facilities or switch to distance learning. Restaurants and bars operated without restrictions. EU and EEA citizens can enter the country. The dynamics of the spread of the disease led the authorities to formulate additional, binding recommendations on 1 April. They include limiting the number of customers in shops at any one time, and controlling the number of passengers in vehicles operated by private carriers.

The decision to formulate recommendations instead of using legal measures is based on the one hand on the characteristics of social life. Swedes normally maintain social distance and make few close contacts. In addition, over half of Swedish households are made up of one person. These factors, along with the isolation of older people, were expected to slow down the development of the pandemic so that the health service could provide adequate care to all those in need. On the other hand, the introduction of restrictions by the central authority was hindered by the legal division of responsibility for crisis management during the pandemic, between the government, public institutions and local authorities. It is a management model in which the government delegates broad competences to lower levels of public administration and to local governments. Therefore, in the face of a large number of new cases, the government presented a draft bill on 4 April allowing it to take quick decisions without prior parliamentary approval, for example regarding the closure of shops, restaurants and airports. The law was adopted by parliament on 16 April.

The most complex government measures concerned the economic sphere. The amendment of the budget of 19 March earmarks SEK 300 billion (about $31 billion) to mitigate the effects of the pandemic. The package includes mainly financial assistance and tax breaks for employers, but also public aid for airlines suffering heavy losses and compensation for extraordinary costs incurred by local governments and regions.

Assessment. Sweden's approach has so far been extremely liberal. The authorities took measures that were not restrictive for civil liberties. Although the number of cases is relatively high, it is comparable to the scale of infections in, for example, neighbouring Denmark (in both countries there have been about 1,200 cases per 1 million inhabitants), which closed all educational and cultural facilities, shopping centres, bars, and so on. However, the mortality rate in Denmark is much lower, at 4.6%. Therefore, at this stage it cannot be assumed that the lack of harsh restrictions contributed to the faster spread of the virus in Sweden. Additional recommendations formulated after a surge in infections has resulted in slowing the pace of spreading of the virus. The new regulations indicate the intention to adjust the current strategy.

Taiwan

Justyna Szczudlik

The Course of the Pandemic. In Taiwan, with a population of 23.5 million people, the first case of SARS-CoV-2 infection was recorded on 11 January. As of 20 April, there were 422 infected people and six recorded fatalities. More than 53,600 tests had been carried out. The vast majority of infections (343) are imported, primarily by Taiwanese returning to the country. Only 55 were local infections. The remaining 24 cases were confirmed on 19 April on a navy ship serving in a fleet that sailed at the beginning of March to Taiwan's Pacific ally Palau. Until mid-March, there were between one and eight new cases a day. By around 25 March, this had increased to 10 to 23 new cases daily. From 26 March, the number of new cases began to fall to only a few per day. On 14 April, no new infection was recorded for the first time in 36 days. No new cases were found on 16 and 17 April.

The Reactions of the Authorities. As early as 31 December 2019, Taiwan introduced precautionary measures at its borders (airports and ports). People arriving from Wuhan were subjected to body temperature tests before leaving the aircraft. Later, people from the Hubei Province and then everyone from China was banned from entering the island. On 15 January, the authorities classified the infection caused by the new virus as in the highest category. This allowed people with symptoms to be quarantined, controlled by tracking mobile phone log-ins and enforced by fines of more than $6,500.

At the same time, the authorities started to seek out people with the virus and determine how they had become infected. The healthcare information system assisted with this. Each person has an electronic card enabling their doctor to access their medical history. People with a history of severe respiratory symptoms but excluded from having influenza were tested for other viruses, including SARS-CoV-2, SARS-CoV-1, and MERS. Since 31 March, all patients with pneumonia and those who have lost their sense of smell and taste have been tested for SARS-CoV-2. The authorities also recommend observing people with diarrhoea.

Before closing borders to foreigners, the healthcare IT system was cross-checked with the immigration and customs systems in a single day. As a result, a doctor scanning a patient's healthcare record had access to information about recent trips. If the patient had been in a hazardous area, a warning alert was issued. New technological solutions were introduced at airports and ports. QR codes were used to scan and send passenger details concerning travel history and health status. Those who had not travelled to high-risk countries in the last 14 days and who presented no symptoms of the infection could quickly pass through border control. People from risk groups were directed to home quarantine. On 19 March, the authorities decided to close the borders. They extended this restriction until the end of May. Arrivals are quarantined for 14 days. New quarantine rules were introduced on 18 April. People who do not have a separate room in their home, those who live with children under six years of age, and people over 65 years of age, will be quarantined in designated hotels. Transit through Taiwan airports is also impossible.

