

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

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COVID-19

PART 3

(28 March – 03 April 2020)

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АНАЛИЗ ANALYSIS OF THE DEVELOPMENT OF THE CRISIS AROUND COVID-19 AND COUNTRY MEASURES

The spread of coronavirus around the world continues at full force, with the background to date of information clearly distinguishing two radically different approaches to combat COVID-19 - one applied by Asian countries and that of Central and Western European countries.

Countries such as **Japan, Singapore, Taiwan, Hong Kong and South Korea** near the source of the infection have called for swift response and stringent prevention measures for Chinese entry and massive virus testing. They used every opportunity of technology not only in medicine but also to mobilize society. Very serious funds have been invested for this purpose, and the region's experience with previous epidemics has greatly helped.

An exception here is Japan, where the government has imposed too soft measures, primarily focusing on prevention, personal discipline and restriction of foreign national visits. A state of emergency has not yet been declared in the country, determined by the very low number of people infected since the start of the pandemic.

Europe and the US are at a very different pole. Although preliminary information was available, these countries lost much of their time in inactivity and delayed the measures until recently, with public restrictions coming only after the curves in some countries had already shown a very serious spread of infection.

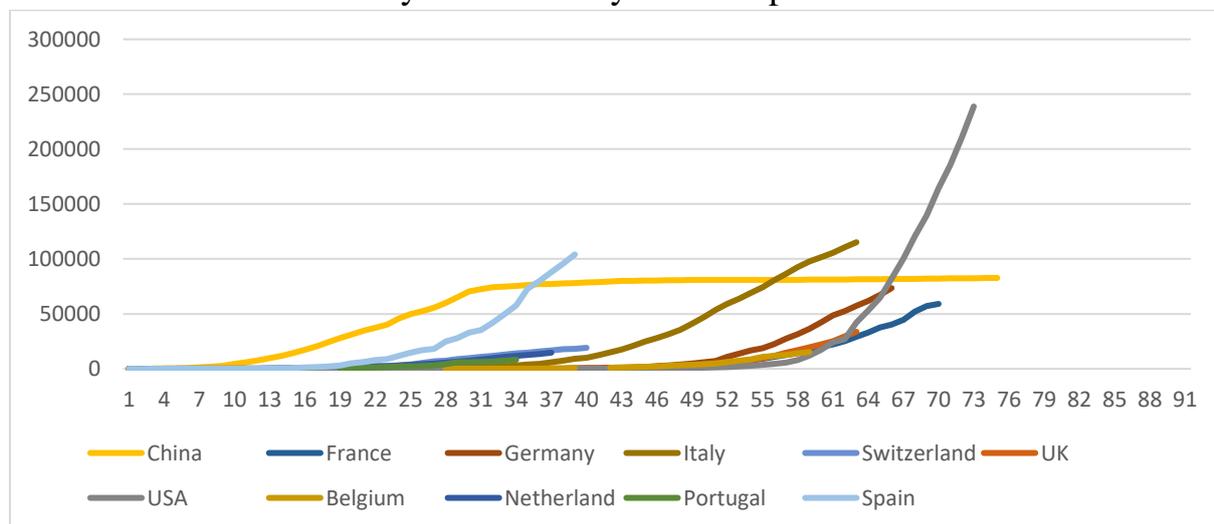


Figure 1 Total sickness in countries from day 0 to now

It is noteworthy that Sweden, unlike other Scandinavian countries, has adopted a strategy of lighter measures of social distance (similar to Japan). It is noted that the exponential of the disease continues to grow, with the number of infected persons (per 1 million people) exceeding at times those of neighboring countries.

The result is visible to everyone - Europe is in the midst of a growing epidemic, and the United States, while still having extra time and being on the periphery of the storm, has in the short term caused very serious consequences for the health system and population of these countries.

It will be interesting to know whether the countries of South America will be able to learn from each other and prevent what is happening to the "great powers".

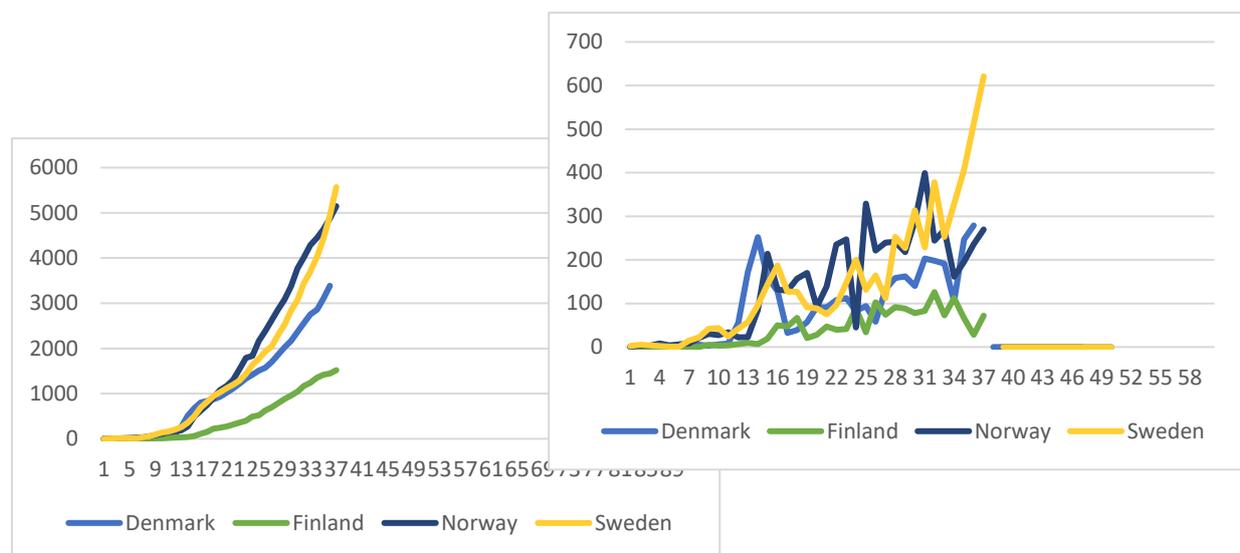


Figure 2 Total sickness in Scandinavian countries from day 0 to now

Italy

In Italy, restrictive measures are starting to work. The graph shows the acceleration of the infection by days. The high values at the beginning indicate a steep upward trend in exponential development. There has been a negative trend in recent days. **This means that the exponential spread is broken and the number of new infections per day is less likely to occur.**

The number of casualties will decrease with some delay unless the new proposed protocols, which are no longer small, begin to apply massively. Although certainly in Italy the number of mildly and asymptotically infected is 6-7 times higher, it is still too early to say that the country has built up herd immunity. This means that the elimination of the measures will lead to a new exponential development of the spread.

On the other hand, the time delay achieved will help to put into practice the above mentioned protocols. An example of this is the Greek team led by Professor Evangelos Yamarelos. The proposed method of treatment addresses serious cases of death. The availability of such an instrument in medical practice will lead to

conditions for a new revision of the government's crisis management strategy. The option of loosening restrictive measures will again be possible and current. It is important for the staff to have pre-prepared criteria for how and when this happens.

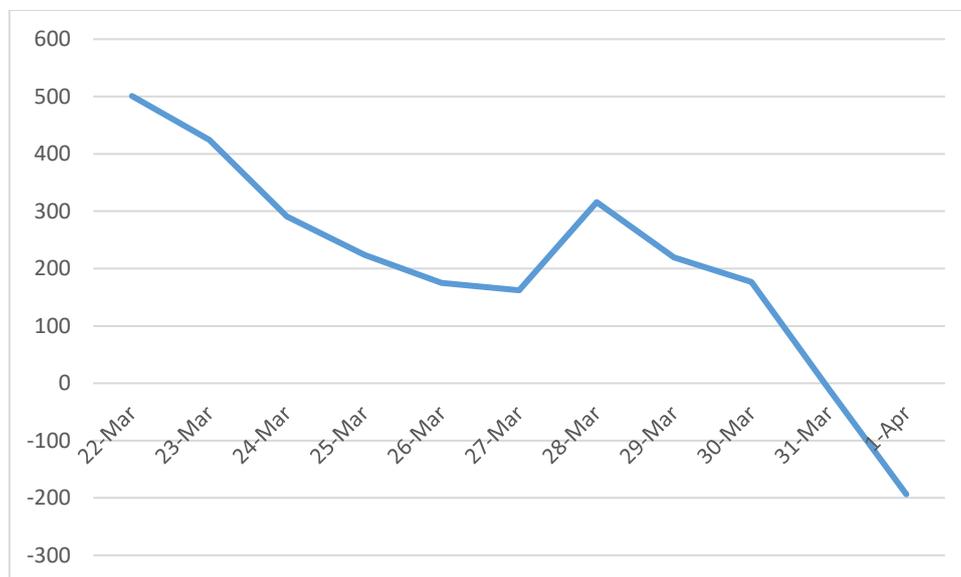


Figure 3 Acceleration of the spread of infection in Italy

Spain

In Spain, as the graph shows, there is no indication of an outbreak of infection. However, the acceleration seems constant and it follows that we will see such a rapid increase in the next few days. Unless the aforementioned treatments are provided in the country, the death toll will continue to increase. The country is not close to reaching the number of infected people needed to build herd immunity. Currently, the potential for infection to spread is still very high. Given the relative speed with which Italy has been surpassed as a spread, the question whether it will be possible to deal with the situation remains. It will take between 7 and 10 days to break the curve and obtain negative acceleration values. This is a time during which the same avalanche spread of the virus will be observed.

