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# State Responses to COVID-19:
## a global snapshot at 1 June 2020

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# About HADRI

Western Sydney University's **Humanitarian and Development Research Initiative (HADRI)** has been established with a globally unique approach to pursue research that highlights the complexity of international responses to conflicts and disasters, and the intersections between the multidimensional health, socio-economic and political aspects of complex emergencies.

HADRI aims to conduct research that:

- → Bridges the academic and practice aspects of humanitarian response, rehabilitation and development.
- → Informs policy decisions of government, international organisations, academics and other stakeholders.
- → Ensures synergies, innovation and knowledge sharing and translation through collaboration with HADRI's global partners, and engagement with WSU's undergraduate and postgraduate degrees in Humanitarian and Development Studies (HADS).

HADRI research focuses on the intersections between disaster relief and social and economic development. We explore the practices of government and non-government agencies involved in humanitarian operations, and their development practice. HADRI research addresses the challenges and opportunities associated with disaster preparedness, response and management; public health programs for displaced populations; building the resilience of vulnerable populations; and public health concerns surrounding national and international migration.

HADRI has three intersecting research themes:

1. Disaster Preparedness, Response and Management
2. Migration, Global Health and Development
3. Sustainable Development and Human Security

HADRI's major research activities across these themes focus on:

- → Human rights and the Responsibility to Protect (RtoP);
- → Food security, food systems and linkages to public health and nutrition;
- → Migration, social disadvantage and migrant community health;
- → Political economy of conflict;
- → Livelihoods, employment and human development;
- → Disaster and critical incident perception and preparedness;
- → Occupational risk and resilience among humanitarian practitioners;
- → Water, Sanitation, and Hygiene (WASH).

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# State Responses to COVID-19: Case Studies and Snapshots of Emerging Issues at 1 June 2020

For the first five months of 2020, states across the world have had to confront the challenges of a global pandemic. On 21 January, 2020, the World Health Organization (WHO) issued *Novel Coronavirus (2019-nCoV) Situation Report-1*, which announced to the world the emergence of a new virus. Chinese authorities had informed the WHO of the virus in December 2019, and had given updates into early January. By 3 January there were 44 recorded cases, with those affected developing a form of "pneumonia of unknown etiology". Attention focused on Wuhan in central China's Hubei province. By 20 January there were 282 confirmed cases globally, with six deaths in China, while the virus had spread to Thailand, Japan and the Republic of Korea; the WHO situation report detailed early preventative actions taken by all of the above states.[1]

At the time of writing (11 June 2020) over 7.3 million[2] people had contracted the virus known as Severe Acute Respiratory Syndrome-2 Coronavirus (SARS-CoV-2), and had been affected by the disease it causes—"coronavirus disease/COVID-19"[3]—referred to throughout this volume as "COVID-19". While over 3.4 million are said to have recovered, over 413,000 people have died as a result of contracting COVID-19.

This collection represents the work of over 70 academic and professional contributors across the world, linked through their research connections to the Humanitarian and Development Research Initiative (HADRI) at Western Sydney University, Australia. The majority of these contributions are case studies—short commentaries on the health, social, political and economic situation in response to COVID-19 at 1 June in 43 states and territories. There are also ten 'issues papers' that detail the related effects of COVID-19 on vulnerable groups. These contributions cover issues as diverse as: the role of NGOs in assisting domestic violence survivors in the Pacific Islands; NGO support for undocumented migrant workers in Switzerland and Italy; the perils faced by US health care workers; the plight of non-citizens in Australia; human trafficking and modern slavery; and the return of many hundreds of thousands of workers to Nepal.

The case study format aims to provide insights into how governments have responded to the pandemic as it spread across the globe. Each contribution in this collection discusses the specific ways in which governmental authorities have attempted to deal with the COVID-19 pandemic, including the steps they have taken to slow the spread of infection, and to mitigate the effects on their economies of government imposed restrictions on movement and work. Contributions for case studies are drawn from across the world, and are organised regionally: Oceania, Southeast Asia, East Asia, South Asia, the Middle East, Africa, Europe and the Americas.