Taiwan introduced a $33 billion aid package. The money will be allocated to subsidies for 1.33 million self-employed people who earn less than $800 monthly. They will receive around $330 for three months. Government institutions are to find 70,000 part-time jobs for the most deprived (work up to six months with a salary of around $800). Companies hiring first-time jobseekers will receive monthly

subsidies of around $400 for up to one year, which will help 60,000 graduates. There will also be preferential short-term and low-interest loans for employees who lose income due to the pandemic. Loans must be repaid within three years. The first year will not bear interest.

Taiwan is using the pandemic to expand its international space. Authorities use #TaiwanCanHelp and #TaiwanIsHelping hashtags on social media, and share their experience with other countries. Taiwan provides masks (with the imprint "Made in Taiwan") to 15 countries that maintain diplomatic relations with the island. It also organises webinars with them, providing guidance on managing the pandemic. Such countries include European Union Member States, the United States, and Asian countries covered by the New Southbound Policy. Taiwan is also seeking to include the island in the WHO's work, which China does not agree to. The authorities run promotional campaigns in foreign media, such as an article by President Tsai Ing-wen, published in a special edition of Time, in which she explains how Taiwan is dealing with the virus. What is more, thanks to the public crowdfunding initiated by a Taiwanese YouTuber, an ad was published in the New York Times with the slogan „WHO Can Help? Taiwan!".

Assessment. Taiwan has not introduced drastic measures such as closing schools (only winter holidays were extended, and the second semester started late, on 25 February), shopping centres, street stands and markets, or limiting traffic. At school, students' temperature are measured, and they wear masks, have access to disinfectant, and need to observe social distancing.

At the end of March, a recommendation (not an order) for social distancing was introduced (1 metre outside and 1.5 metres indoors. Mass events were limited to 100 people in closed rooms and 500 people outside. Street vendors and service providers are required to wear face masks. Masks are recommended to be worn on public transport. Shopping centres are also trying to make masks available to their clients. It is recommended that people who took part in major events (such as Qingmingjie, Tomb-sweeping Day, on 4 April), submit themselves to 14 days of observation, and avoid public places.

Doubts related to violation of civil liberties may arise from tracking the mobile phones of people in quarantine and integrating health, immigration and customs information systems, as well as testing people based on their medical history, which may affect the right to privacy.

After an increase in the number of cases in the second half of March, which was inevitable, and since the border closures amid a deteriorating global situation, Taiwanese citizens began returning to the country and , bringing the virus with them. Now, however, the number of new infections is falling. It seems that Taiwan has reached the peak of the virus.

Turkey

Karol Wasilewski

The Course of the Pandemic. Turkey confirmed the first COVID-19 infection on 11 March. Since then, the pandemic has been developing very quickly. As of 22 April, official data from the Ministry of Health reported 98,674 infected and 2,376 deaths (mortality is around 2.4%). This means that the pandemic in Turkey is spreading at a faster rate than in Italy at a comparable point in time.

Coronavirus infections have been recorded throughout Turkey, but Istanbul is the epicentre, with 60% of all cases reported. Each infected person in the city has infected on average 16 others (compared to between two and four in other parts of the world).

Government Actions. Even before the coronavirus officially reached Turkey, the authorities closed the borders with neighbouring countries of Iran (23 February) and Iraq (1 March), where the virus had already been spreading. The government took the first measures to contain the epidemic in Turkey on 12 March, closing educational institutions. Then, on 16 March, it decided to suspend group prayers, and on 21 March, the authorities banned those over 65 and chronically ill people from leaving their residences. Further restrictions were added on 27 March, including a ban on travel between provinces without governor-level authorisation, the introduction of flexible working hours for bureaucrats, and closing Turkey to international air traffic. On 3 April, the president announced that 30 Turkish provinces would be quarantined, and that those violating the social distancing order would be punished. A ban on leaving homes by people under the age of 20, excluding workers, was also introduced. The government also decided to provide free medical masks to all citizens, and on 10 April, it decided to introduce a weekend-long lockdown. This measure will be probably repeated during the coming weekends.