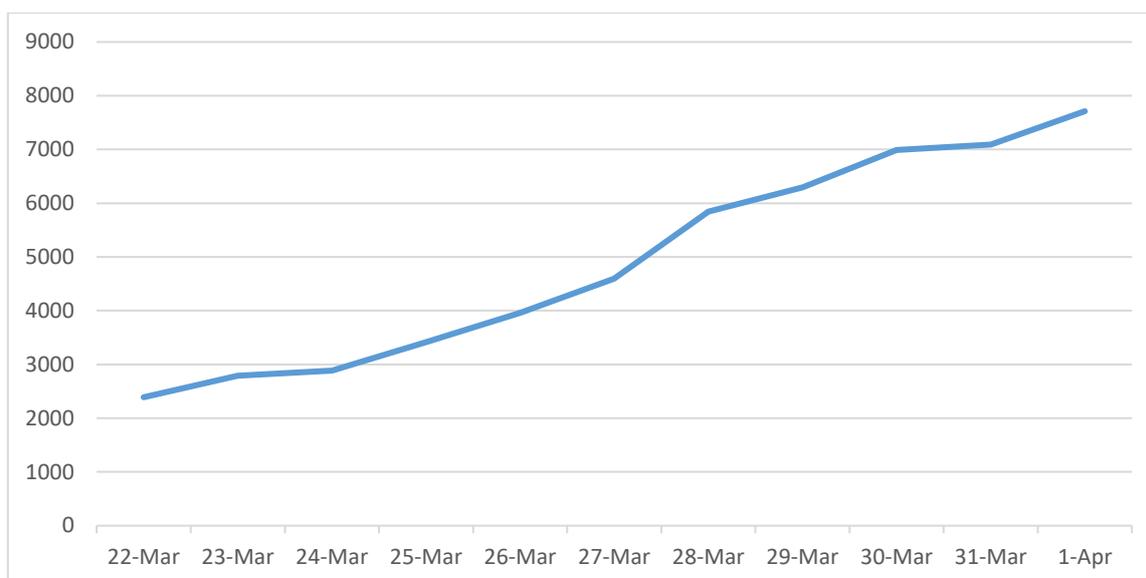


Figure 4 Acceleration of the spread of infection in Spain

Belgium

In Belgium, a plateau of the morbidity curve is observed. The number of patients being treated at Belgian hospitals is decreasing, mainly due to the large number of people who were discharged from hospitals (436 patients over a 24-hour period).

The country has already announced that it has its own antigen test that it has certified to use. The antigen test responds to viral proteins in samples taken from the upper back of the throat behind the nose and appears in the form of absorbent paper, similar to that used in pregnancy tests. In a 250-week test last week, it was found that the new test confirmed positive coronavirus samples in 7 out of 10 patients. Although the test is only 70% effective, the Belgian health authorities have authorized its sale.

The quick test was developed by Coris BioConcept and a number of universities and partners. A number of hospitals in Belgium are already planning to use it. Mass screening volumes through it will be available after the peak of the crisis, which is expected in the coming weeks. The Belgian authorities believe that the mass testing will allow the restrictive measures imposed on 17 March 2020 to be removed more quickly, isolating only those who are actually ill and quarantining people who have had close contact with them.

Netherlands

The original position of the Netherlands (together with the UK) supports the Herd Immunization strategy, which envisages at least 60 per cent of citizens being

infected with a coronavirus and thus acquiring immunization for the whole community. Gradually, and especially after the sharp increase in the country's population, the government abruptly changed its policy on COVID-19. The country has undertaken a strategy to scale up testing for both symptomatic patients and contact and at-risk populations (from 1,000 tests at the beginning of the crisis to 4,000 tests at the beginning of April).

The aim is to extend testing capacity to around 17,500 daily tests in a few weeks. Once such testing capacity is achieved, the Dutch government plans to extend its testing capacity to 29,000 tests per day. Information is collected on individuals (patients) with a positive COVID-19 test through collaboration between doctors, laboratories and government organizations.

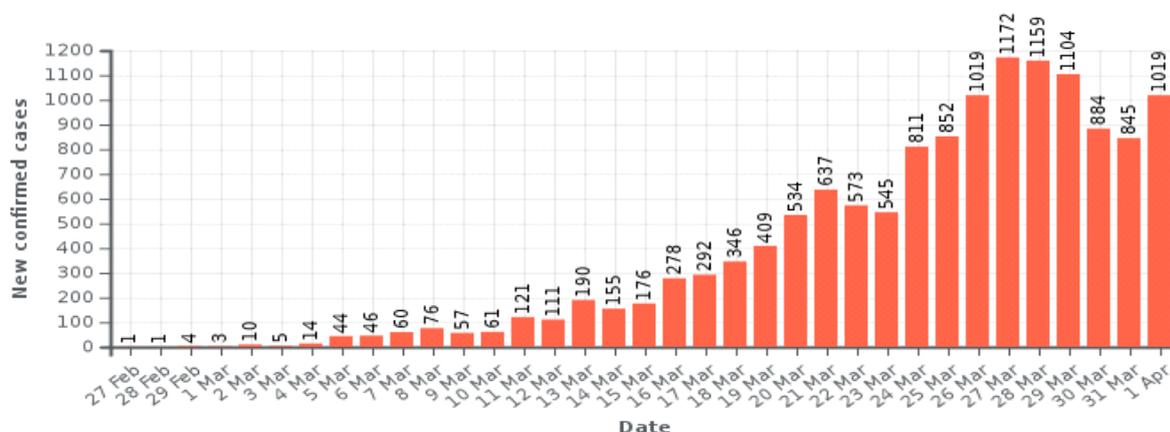


Figure 5 Number infected in the Netherlands since day 0 so far

The country has a widespread exponential spread of the disease and is likely to see an increasing number of new infections in the coming days.

Economic expectations are based on the duration of the COVID-19 pandemic prevention measure. If these measures are available within three months, the Dutch economy is expected to contract by 1.2 percent in 2020. If these measures are needed for a year, the economy will decline by 10 percent.

Germany

As of 01 April 2020, Germany (Annex 2) is the fifth largest country in the world for a confirmed coronavirus case, but the mortality rate remains very low - only 1.08% (730 deaths / 67 366 confirmed cases). This gives Germany one of the lowest mortality rates in the world. For example, the relative rates in Italy, Spain and the United States are 11.89%, 8.86% and 2.19%, respectively, and the global average mortality rate is 5.01% (compared to the total number of patients). The reason is:

- the large number of intensive care beds (25,000), which means that its hospitals have so far not been overcrowded with COVID-19 patients in the same way as some hospitals in Italy (5,000 intensive care beds) and the United Kingdom (4,000 beds) for intensive treatment);
- a wide network of independent laboratories that began tests with an open test in January, when the cases were very small. The entire network of laboratories has the capacity to perform up to 12,000 tests each day. This made it possible to increase the number of tests in a timely manner as the epidemic spread in the country increased;
- the country follows more or less stringent social distance measures adopted in most European countries.

Like Belgium, there is a tendency in Germany to cross the peak of the disease curve, with the trend starting to decline over the next week.

Greece

By 1 April 2020, Greece (Annex 3) had announced 1414 coronavirus confirmed cases with a mortality of only 3.53%. This gives Greece a relatively low mortality rate compared to other southern European countries with better health systems, such as Italy and Spain. Greece has taken stringent but necessary measures, including the complete blocking of cities and villages susceptible to contamination.

The assessment is that the rapid, collective and effective implementation of the measures protects the country from the heavy burden on the health system and the significant number of deaths. **The contagion curve in the country has reached its peak and lingers in recent days.** A reduction in the number of newly infected cases is expected within a week.