The collection also aims to provide the opportunity for readers to compare and contrast the policies adopted by different governments in response to a global pandemic. It is intended to encourage readers to reflect on the diversity of seemingly similar state responses—closing borders, restricting movement and public gatherings, social distancing, testing for COVID-19, self-isolation for those with COVID-19, and hand and respiratory hygiene messages—as well as how these have been implemented, and how populations have responded to these measures.

For example, some governments favoured early intervention, social distancing and restrictions on movement, and in many cases this has led to very promising signs that infection rates may be under control—"flattening the curve". In other states where governments were slower to act, or have reacted differently, there has been a much more severe loss of life.

A number of contributions highlight the role of technology in managing the pandemic. Taiwan, South Korea and the Indian state of Kerala have emphasized testing and tracing, taking careful note to avoid stigmatisation. Other states such as Australia, Singapore and France have attempted to use mobile phone apps for contact tracing. One issues paper explores communities in China who are using technology to undertake group purchasing, and highlights innovative approaches to managing food security during strict lockdowns, however it also notes modern technologies can be difficult for the elderly to access.

Across the globe the COVID-19 pandemic has caused massive economic damage. Without exception states are facing economic recession, if not depression, as a global economy that has mostly flourished for the past 30-40 years is confronted by closed borders, international travel bans, and a sharp drop in migration and production. Economic stimulus is a common theme in this collection as states jettison market-driven ideology in favour of direct intervention to keep people alive, employed and in their homes. Rescue packages are a common strategy for governments—these are often between 5-10% of Gross Domestic Product (GDP) in the member states of the Organisation for Economic Cooperation and Development (OECD), although Japan stands out with its massive 20% GDP stimulus boost to its economy. Contributions that discuss Iran, Cuba and Russia illustrate the diverse impact of economic sanctions on maintaining health care systems to treat populations.

In assessing the varying responses the contributions collectively raise important questions about whether the type of government, and governance systems, have any relationship to the effectiveness of the response. For example, some states with federal systems have had good success in combatting COVID-19, while others have not. Closer reading would seem to indicate that every federal state is different, and that 'national' governments often have little effect on health situations in the individual and predominantly autonomous states. Political devolution in the UK has led to visible disagreement between national and regional executive governments, while the Spanish experience reflects increased ideological polarisation. The case of Vietnam highlights the relevance of state capacity, a crucial factor in the debate on democracy versus authoritarianism, while the limited state capacity and fragile health systems of some Pacific Islands (PNG, Solomon Islands) has not stopped them from doing their utmost to prepare for, or contain, COVID-19.

1 World Health Organization 21 January 2020, *'Novel Coronavirus (2019-nCoV) Situation Report-1'*, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4

2 In this volume we have relied extensively on the Johns Hopkins University and Medicine Coronavirus Resource Centre: https://coronavirus.jhu.edu/map.html For population figures, unless stated, we have used UN estimates for 2020 from: UN Population 2019, 'Total population', Both sexes 2020, https://population.un.org/wpp/Download/Standard/Population/

3 World Health Organization, no date. 'Naming the coronavirus disease (COVID-19) and the virus that causes it', https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

# Contents

Contributions on Chile and Brazil highlight how COVID-19 has exacerbated existing social, economic and constitutional crises, while the contribution on the world's most affected state, the United States of America, explores how a health pandemic has become politicised. The case of Pakistan points to challenges of managing a public health response amidst a discourse of COVID-19 as a conspiracy. An issues paper on Samoa, and contributions from Nicaragua, Sri Lanka, Cambodia and the Philippines, highlight how some states have used the COVID-19 pandemic to limit dissent, or to erode human rights protections.

Community resilience is another feature of many contributions. Turkey, Ghana and Kenya all point to the important role of community cohesion and solidarity in managing the impact of the virus on their populations, while close kinship relations in Pacific Islands enable strong levels of community resilience, coupled with high levels of community self-sufficiency.