On 18 March, the authorities announced a stimulus package for the economy worth approximately $15.5 billion (2% of GDP), including extended tax payment deadlines, reduced VAT on domestic flights, increased lowest retirement benefits, guaranteed assistance for the poorest households, and other measures. On 30 March, President, Recep Tayyip Erdoğan also announced a nationwide fundraiser to help the poorest inhabitants of Turkey. At the same time, the authorities blocked the possibility of organising similar collections by the municipal authorities of Istanbul and Ankara, and Erdoğan accused the opposition mayors of these cities of behaving as “a state within a state”. This is a charge that could even lead to their removal from office. The government also began the fight against “provocateurs”, who criticised it on social media and suggested that the pandemic was larger than official figures (more than 600 people were detained).

Turkey helped 34 countries with coronavirus (according to data from the Minister of Foreign Affairs). Turkish aid consisted of a variety of materials and services, such as medicines, medical gloves, masks (including materials for their production), goggles, coronavirus tests, disinfectants and cleaning products, and decontamination of places of worship. Turkish Airlines also helped to evacuate citizens of several countries (for example, Canada, the United States, the UK, Germany, Italy, South Korea, Russia, Indonesia and India).

Reactions and Assessment. The authorities’ approach to the pandemic has been widely questioned in Turkey and has been generally praised only by supporters of the ruling camp. The business community

considers the economy package insufficient. The opposition joined the criticism. Istanbul's mayor Ekrem İmamoğlu also complains that the central authorities do not want to cover Istanbul with a full lockdown.

The actions taken by the Turkish authorities to stop the epidemic may seem radical compared to other countries. However, they may be not enough in light of the dynamically shifting reality of the pandemic. According to the press, the government is divided on further restrictions. The Ministry of Health is advocating a nationwide lockdown, while the ministries responsible for the economy support maintaining the current restrictions to prevent economic collapse.

Ukraine

Maria Piechowska

The Course of the Pandemic. The first COVID-19 infection in Ukraine was detected on 3 March. According to official figures of the Ukrainian Ministry of Healthcare, on 16 April 4,161 confirmed cases of infected people had been recorded, 116 had died, and 186 had recovered. Since the beginning of the pandemic, 6,385 tests have been performed on people suspected of the infection. The main centres of the disease are Kyiv and the Chernivtsi region. Ukrainian data do not include Crimea and the occupied territories in the east of the country. According to Russian data, 42 cases of infection have been reported in Crimea. It is difficult to obtain reliable data from the occupied territories, but the authorities of the "republics" reported 38 cases (16 April).

Actions of the Authorities. On 12 March, nine days after the first case, the Ukrainian authorities introduced quarantine. Schools and other places were closed, and border crossings were limited. Then, on 17 March, the borders were closed to foreigners, long-distance passenger transport was suspended, and restrictions on local transport were introduced. The underground in three cities was closed, and local authorities in many districts introduced their own restrictions to prevent the spread of the pandemic. On 25 March, a state of "extraordinary situation" was announced nationally. This is not a state of emergency as it does not restrict personal freedoms, but it allows the government to take certain measures such as enforcing isolation of the infected and disinfection of public spaces. On 4 April, movement restrictions were strengthened and quarantine for people arriving from abroad was tightened. In public spaces, people can move in groups of up to two (excluding children). Face masks must be worn on the face and identity cards must be carried. Finally, on 7 April, more border crossing points were closed (there are currently 19 open, including two with Poland).

The coronavirus response is being coordinated at the central level by President Volodymyr Zelenski and his administration. To strengthen his actions, he turned to oligarchs in mid-March to support anti-crisis centres in the regions. The coronavirus pandemic is also a test for Denys Szmyhal's new government, which was formed on 4 March. Minister of Healthcare Ilya Yemets was replaced by Maxim Stepanov on 30 March. The main reasons for Yemets' resignation were supposedly poor coordination of actions and his controversial statements. The pandemic and the expected economic crisis to follow spurred the adoption, on 30 March, of two new laws, on the agricultural land market and on banking. These had to be passed as they were conditions imposed by the International Monetary Fund in return for support for Ukraine, which in the current situation may be of key importance for the Ukrainian economy. The Budget Act was also amended, on 13 April, and special fiscal procedures were introduced, including releasing enterprises from the obligation to pay some parts of taxes and fees.