USA

The acceleration of the spread of contagion in the United States is very high and the exponential growth curve will be maintained for at least another week. The number of deaths in the coming days will also increase. It is possible to reach 2000 or more in 24 hours. Based on the models and forecasts made, the chosen strategy may be aimed at delaying the implementation of the spread control measures. Thus, it is obvious that much of the burden will be borne by the public and the health insurance system in the country.

The government will decide who and how to help the business. However, there is a long period of high workload for the health care system. There may be social upheaval caused by the fact that a certain part of society has no reserve to cope

with the crisis. These will be several million people of the population lost their jobs and businesses. On the other hand, there will be people who have the necessary resilience to continue quarantining for months, which can create social tension in the medium term.

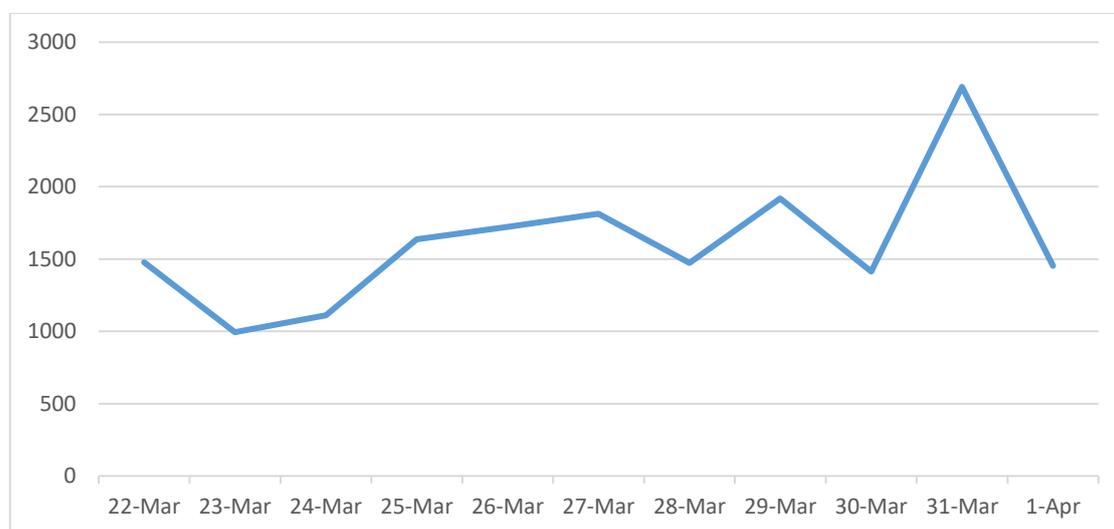


Figure 6 Acceleration of infection spread in the United States

Japan

It is densely populated with an aging population and close contacts with neighboring China, but still maintains a very low level of contamination curve (Annex 6). At the moment, the government continues to take too soft measures for social distance. Shops and restaurants remained open and the number of Japanese working from home was small. Although it has the ability to examine 6,000 samples for coronavirus daily, only 20 times fewer tests have been performed in Japan than in South Korea so far.

Experts from the Japanese Ministry of Health explain that the tests are deliberately restricted to regions where there are many cases of contamination. The small number of samples taken is due to the authorities' desire to conserve the resources available for serious emergencies.

In Japan, they rely on prevention. From an early age, the Japanese have disciplined themselves to adhere to some of the most basic hygiene rules. Washing your hands and wearing a face mask are an integral part of everyday life in the country, even if there is no epidemic. That is why the whole society is easily accustomed to the extraordinary measures introduced since February. Hand disinfectants were put in all shops and at the entrance of all companies, **and wearing a safety mask became a duty for every citizen.**

South Korea

COVID-19 is not the first infectious disease with an epidemic risk facing South Korea. In 2015, another coronavirus, Middle Eastern Respiratory Syndrome (MERS), broke out in the country. Emergency quarantine measures were then imposed and a new law to control infectious diseases subsequently came into force, which increased the country's capacity to cope with future epidemics. The law allows all epidemiologic health services to require data from mobile operators for the location of confirmed infected people, which is compared with data from public video surveillance systems and credit card statements. In this way, it is possible to quickly identify the public places visited by the infected and to track all their contacts.

In South Korea, cases are still registered, but their overall numbers are steadily decrease. The number of people infected during the week exceeded the psychological barrier by 10,000 and the death toll was 174. In the last three weeks, new cases are around 100 per day, which shows a clear downward trend. The peak of the infection was at the end of February, when over 900 cases were reported in a single day. 22 new "imported" cases have been registered, bringing their total to 264. In order to reduce the risk of infection due to cases imported from abroad, all arriving are quarantined for two weeks. However, according to recent information, the government mobilized 600,000 people to help the authorities fight the infection. In Appendix 1, we look at South Korea in more detail as a good practice, where their experience needs to be analyzed more thoroughly.

Russia

In Russia, where precaution measures were taken relatively late, there has been a boom in the spread of COVID-19 (700 cases in a day). On March 31, the Federal Assembly of Russian Federation approved an act allowing the cabinet to declare a state of emergency. So far, only a committee headed by the Minister of Emergency Management has had these powers. On April 1st, the premiere Mishustin announced the establishment of a quarantine breach tracking system based on data from mobile operators. Violators will receive a text message and if they systematically violate it, the information will be sent to the lawenforcement services.

Some of Russian banks, backed by the Central Bank, will start offering six-month interest-free loans to businesses to help them pay off employees' paychecks. The paid holiday for all workers in Russia, initially introduced for a period of one week, has been extended until the end of the month of April.

Bulgaria

Seemingly the exponential development of the virus spreading in Bulgaria have begun for a week ago. Allegedly it is caused by numbers of returnees working abroad. Last week the virus was reintroduced, accelerating its spread. It can be seen that the last few days are again switching to a linear increase in the infected, which indicates effective measures and mass motivation for their implementation. Continuing this trend, the relatively constant number of currently ill patients and the increasing number of infected and the number of cured, predicted by CMDR COE in the previous report will soon be reached. In addition, the saturation point will be determined by factors such as changing climatic conditions (increasing the air temperature to 30 C), reducing the outbreak of contagion, detecting and implementing prevention and treatment agents, adhering to self-discipline and increasing self-awareness and others.

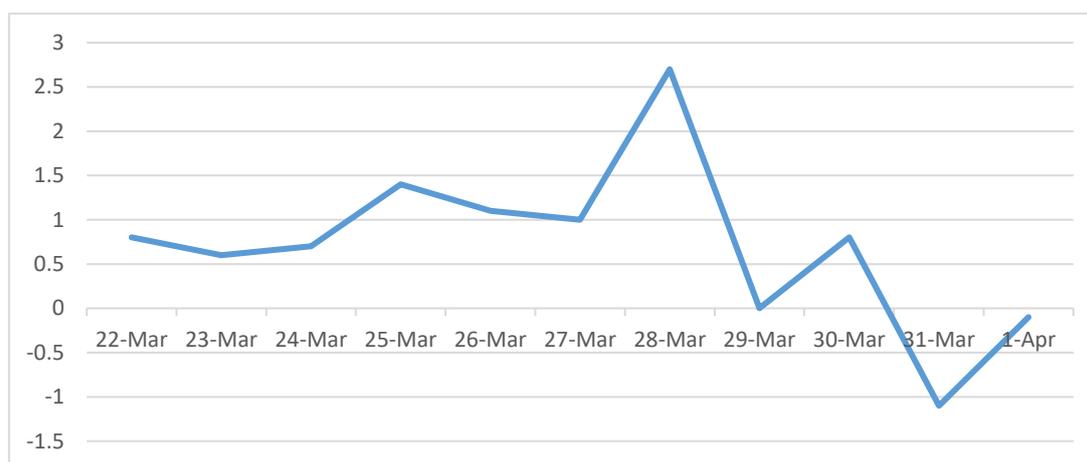


Figure 7 Acceleration of infection spread in the Bulgaria

It is interesting to note that Bulgaria cannot yet be included in any statistics, its development model being more similar to that in Taiwan, Japan and Finland, but it is still difficult to determine since it is assumed that it has not yet reached the peak of development.