As academics we were particularly interested in the effects of COVID-19 on the higher education sector. Social distancing spelt the suspension of face-to-face teaching for universities across the world, and a switch to online learning. The impact of this has been rather varied due to students having uneven access to communications technologies across nations. The closing of borders has been enormously problematic for some universities as it has locked out international students, the source of much of their income. Depending on their reliance on international student fees, some universities are experiencing sudden budget problems and a looming crisis, especially in situations where national governments have so far refused to support the higher education sector.

**A note on this volume**

This collection was conceptualized in late April, and a publication date planned for mid-June. The six-week publication deadline was frenetic. We thank the contributors to this volume, all of whom showed enormous enthusiasm for the project, and generosity with their time, accepting this complex task—an assessment of 4-5 months of tumultuous social, political and economic history in 1000-1200 words—on top of tight deadlines in their own exceptionally busy work schedules.

The process of interacting with authors across the world, and of compiling this information and analysis, has created an enormous feeling of collegiality through shared engagement in this timely and policy relevant research. As we collectively tried to make sense of our rapidly changing world during this era of pandemic, we can reflect on the words of Sara Ahmed:

> Solidarity does not assume that our struggles are the same struggles, or that our pain is the same pain, or that hope is for the same future. Solidarity involves commitment, and work, as well as the recognition that even if we do not have the same feelings, or even the same lives, or the same bodies, we do live on common ground.[4]

As editors we have made every effort to proof-read the text of each entry thoroughly, however contributions were still being received up to and including 8 June. We did not attempt to check every hyperlinked footnote link, nor to standardise the individual footnoting styles of authors. In an admittedly hurried project it is possible that some mistakes are still present, and for that we beg the indulgence of pedants and proof-readers the world over.

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4 S. Ahmed. 2004. *The Cultural Politics of Emotion*. Routledge, New York, p. 184.

# SPAIN

## PANDEMIC INCREASES POLITICAL POLARIZATION

**ESTIMATED POPULATION (2020): 46.7 MILLION**

### COVID-19 statistics at 1 June 2020

| | |
|---|---|
| TOTAL CASES | 239,479 |
| TOTAL RECOVERED | 150,376 |
| DEATHS | 27,127 |

**Introduction:** Spain is a constitutional monarchy with a national government and a king, however power largely rests with the 17 autonomous communities, each with executive and judicial powers, and their own parliaments, assembled from 50 provinces which also have their own devolved powers (Figure 1). This contribution briefly summarizes the central aspects of Spain's response towards the COVID-19 pandemic crisis, examining the main measures proposed by the Government of Spain to mitigate the effects of the crisis. It highlights the increasing political polarization that has taken place within Spain as a result of COVID-19.

**Figure 1:** Spain's 17 autonomous communities (*comunidad autónoma*), and the 50 provinces.


**COVID-19 in Spain:**[1] The first patient registered in Spain with COVID-19 was identified on 31 January, 2020. He was a patient of German origin who was admitted to La Gomera (Canary Islands) after being identified as seropositive for SARS-CoV-2. Nine days later, another case of COVID-19 was detected in Palma, on Mallorca in the Balearic Islands. It was not until 24 February that the virus spread to the peninsula, with the first cases coming in the autonomous communities of Madrid (5 cases), Catalonia (3 cases) and Valencia (8 cases), gradually increasing the number of infections in the whole of the national territory. On 8 March the International Women's Day demonstration was celebrated; a few days later, cases began to multiply throughout the national territory.[2]

As a result of this exponential escalation, the Government of the Kingdom of Spain, led by Pedro Sánchez, decreed, on 14 March 2020, a "State of Alarm"[3] and ordered a national quarantine and the official restriction of national and cross-border mobility. The same day, Salvador Illa, Minister of Health, was appointed to oversee Spain's overall response. On 13 April Illa declared that the peak of the curve had actually been reached on 26 March, when 9,444 daily cases were accounted. Finally, once the objective of flattening the curve had been reached, the government of Spain began to implement the "Plan for Gradual De-escalation and Transition to a New Normality" ("The Plan"), at the same time that it was applying the "National Seroepidemiology Study" (ENE-COVID-19) of the SARS-CoV-2 infection.[4]