Assessment. It was only in 2017 that the Ukrainian health service began to be reformed. Its level remains relatively low. The pandemic started in Ukraine later than in other European countries, and developed relatively slowly in the first weeks, but it has been visible since 1 April that the number of infections has been increasing. However, the relatively low number of tests performed may not reflect the true figures. Only 42,000 tests have performed (about 1,100 per million inhabitants, a rate almost four times lower than in Poland as of 16 April). It is therefore difficult to assume that the official data reflect the actual number of infected people. The epidemiological situation in the occupied territories is even more uncertain.

The actions taken by the Ukrainian government to limit the spread of the pandemic were delayed in the context of numerous returns of Ukrainians from work abroad. Citizens do not always comply with state restrictions. The government's decisions on the gradual closure of borders, and how they were announced, caused chaos at border crossings. This resulted in queues at border crossings and panic among Ukrainians abroad. It is also known that, despite the countermeasures taken, Ukraine is facing a deep economic crisis, the extent of which depends primarily on the duration of the pandemic.

United Kingdom

Przemysław Biskup

The Course of the Pandemic. The first infection in the UK was recorded on 31 January, and by 8 March there were 206 infections and the first fatalities had been recorded. By 16 March, when the UK government began to restrict freedoms of movement and assembly, the numbers had risen to 1,140 and 21, respectively. By 25 March, since when the current restrictions have been in force, these numbers had risen to 8,077 and 422, respectively. By 17 April, there had been 103,000 infections and 14,000 deaths. The infection peak has been forecast for late April.

The centres of the pandemic have been the metropolitan areas of London, Birmingham, Liverpool, Manchester, Sheffield, Rotherham, Doncaster, Newcastle, South Wales, Glasgow, Edinburgh and Belfast. The mortality rate of infections for the whole of the UK has been approximately 14%.

Importantly, the UK and Ireland constitute a combined epidemiological area resulting from the operation since 1923 of the Common Travel Area (CTA). British and Irish citizens are treated as their own by each country. These rules do not apply to foreigners residing in the other country. Both countries have been operating separate visa systems, but in 2016 a common visa exemption and facilitation system was introduced for Chinese and Indian nationals.

Public health management in the UK is decentralised, as the UK government directly manages it only in England, whereas in Scotland, Wales, and Northern Ireland, it is a matter devolved to their respective governments. All parts of the UK have, however, their own branches of the National Health Service (NHS). In early March, the SNP-led Scottish government became the first to restrict freedom of movement and communicate that the new rules were expected to apply for three or four months. The rapid development of the pandemic in England and Wales (and in Northern Ireland, when compared to the Republic of Ireland) was associated with, among other things, the continued organisation of mass events (including the 11 March Liverpool FC vs. Atletico Madrid football game that was attended by thousands of Spanish fans).

Actions of the Authorities. The UK government initially adopted a strategy aimed at reducing the economic costs of the pandemic and building collective resilience to the virus ("herd immunity"). Until 9 March, it was mostly the case that personal and collective hygiene was promoted by the authorities, as well as voluntary self-isolation of travellers from the then-known foreign pandemic centres. From 16 to 25 March, the strategy was revised in response to the NHS becoming overwhelmed in London, the UK's original pandemic centre. The revised strategy included the closure of schools and universities, the launch of the economic shielding programme (on top of the 2020 budget provisions), mobilisation of regular soldiers and reservists, and finally the adoption of the Coronavirus Act 2020.

The act will remain in force for two years, with the possibility of extension for six months with the consent of parliament. It has allowed the authorities, among other things, to establish obligatory quarantine for the infected, prohibit public gatherings of more than two people; restrict trade, and close restaurants and pubs (allowing only for takeaways and deliveries), control privately-owned companies managing public transport, ports, airports and the Dover to Calais tunnel, recruit medical students and retired medics, and organise burials. The 2020 local elections were postponed until May 2021.

The authorities are also empowered to introduce tax relief and suspensions, stop evictions and protect volunteers against job losses. The economic shielding programmes announced so far by the UK government amount to GBP 350 billion (some 16% of GDP). The authorities have also recommended switching to distance working. The borders are open, although airline, ferry and Dover to Calais tunnel connections have been reduced by 70% to 100%.