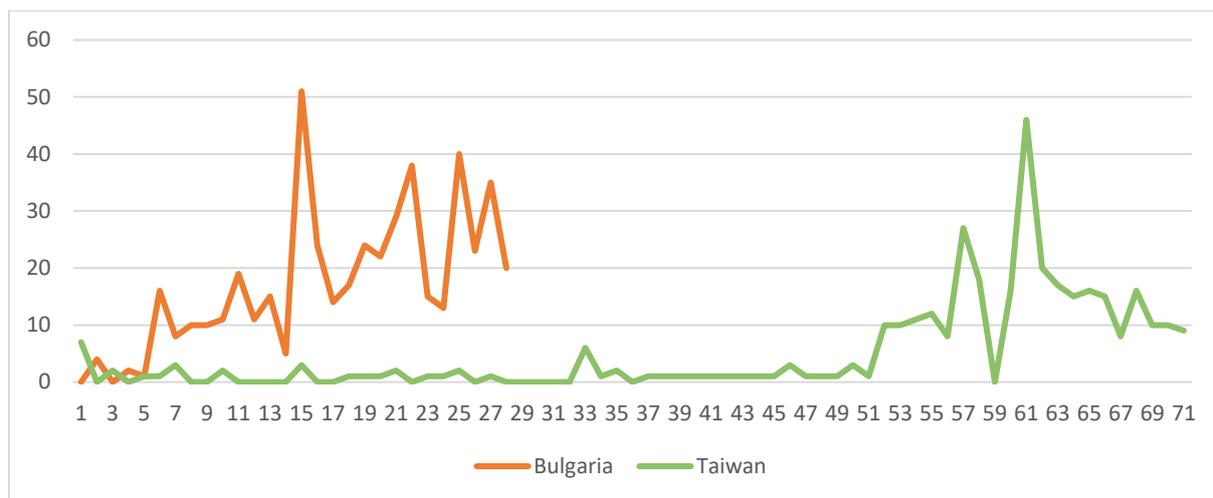


Figure 8 Total sickness per in Bulgaria and Taiwan from day 0 so far

NATO

Currently five Allied countries and 2 partner nations have requested international assistance through the EADRCC. In chronological order of requesting, these are: Ukraine, Spain, Montenegro, Italy, Albania, North Macedonia, Moldova and Bosnia and Herzegovina (Enclosure 8). The ongoing bilateral offers of humanitarian assistance through the EADRCC are:

- Czech Republic has delivered 10 000 protective suits to Spain and Italy each. The goods were delivered on Sunday 29 and Monday 30 March respectively to the stricken nations.
- Turkey send an A-400 M military cargo plane, carrying medical supplies such as different types of masks, personal protection equipment and sanitizers/disinfectants, departed from Ankara on Tuesday 1st of April, for Italy and Spain.
- Albania sent, on a bilateral basis, 30 doctors and nurses to Italy.
- The Latvian company “Baltic3D” is in contact with the Latvian Ministry of Defence to pass along several shields to the Spanish Embassy and Spanish Military. Their partner organization “Wehl & Partner” and a local research and development center (“Naitec”) have set up an injection molding line to cope with the big demand.
- The Government of The Netherlands will support Montenegro in arranging the airlift of personal protective equipment (PPE) from China to Montenegro, as requested.

At this stage, NATO, namely EADRCC, has undertaken a number of activities to organize and coordinate Member States' assistance activities for the most affected coronavirus countries as the Centre's role is expected to grow in the coming weeks and months.

Sociological/psychological dimensions of population in condition of COVID-19 pandemic

Continued quarantine and uncertainty about the global and personal development of the crisis have a strong mental impact on the population. This fact already has manifesting itself in deviations from the normal behavior of certain individuals.

For some of them, this is in a positive direction and is associated with additional motivation to work and develop in order to improve personal and family resilience in times of crisis. There are also a small number of people who do not respond adequately to what is happening and are prone to reaction-carrying cuts for them and the environment. This ranges from passive and depressive states to aggressive and destructive ones.

In some cases there is an objective and significant reason, material or not. This can be a job loss or a high risk, a waste of money or a loved one. In other cases, there is only the anxiety and anxiety created by the threat of a very negative turn of events, and especially on a personal level. Trapped in this vicious circle, people can cause deliberate or not quick decoupling.

For many people such an impact caused by the crisis, is mental and even physically debilitating. A certain percentage of society will remain demotivated and will not return to the social and productive life of the country. Besides not contributing to society, they will also be an additional burden in several aspects - spiritual, moral, financial, and more.

A series of measures is now needed to motivate society, to activate and motivate it, to prepare for a return to production and to maintain a high rate of development.

Measures need to be integrated into an adaptive program according to conditions and needs. These measures should include:

- activities that help to increase the sense of belonging to society. An example is Italy and the applause of medics from the balconies of homes. Seemingly small and symbolic, this has a long-lasting effect that can be maintained and further exploited.
- exercising on the balconies or at home space,
- seeking feedback on communication media also helps with socialization.
- public disclosure of cases of affected people who overcome difficulties or are about to do so with additional assistance.
- re-directing and offering online courses and engagements for mindfulness and professional development

An additional measure to engage people's attention in a constructive direction is to conduct referendum-wise consultations through the means of communication currently available – via phones, e-mail and internet. The questions should further unite people and stimulate them. At the same time, due to a certain vulnerability in the way they are conducted such brainstorming should not be aimed at the national government.

Assumptions:

1. The key measures taken by countries around the globe are a complex that includes: past experience, national circumstances and backgrounds, technological developments, political will to balances between human rights and imposed restrictions.
2. Most nations have chosen to injure their economic stability in mid-terms as faced threats of disrupting their health systems and putting at stake the lives of the older population.
3. Those nations that have delayed the implementation of restrictive measures, although they have had sufficient time to do so, are experiencing a serious increase in the disease, accompanied by high mortality (US, Italy, UK and Spain). In their concerns, the assumption was that if the restrictions are introduced too early, people would burn out of isolation and begin to break it at the pandemic's peak.
4. Countries worldwide have undertaken an encapsulated way of dealing with the health/medical part of the crisis (closed borders and travel limits), which has tested the current state of alliances and globalization models. This method requires a radically change when next stages of the crisis are reached. Then the vital overcoming of economic and financial problems will be brought to the fore.
5. The countries of Central and Eastern Asia, including the country of origin (China), allegedly control the COVID-19 spread by far. Nevertheless concerns from a second wave of contagion remain, forcing them to be cautious in relieving the restrictive measures imposed.
6. The tendency in the countries of Central and Western Europe is as they cope with the growing trend of increasing and the subsequent management of the crisis.

7. The countries of Eastern Europe at this stage maintain a low level of the contagion curve, which implies a lower incidence of disease but which is associated with a longer recovery period.

8. At this stage, mastering the passive / defensive period of the crisis, Enclosure 6 and 7, can only be achieved by continuing to implement strict social distance measures, which, if necessary, can switch to total quarantine.

9. The economic measures forward depend to a large extent on the capacities and capabilities of each country, thus coordination, mutual assistance and unified actions to deal with the economic and financial issue remain crucial.

10. Plausible is to expect that the implemented measures of isolation will be difficult to observe while the weather warming is coming to Northern hemisphere and Easter festive weeks.

11. Currently there is no unique developed page for summarizing all statistics, data along with news regarding COVID-19. The Health Ministry page is still unadequated. Its English version <https://www.mh.government.bg/en/> is completely blank.

12. Hard to expect that comparable measures can be implemented in Bulgaria as those in South Korea. With equal proportions in terms of early detection and prevention, 15,000 tests per day in South Korea are equivalent to 2,000 tests per day in Bulgaria to meet their early detection standard.

13. The smaller number of tested individuals may show that detections delayed seriously – when infected have already exposed to others. For a month and a half in Bulgaria these are not tested if they had no symptoms as assumption was that ‘the test would be negative’. Given that more than 2/3 of all tested positive are

symptom-free, starting mass testing is critical to limiting the spread of the infection.

14. Figure 8 shows two graphics that describe the number of new cases daily versus recovered after treatment. On the left you can see the specific actions of South Korean authorities in their fight against COVID-19.