**Seroprevalence Study:**[5] Unlike other countries in the world, in Spain the strategy of massive tests on the population has not been adopted. Rather, Spain has opted for another type of protocol of identification and prognostication of the disease which has been implemented through seroprevalence studies based on other rigorous epidemiological criteria. The ENE-COVID-19 is an extensive seroepidemiological longitudinal study launched by the Government of Spain from a representative sample following the criteria established by the WHO. According to the preliminary conclusions of the first study, around 5% (95% CI: 4.7% to 5.4%) of the Spanish population have anti-SARS-CoV-2 IgG antibodies—a similar percentage of men 5% (95% CI: 4.6% to 5.4%) and women 5.1% (95% CI: 4.7% to 5.5%). In relation to age, the prevalence is lower in infants, children and young people, with moderate differences between the rest of the older age groups. It should be specified that although the national prevalence is 5%, there is a marked geographic variability.[6]

**The Plan:**[7] The main objective of the plan is to ensure that, prioritizing the protection of public health, daily life and economic activity are gradually recovered, minimizing the risk posed by the epidemic to the health of the population and protecting the capabilities of the National Health System. The Plan consists of four phases: Phase zero or preparation for de-escalation is characterized by the establishment of common relief of measures for the entire country once the contagion curve has been flattened and the rate of seropositive cases has decreased. In Phase I, the initial phase, the partial opening of activities is allowed, in particular, economic activities such as reopening small shops by appointment, restaurants and cafes with take-away delivery, and tourist

1 https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Paginas/InformesCOVID-19.aspx (accessed, 3 June 2020).
2 https://www.nytimes.com/2020/03/13/world/europe/spain-coronavirus-emergency.html
3 A state of alarm is the lowest level of the three legal categoris for emergency situations provided for under Articles 116 of the 1978 Constitution: *estado de alarma* (state of alarm), *estado de excepción* (state of emergency) and *estado de sitio* (state of siege/martial law). https://www.boe.es/buscar/act.php?id=BOE-A-1978-31229
4 https://www.mscbs.gob.es/en/profesionales/cargarNotas.do?time=1585692000000 (accessed, 3 June 2020).
5 https://portalcne.isciii.es/enecovid19/ (accessed, 3 June 2020).
6 https://portalcne.isciii.es/enecovid19/documentos/ene_covid19_inf_pre.pdf (accessed, 3 June 2020).
7 https://www.mscbs.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/PlanTransicionNuevaNormalidad.pdf (accessed, 3 June 2020).

accommodation without the use of common areas and with restrictions. In Phase II (the intermediate phase), the partial opening of activities that remain restricted in Phase I is proposed, with capacity limitations. In Phase III (advanced phase), the opening of all activities is foreseen, but always maintaining the appropriate security and distance measures. Once all the phases have been gradually reached and there has not been a new epidemic outbreak, the way is clear towards the "New Normality". Thereafter, social and economic restrictions end, but epidemiological surveillance, the strengthened capacity of the National Health System, and the obligated self-protection of citizens are maintained.[8]

**Government stimulus:**[9] On 17 March the Government of Spain approved the "largest mobilization of economic resources in the history of Spanish democracy".[10] Up to €200 billion, almost 20% of the Gross Domestic Product, will be committed to combat the economic and social impacts of the coronavirus. Some €117 billion of this sum will be publicly funded, with the rest coming from the mobilization of private resources. In addition, the government has approved the "Minimum Vital Income" that guarantees a minimum payment to those who need it—the minimum amount per person is €462 per month for a single adult (higher for couples and families) in 12 monthly payments.[11] It is a measure that exists in many countries in Europe but which had not at that point been implemented in Spain.

**Assessment:** If the Spanish political scene is characterized by anything in recent times, it would be increased ideological polarization. The emergence of political parties at both ends of the political spectrum has a lot to do with this, and the increasing polarization has consequences for the daily lives of citizens as it promotes strong division.