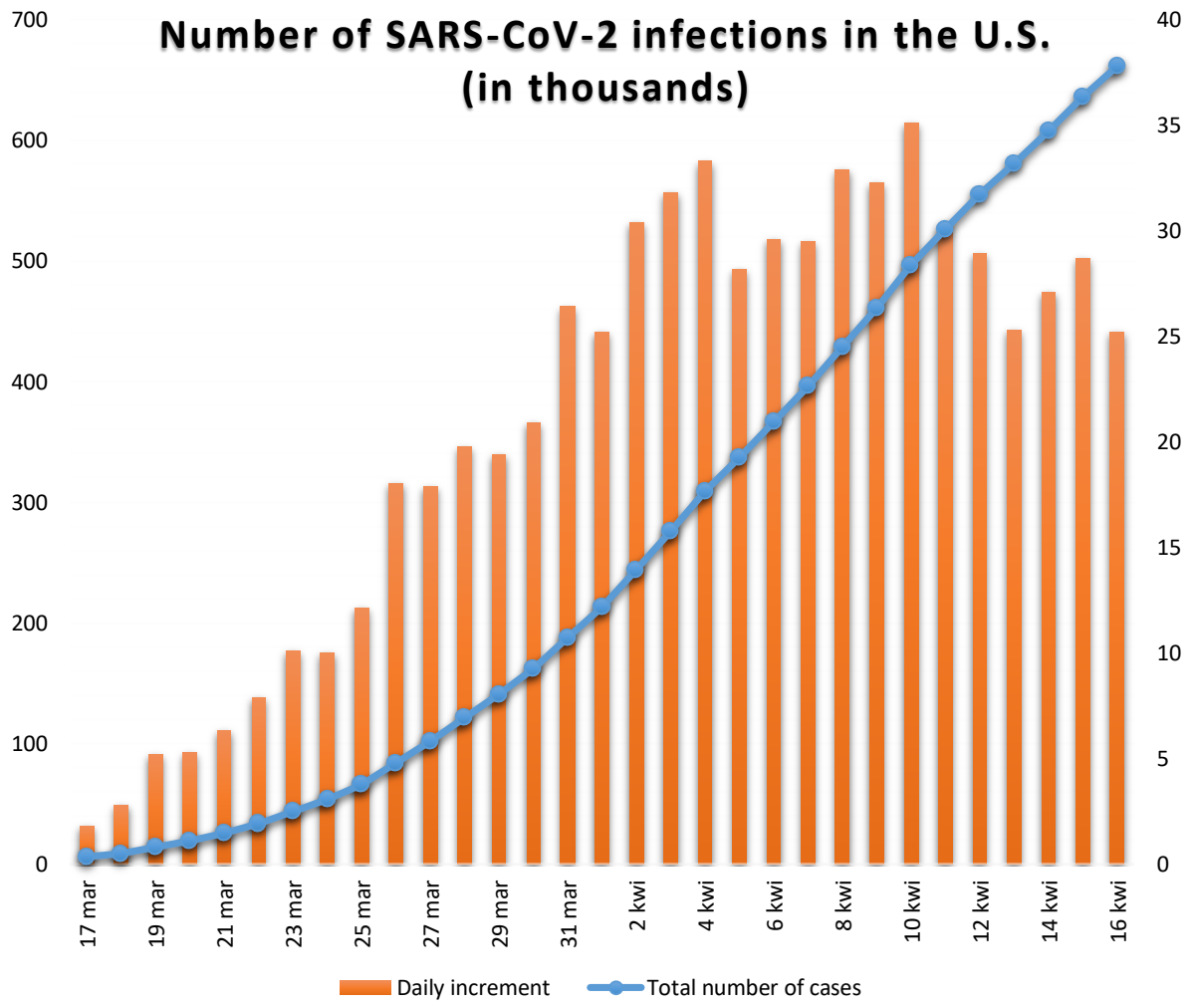
Assessment. Boris Johnson's policy is supported by at least 60% of the population, despite the pandemic's pace and mortality rate. Support is often higher in certain social groups (such as seniors) or in relation to specific restrictions (enhanced border controls). Support for the Tories surpassed 50% in April, against around 30% for the Labour Party (Opinium and YouGov data). This has been due to the public perception of the government's strategy as rational (expert-led) and respecting individual freedoms as much as feasible (valued in the UK's liberal culture).