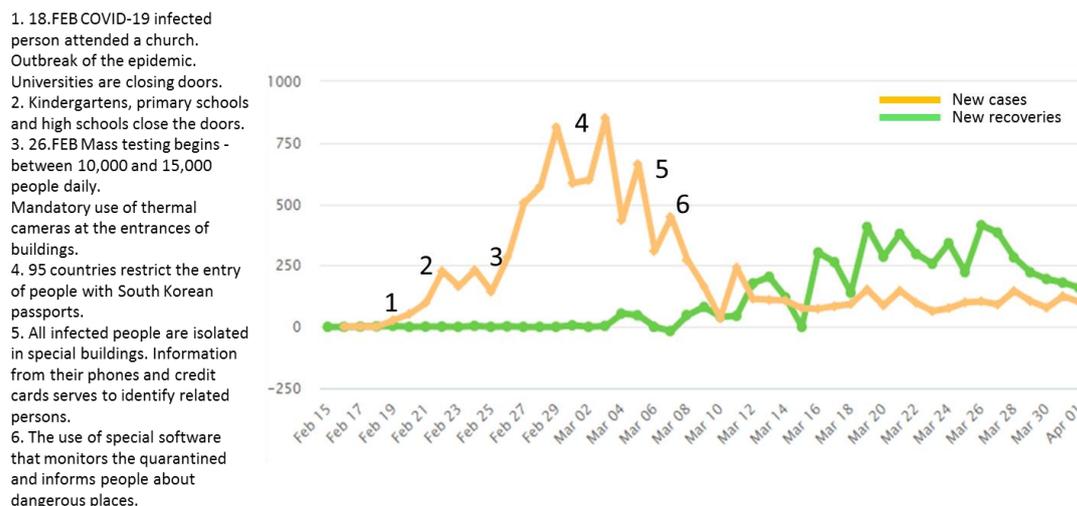


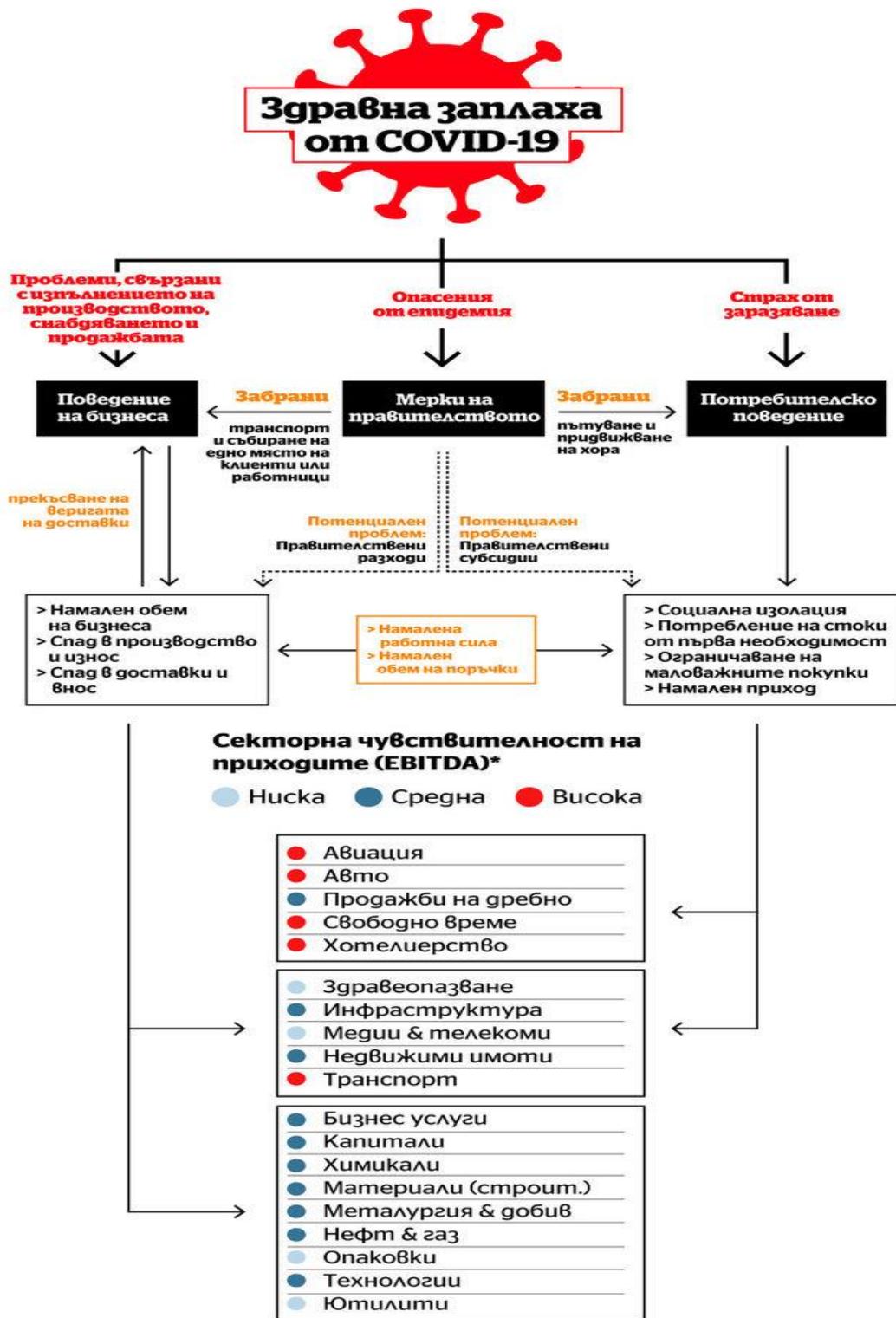
Figure 8 Total number of new cases to recovered in South Korea

15 The graphs show how effective it is to curb the spread of contagion by using modern technologies and informing the public in a timely manner.

16. The S&P rating agency clearly illustrates (Figure 9) the problems that are already affecting the economy. The company data shows that there is almost no sector that is not highly or moderately affected by the pandemic. On the one hand, the revenues of the companies will shrink due to the closure of the enterprises, and on the other, the population will reduce their expenses.

К| ЧУВСТВИТЕЛНОСТ НА БИЗНЕСА

ОЦЕНКА НА S&P GLOBAL



* Измерва чувствителността на приходите и ЕБИТДА заедно. Тези два свързани фактора са базирани на оценката на екипа и не са потенциален индикатор за рейтинг или тренд.

Източник: S&P

Figure 9 Economical problematic sectors by S&P Global

Proposals to Bulgaria:

1. Strict adherence to the measures currently in place and increased monitoring by the relevant authorities of their compliance.
2. At all stores and at the entrance of all public companies must be obliged to put hand sanitizers, gloves and masks.
3. Compulsory wearing of masks by the population after leaving homes. The presumption is that such masks must be worn by the infected persons, but we cannot at any time know who is infected, ie. we assume that everyone is infected.
4. Several private laboratories in the country are currently testing for COVID-19. They may be instructed to transmit information to the Crisis Staff on the number of tested and positive and negative samples respectively. This will give a more complete picture of the spread of the virus
5. Developing a country-wide web page that summarizes all statistics, data and news about COVID-19 in Bulgaria. Show map of endangered areas and identified cases.
6. Strengthen the measure for testing risk groups by paying special attention to the Minority Groups (Particular attention of the Roma ghettos) and limiting their movement to the maximum, providing them with the minimum conditions for the supply of basic necessities (water and food) and safeguards that must be used inside the communes.
7. Taking urgent economic measures to support small and medium-sized businesses;
8. Full coordination of the economic measures taken with the European Union.
9. Reinforcing the role of the army in combating the coronavirus, as appropriate:

- psychological assistance to the population;
- the involvement of cadets in activities related to the provision of food and medicines for adults, persons with disabilities and quarantined persons.
- forming mobile medical teams to assist the population (in cities where military garrisons are stationed);
- deployment of additional population testing points;
- utilizing the capacity and capabilities of the Defense Institute, the scientific potential of military schools, Bulgarian Academy of Science, other science organizations and universities.

10. The Bulgarian state should make an accurate assessment of its capabilities in the short (up to 2-3 months) and in the medium term (up to 12 months) and implement balanced economic measures that will not allow it to enter a negative financial spiral. Other countries' experience can be used here, which includes:

- increasing resources in the healthcare sector allow for exemptions from building regulations (eg allow for the establishment of treatment centers in a short time);
- Compensation contract for parents with reduced income due to childcare requirements;
- deferral of tax payments and ability to pay tax on contributions;
- postponing the collection of VAT and business payroll taxes for several months;
- a six to nine month VAT reduction for the sectors of services that are most affected. This will also encourage banks to lend to these businesses, knowing that they will have higher revenues once the epidemic is over;

- support for the self-employed with cash payments;
- recording emergency loans for small and medium-sized enterprises;
- creating bridge loans, offering zero-interest loans to households and businesses for the duration of the crisis and longer repayment periods;
- a moratorium on mortgage payments for home and commercial borrowers; or the use of banking regulators to rely on banks to provide finance and rework the terms of existing loans;
- since lending means that banks are taking a risk, it is important to allow them to borrow very low interest rates through the IMF, the European Central Bank (ECB) or the National Central Banks;
- Companies have to pay wages even if they have been forced to cut production due to labor demand or supply;
- Governments consider short-term schemes. Companies can apply for a grant if they need to reduce the workweek for their staff. Such schemes must be made available to self-employed workers under the same conditions. The German Government, for example, has announced a simpler and more generous short-circuit scheme as a result of interruptions related to COVID-19;
- Incentive policies should ideally be coordinated across Europe, the USA and Asia in order to signal to businesses and markets that the world is determined together to mitigate the negative effects of the epidemic.