Despite the fact that the Spanish citizenry has behaved in an exemplary manner during the worst moments of the crisis, the same cannot be said with respect to some politicians, especially those who during such delicate moments have tried to gain political benefits from the crisis. Perhaps the government's response was not always correct, for example, not having decreed the "State of Alarm" before the International Woman's Day gatherings, despite the fact that some risk was already perceived.[12] However, in a situation of this magnitude and dynamism, decision making is no simple task.

The Spanish government has moved away from populist options and towards scientific knowledge. It has done this from the position of a coalition, and has generally demonstrated a desire for seeking national unity. The future is not exactly clear, as each decision itself involves a political distancing—the strong polarization inherent in Spain's political scene is being transferred to the citizenry, and this may negatively influence the evolution and control of the pandemic in a "new normality".

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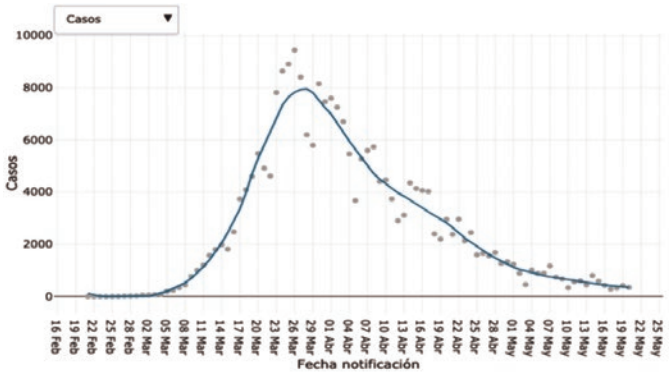
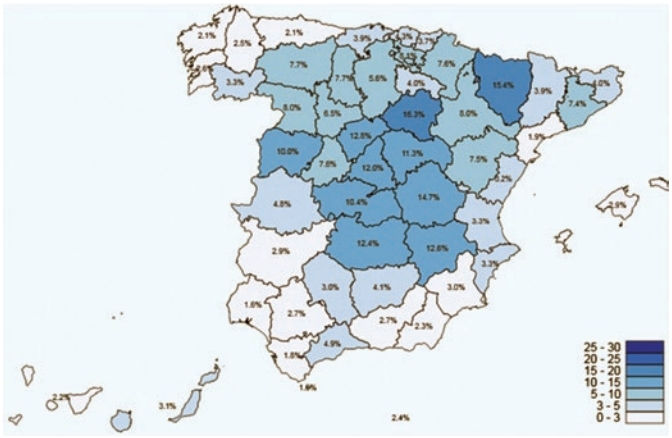
**Visual data on Spain**[13]

**Figure 2:** Daily confirmed COVID-19 cases (evolution according to severity level).




**Note/Point:** daily cases; line: estimated trend with local regression (loess) with alpha = 0.3 (smoothing parameter) and lambda = 2 (local polynomial degree). Data from hospitalized patients and ICUs from April 26 are excluded because they include a change in the notification criteria. Source: Ministry of Health, Carlos III Health Institute.

**Figure 3:** Proportion of people with SARS-Cov-2 antibodies (by province)




**Source:** ENE-COVID National Center for Epidemiology. Carlos III Health Institute.

8 https://www.mscbs.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Anexo_II_FASES.pdf (accessed, 3 June 2020).
9 https://www.mscbs.gob.es/ssi/covid19/guia.htm (accessed, 3 June 2020).
10 https://www.lamoncloa.gob.es/consejodeministros/resumenes/Paginas/2020/170320-pg-consejo.aspx (accessed, 3 June 2020).
11 https://www.reuters.com/article/health-coronavirus-spain-benefit/spain-approves-462-euro-monthly-minimum-income-for-the-poorest-idUSL1N2DB0KB
12 https://www.reuters.com/article/us-womens-day-spain/thousands-march-in-spain-on-womens-day-despite-coronavirus-fears-idUSKBN20V0ZJ
13 https://cnecovid.isciii.es/covid19/ (accessed, 3 June 2020).

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