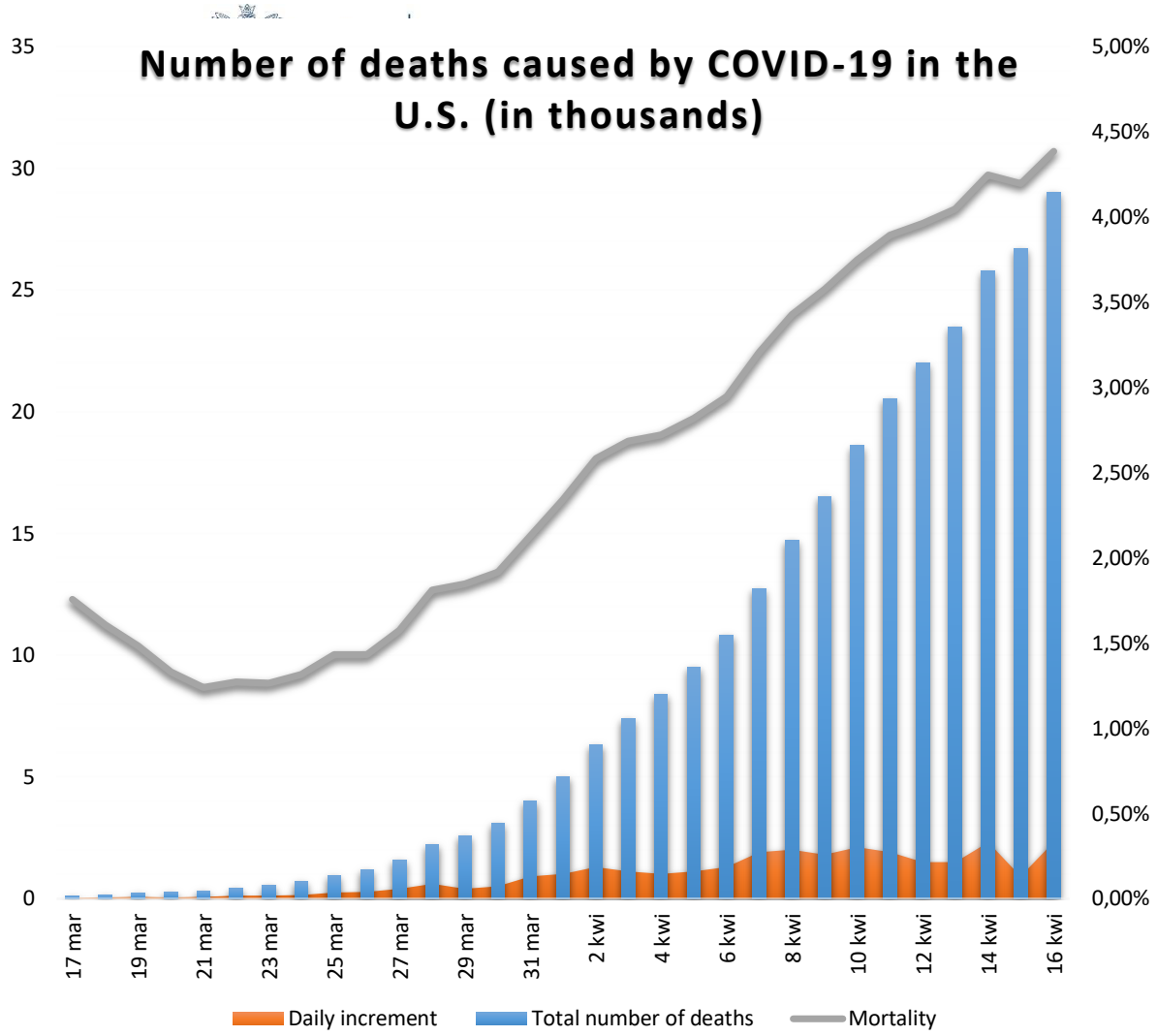
Changes in the UK government's strategy reflected the dynamics of social attitudes. The combination of social distancing and the programme for the import or production of medical equipment under public-private partnerships have managed so far to keep the pandemic within the NHS capacity. There has also been an ongoing public debate on the exit strategy and timeline. A critical assessment of the UK government's actions was tamed by the post-election problems of the opposition, concluding with the election of Sir Keir Starmer as the new leader of the Labour Party on 4 April. However, in the face of the national crisis, he offered the government his support. Solidarity was also influenced by infections of the Prince of Wales and government members (including the minister and deputy ministers of health), as well as Johnson's hospitalisation.