Appendix 1 COV-19 in South Korea

COVID-19 is not the first infectious disease with an epidemic risk facing South Korea. In 2015, another coronavirus, Middle Eastern Respiratory Syndrome (MERS), broke out in the country. Emergency quarantine measures were then imposed and a new law to control infectious diseases subsequently came into force, which increased the country's capacity to cope with future epidemics. The law allows all epidemiologic health services to require data from mobile operators for the location of confirmed infected people, which is compared with data from public video surveillance systems and credit card statements. In this way, it is possible to quickly identify the public places visited by the infected and to track all their contacts.

For years, South Korea has been systematically investing in high numbers of hospital beds for infectious diseases. In the epicenter of the contagion - Dagu, the beds are quickly running out, and it is more for the quarantine places than those for intensive care, and there are no deficits in the beds for severe cases.

As soon as Chinese scientists first published the genetic structure of the new virus, four pharmaceutical South Korean's companies began developing test kits, all long before the country had its first outbreak. The first case of a coronavirus infected in South Korea is from 20 JAN. 7 days later another four have already been infected when the government holds a formal meeting with representatives of pharmaceutical companies in the country. The goal was quickly development of infection detection tests. Only a week later, the first test developed is already available. Thanks to the facilitated procedure for approving new diagnostic tests (procedure written in the new law after MERS), South Korea has a total of seven types of approved coronavirus tests, most of which are manufactured by private laboratories and purchased by the state.

South Korea's fight with COVID-19

The experience that can be drawn from the actions of the authorities in South Korea against the spread of COVID-19 can be described as a combination of:

1. Early mass testing and care by the Government;
2. High transparent institutions' activities;
3. Early information campaign and high public awareness;

4. Efficient use of new technology;
5. Supporting the business.

Early mass testing and care by the Government

Within weeks of the outbreak of the epidemic in China, the newly developed COVID-19 test kits, which show results in only six hours, were urgently approved by the government and made available to clinics. South Korea's strategy was to perform as many tests as possible as early as possible, reaching 15,000 tests a day. Early detection allows for early treatment, and widespread testing means that mild or asymptomatic cases are more likely to be identified, which increases the total number of cases so that the proportion of dying decreases.

The state covers almost everything: the cost of testing for suspected, and the confirmed cases - the full cost of treatment, although most hospitals are private. Thus, most cases of the disease are caught at a relatively early stage, which partly explains the much lower mortality than the world average. Patients with mild symptoms stay at home, receiving financial compensation based on their income, as well as a package of vital products - food, soap, disinfectants and more. The rich healthcare system also allows for very good conditions for patients under quarantine who are treated in sanatoriums compared to "Five star hotels".

A state's decree prohibits the export of local mask production. The state purchases them from the producers and sells them at a reduced price to the citizens. They have rights to two masks (N-95) per week – had been given by a scheme that prevents queues.

Testing fees are \$ 134, but are free for people connected with confirmed cases - or those who test positive, which encourages population participation in measures.

High transparent institutions' activities

The South Korean government has won public participation in anti-virus measures and activities through transparency and timely and accurate information. Details of the movement of confirmed anonymous patients are uploaded on state and municipal websites and shared through the news. The places that infected patients had visited - restaurants, pubs, parks - are published. In this way, the public is

additionally aware of how to minimize the risks of infection. And the public places visited by the COVID-19 infected people are closed for two days for complete disinfection, as is done on every subway train after each complete route.

Early information campaign and high public awareness

The main measures in the country are aimed at raising public awareness of the ways in which the infection is transmitted. With the first patients discovered, a massive information campaign is being launched about the measures that anyone can take to minimize the risk to themselves and others - compliance with the so-called Social distance and personal hygiene.

In addition, Koreans adhere to a very rigorous masking discipline built in previous epidemics in Asia (MERS, SARS) over the last 20 years. More over, most public buildings and stores do not allow people without mask entrance. And without formal quarantine, the establishments and the streets become empty - everyone orders food from vendors and tries not to go out unless necessary. This leads to quiet streets and half-empty shops and restaurants.

Efficient use of new technology

The government approach is - massive and innovative tests combined with the widespread use of mobile applications and social networks.

In South Korea, anyone can find out where the infected people were and avoid these places. This is done through special mobile applications. An automatic notification system has been introduced (the phone rings in a noticeable way, regardless of its settings), which is activated through people's smartphones when they approach an area where there has been a recent confirmed infection. The state also sends messages to anyone who owns a smartphone, urging them to avoid gathering large groups, keeping distance, regularly disinfecting homes and ventilating. The automatic messages on mobile phones are also added timely information on the places where new infections are located, and the routes of the infected available with link.

With another installed mobile application, authorities monitor the movement of infected people.

Supporting the business.

South Korea's measures to support business were immediate, very fast and decisive. The additional \$ 1 billion budget voted on has been set up to support small and medium businesses. The aid takes the form of almost interest-free or low-interest loans, as well as special support for payment of wages. The government also deferred state claims.

Commercial and trade activities in South Korea has not been completely ceased, and some non-supply-related operations are operating under near normal conditions. People respect the most important thing - the requirement for social distance. Many of the employees work from home and the services are the most affected.

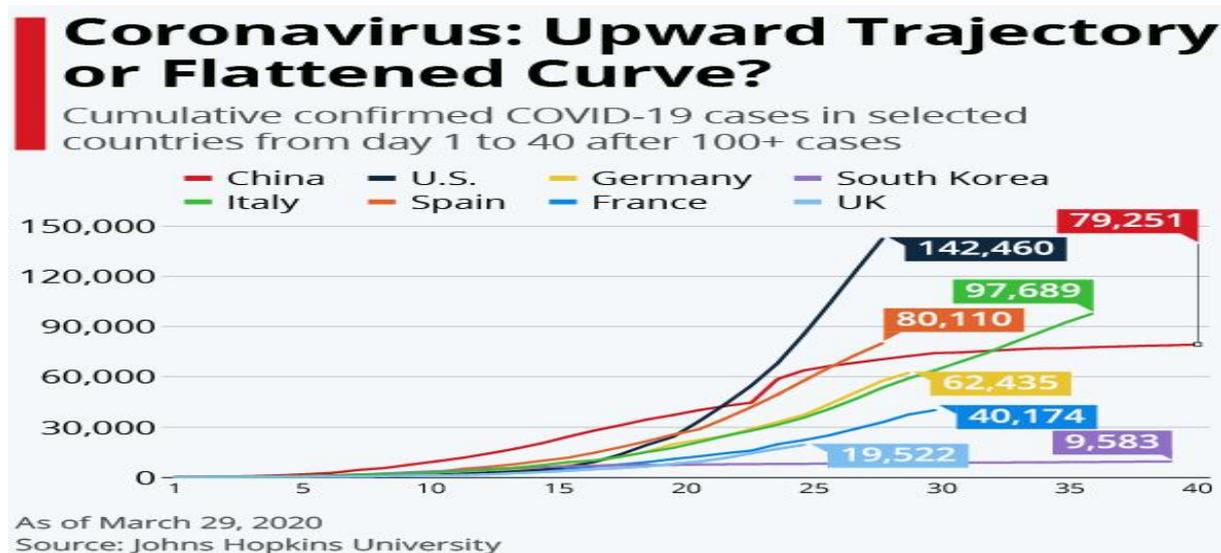
Appendix 2 CoV-19 in Germany

Proposed measures to counter economic consequences

All 16 German federal states have reported cases of infection with the new coronavirus. As of 03 April 2020, Germany has the fifth most coronavirus confirmed cases (61,913) worldwide but a fatality rate just 0.94% (583 deaths/84,794 confirmed cases). That gives Germany one of the lowest fatality rates in the world. For instance, the relative rates in Italy, Spain and USA and are 11.74%, 6.75% and 1.98%, respectively. The average fatality rate worldwide is 4.6%. Taking into account that the country has some of the oldest populations in the world, according to the Washington, DC-based Population Reference Bureau, its counter COVID results are very optimistic.

German Features

- Germany has a high number of intensive care beds (25,000), meaning its hospitals have so far not been overwhelmed with COVID-19 patients in the same way some hospitals in Italy (5,000 intensive care beds) and UK (4,000 intensive care beds).
- In Germany there is a wide network of independent laboratories which began COVID tests in January, when the COVID cases were very little. The whole laboratories' network has a capacity to execute up to 12,000 tests daily. Because Germany rolled testing out so quickly as the epidemic was growing, it meant they were selectively more likely to identify milder cases. Apparently, the more cases you ascertain, the death rate is going to go down.
- The country follows more or less similar strategies to confront the spread of the virus as many other countries.
- All, the aforementioned reasons could explain why German experience lower fatality rate compared with other countries



ASSESSMENT

At the global and the national (Germany) level, the situation is very dynamic and must be taken seriously. Severe and fatal courses occur in some cases. The number of cases, hospitalizations and fatalities in Germany continues to increase. The risk to the health of the German population is assessed overall as **high**, but as **very high** for risk groups. The probability of serious disease progression increases with increasing age and existing previous illnesses. The risk varies from region to region. The burden on the health care system depends on geographical and age distribution of cases, health care capacity and initiation of containment measures (isolation, quarantine, social distancing etc.), and may be very high in some geographical regions.

Impact on Global Economy

- The coronavirus outbreak is first and foremost a human tragedy, affecting hundreds of thousands of people. It is also having a growing impact on the global economy.
- The financial and real economy risks are interrelated in two ways: First, a prolonged Covid-19 crisis could drive up the number of real economy bankruptcies, which makes it even harder for the financial system to manage. Meanwhile, a financial crisis would starve the real economy of credit.

- Countries will have considerably different experiences for two reasons: The different structural resilience of economies to absorb such shocks and the capacity of medical researchers and policy makers to respond in new ways to an unprecedented challenge.

Proposed Measures for economic recovery after COVID-19 outbreak

- Strengthen resources in the health care sector enable exceptions to building regulations (e.g. enable the construction of medical treatment centers at short notice).
- Compensation arrangement for parents experiencing reduced income due to childcare requirements.
- Postpone tax collection.
- Deferring the collection of VAT and payroll taxes from businesses for a few months
- Governments do not like to encourage people to travel and go to recreation premises and other wide gatherings. But they could announce that, after the epidemic has officially ended, there will be a six to nine month VAT cut for services sectors that have been hardest hit. That would also encourage banks to extend credit to these businesses, knowing that they will have higher revenues once the epidemic ends.
- Support the self-employed with cash payments.
- Underwrite emergency loans to small and medium-sized enterprises.
- Establish “bridge loans” offering zero-interest loans to households and firms for the duration of the crisis and a generous repayment period;
- Moratorium on mortgage payments for residential and commercial borrowers; or using bank regulators to lean on banks to provide finance and to rework terms on existing loans.
- Issue European bond for all European countries under the auspice of EU Commission.
- Since extending loans means that banks are taking on risk it is significant to provide banks with the ability to borrow money at very low rates through IMF, European Central Bank (ECB) or National Central Banks.
- Firms have to pay wages, even if they have been forced to reduce production for want of labor or supplies.
- Governments should consider short-work schemes Companies can apply for grants if they have to reduce the working week for their staff. Such

schemes should be made available for self-employed workers on the same terms. The German government has just announced a simplified and more generous short-work scheme as a result of the COVID-19 related disruptions.

- Stimulus policies should ideally be coordinated across Europe, the US and Asia, to signal to firms and markets that the world is determined to mitigate the fallout of the epidemic

Appendix 3 CoV-19 in Greece

41 out of 52 districts of Greece have reported cases of infection with the new coronavirus. As of 01 April 2020, Greece has announced 1,414 coronavirus confirmed cases with a fatality rate just 3.53 % (50 deaths/ 1,414 confirmed cases). That gives Greece a relatively low fatality rate taking into account that countries with better health system such as Italy and Spain experience 11.89% and 8,86 % respectively. The average fatality rate worldwide is 5.01%.

COVID-19 STATISTICS IN GREECE

- Total coronavirus confirmed cases : **1,514**

Total Coronavirus Cases in Greece

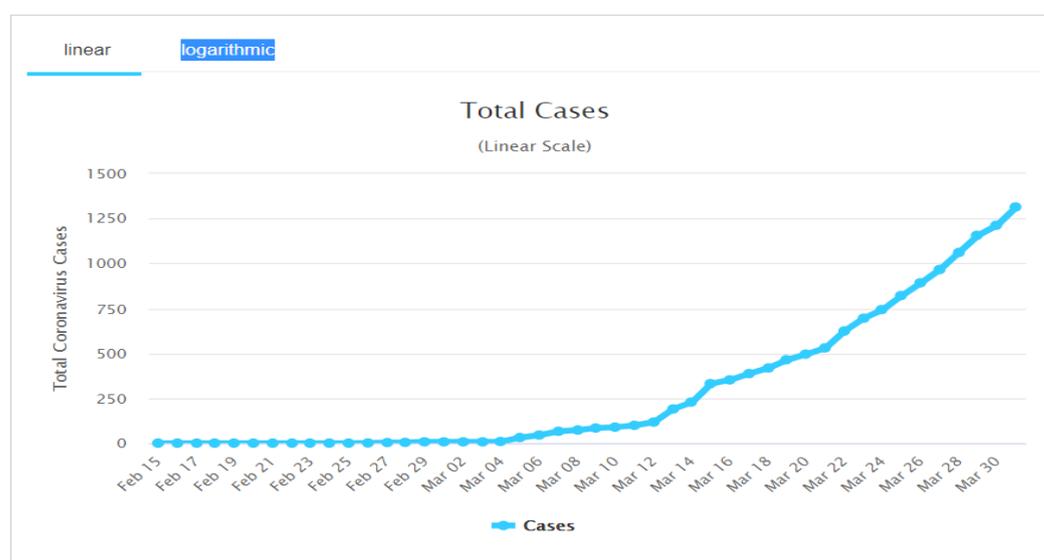


Figure 1: Number confirmed COVID-19-cases in Greece (03/04/2020, 18:00)

Daily New Cases in Greece

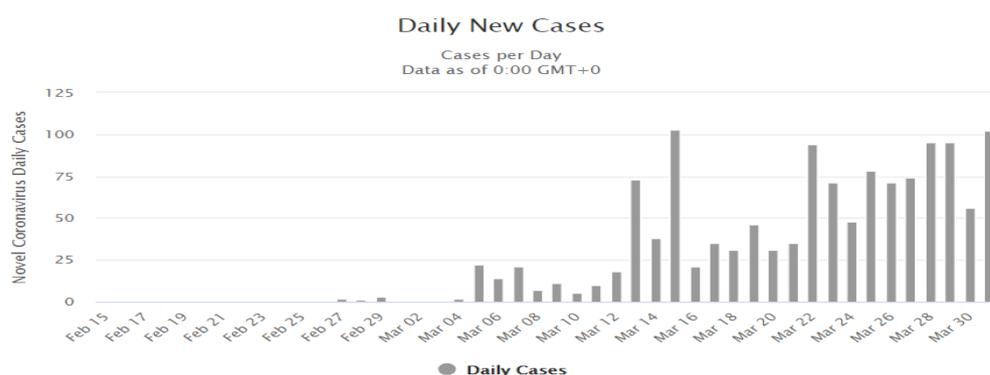


Figure 2: Daily New Cases (01/04/2020, 18:00)

Demographic distribution of cases

- Of reported cases, **66% are male** and **34% are female**
- Among notified cases, there **2,9%** are children **up 17 years** of age, **26,9%** persons aged **18 to 39 years**, **45,2%** aged **40 to 59 years** and **25%** persons aged **60 years and older**.

Age groups (years)					
Confirmed cases	0-17	18 - 39	40-59	>90	Total
Number	41	380	639	354	1414
Percentage	2,9%	26,9%	45,2%	25%	100%

Table 1: Number/Percentage of COVID-19-cases notified as having died by age group and sex (01/04/2020, 12:00 AM)

- **Critical/Serious Condition**
Total of **90** patients are intubated, and six have left ICU in the last 24 hours.
- **Recoveries**
52 persons have recovered from their COVID-19 infection. These cases were considered to have recovered after their de-hospitalisation.
- **Fatalities :**
The **50** COVID-19-related deaths reported in Germany concerned **38 (76%)** men and **12 (24%)** women. Their **mean age was 72** years while **94%** had some underlying disease or old age.