U.S.

Mateusz Piotrowski

The Course of the Pandemic. The first case of SARS-CoV-2 infection in the U.S. was recorded on 21 January, and the first death caused by COVID-19 occurred on 29 February. By 17 March, infections had been detected in all states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands. So far, 661,600 cases of infection have been reported in the United States. Daily detection of new cases from 30 March was over 20,000. So far, the highest daily increase was recorded on 10 April (35,100). Because of the virus-induced COVID-19 disease, 29,000 people in the U.S. have already died (a mortality rate of 4.4%). Since 1 April, the number of deaths per day has remained above 1,000, and 52,700 people are considered to have recovered. New York and New Jersey remain the epicentres of the pandemic, with a total of 299,000 infections and 18,300deaths. In total, the U.S. has already conducted 3.42 million tests. A total of 104,000 patients have been hospitalised.





The Federal Government's Reactions. A public health emergency was announced on 31 January, ordering 14-day quarantine for Americans returning from Hubei Province and forbidding entry to foreigners who had stayed in China during the previous 14 days. On 29 February, travel restrictions from South Korea and Italy were introduced, while travel to Iran and the entry of people who had stayed in that country during the previous 14 days were banned. On 6 March, President Donald Trump signed a bill (Phase I) granting $8.3 billion financing to government agencies responsible for handling the pandemic. On 11 March, entry bans were announced for travellers who had stayed in the Schengen area during the previous 14 days. On 13 March, Trump introduced a state of emergency, releasing $42.6 billion from the crisis budget. The Department of Energy was required to purchase oil to replenish state reserves. On 16 March, the administration issued recommendations to the public to remain home for 14 consecutive days. Detailed rules of conduct and possible restrictions were left to individual decisions of the state authorities. On 18 March, Trump signed the Families First Act (Phase II), traffic on the Canadian border was restricted, and the U.S. Navy directed two hospital ships to help in California and New York. On 20 March, Treasury Secretary Steven Mnuchin announced a three-month deferral (until 15 July) of the tax filing deadline, traffic to the Mexican border was reduced, and the Department of Education suspended federal student loans for 60 days. On March 27, Trump signed a stimulus package for the U.S. economy (Phase III) with a record value of $2.2 trillion. Under the Defence Production Act, he commissioned General Motors to manufacture respirators and enabled the Department of Defence to include U.S. military reservists in active service. Since then, federal

government activities have focused on helping state authorities by distributing federal budget funding and materials necessary to manage the pandemic.

The State Authorities' Reactions. A major disaster was declared by all states and the District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands and the Virgin Islands. A state of emergency or public health emergency has been declared in all states, the District of Columbia, and five dependent territories. In all, 42 states (except for Arizona, North Dakota, South Dakota, Iowa, Nebraska, Oklahoma, Utah and Wyoming), the District of Columbia, and Puerto Rico have issued stay-at-home orders and restricted movement. The state authorities are also taking additional precautionary measures, such as closing schools, limiting the operation of service premises (bars, restaurants, gyms, etc.) and banning large assemblies. The federal authority constantly cooperates with the state authorities, including to help distribute the necessary means to manage the pandemic (respirators, masks, etc.). Interstate cooperation is also taking place. The clearest example is the creation of the Multi-State Council (Connecticut, Delaware, New Jersey, New York, Pennsylvania and Rhode Island) on 13 April, the task of which is to coordinate efforts to re-open the economy of these states.

Assessment. After the first cases of infection, the reaction of the state and federal authorities was not sufficient, which allowed the virus to spread throughout the United States. Trump and some governors underestimated the threat in the first half of March, contributing indirectly to the initial reluctance among society to follow recommendations and restrictions. In addition, state and federal authorities were not (on the medical side) prepared for the pandemic, particularly given the rapid increase in the number of infections in New Jersey and New York.

The U.S. response should therefore be considered late, but adequate to the threat, especially in the economic sphere. It is important to emphasise that the Democrats and the Trump Administration negotiated the content of aid packages, usually directly through Nancy Pelosi, Speaker of the House of Representatives, and Steve Mnuchin, Secretary of the Treasury. In connection with this, ad hoc aid activities have bipartisan support and have been adopted by Congress virtually unanimously.