Total Coronavirus Deaths in Greece

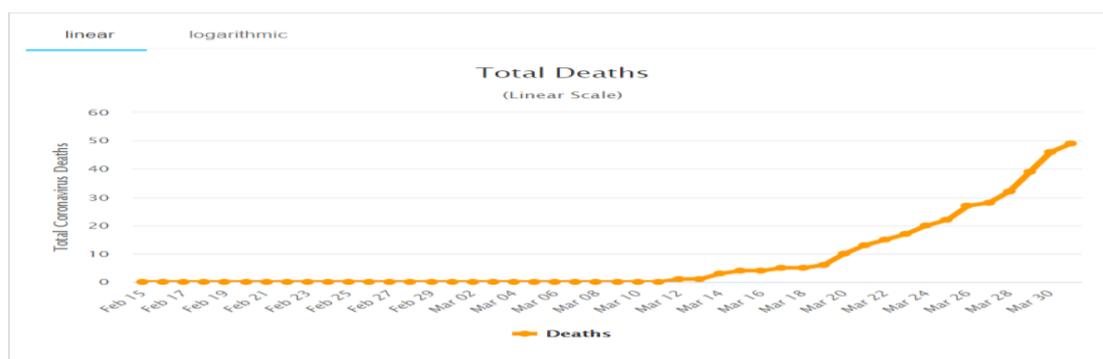


Figure 3: Total Covid Deaths (01/04/2020, 18:00)

Daily New Deaths in Greece

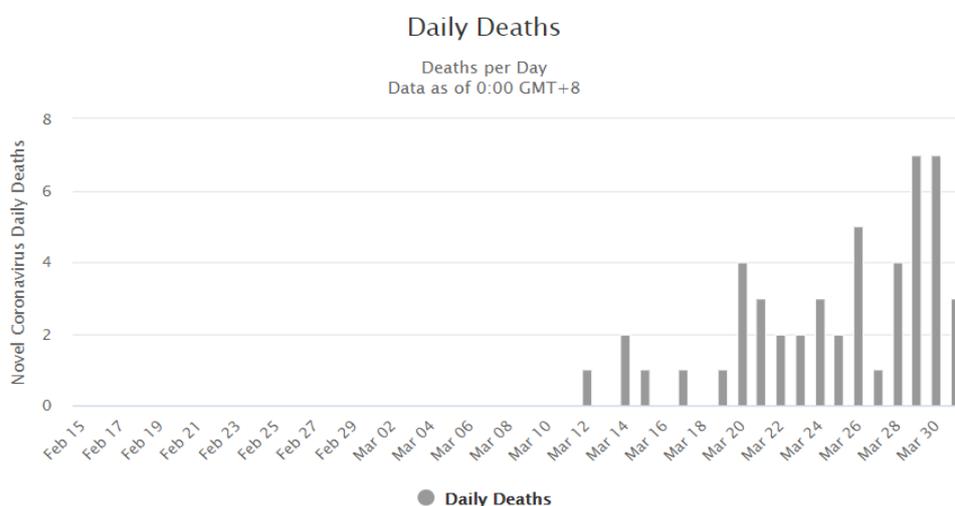


Figure 4: Daily New Deaths (01/04/2020, 18:00)

ASSESSMENT

At the global and the national (Greece) level, the situation is very dynamic and must be taken seriously. Severe and fatal courses occur in some cases. The number of cases, hospitalizations and fatalities in Greece continues to increase but in a **slow pace**. The risk to the health of the Greek population is assessed overall as **high**, but as **very high** for risk groups. The probability of serious disease progression increases with increasing age and existing previous illnesses.

Some Thoughts

- The coronavirus outbreak is first and foremost a human tragedy, affecting hundreds of thousands of people Our main focus must be on **reducing clusters of cases thoroughly controlling the epidemic**
- Greece took strict but necessary measures including the lockdown and fully-quarantine susceptible towns and villages.
- **The rapid, collective and effective implementation of the measures is currently protecting countries such as Greece from an unbelievable burden on the health system and a significant number of deaths.** For example, Greece and the Netherlands are similar countries regarding population and area, Moreover, the 0 days are close (26/2 Greece and 27/2 Netherlands) albeit the numbers of confirmed cases and death toll are highly differing.

	Netherlands	Greece	Difference
• Total cases	14,697	1,515	13,182
• Deaths	1,339	53	1,286
• Intensive Care	1,053	91	962

What make the difference is the rapid implementation of extreme measures, as “lockdown”.

- The **most effective measure to counter covid-19 spread is the “lockdown”.**
- According to recent estimations lockdown has saved thousands of lives so far.

Lockdowns Have Already Saved Thousands Of Lives

Estimated number of averted deaths due to COVID-19 intervention (up to Mar 31)*



* Measures such as social distancing, school closures, lockdowns and the banning of large gatherings
 Source: Imperial College London



Proposed Measures for economic recovery after COVID-19 outbreak

The measures are depicted on the relative report concerning Germany.

Appendix 4 CoV-19 in Poland

Case numbers in Poland

- The 2020 coronavirus pandemic was confirmed to have spread to Poland 4th of March transmitted by patient “0” who came from Germany, recovered on 17th MAR.
- Current case status

Total Cases – 2347

Total New - +36

Total Deaths – 35

New Deaths - +2

Total Recovered – 35

Active Cases – 2277

Serious – 50

Cases / 1M – 62

Hospitalized – 1924

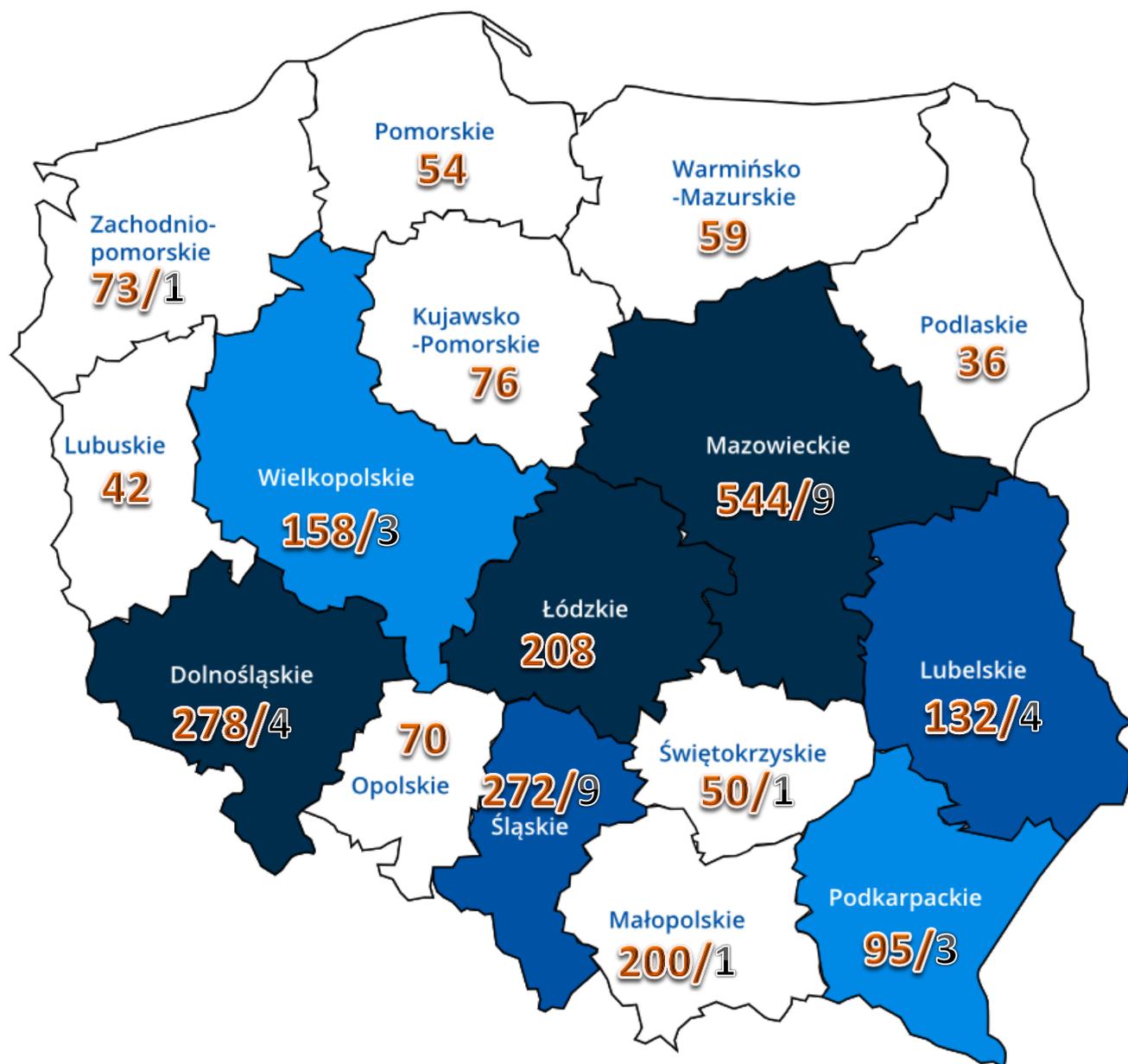
In Home Quarantine – 171 994 (+ 75 581)

Under Epidemiological Supervision –

50 804 (- 5781)

**Reported to Quarantine after Returning
from Abroad:**

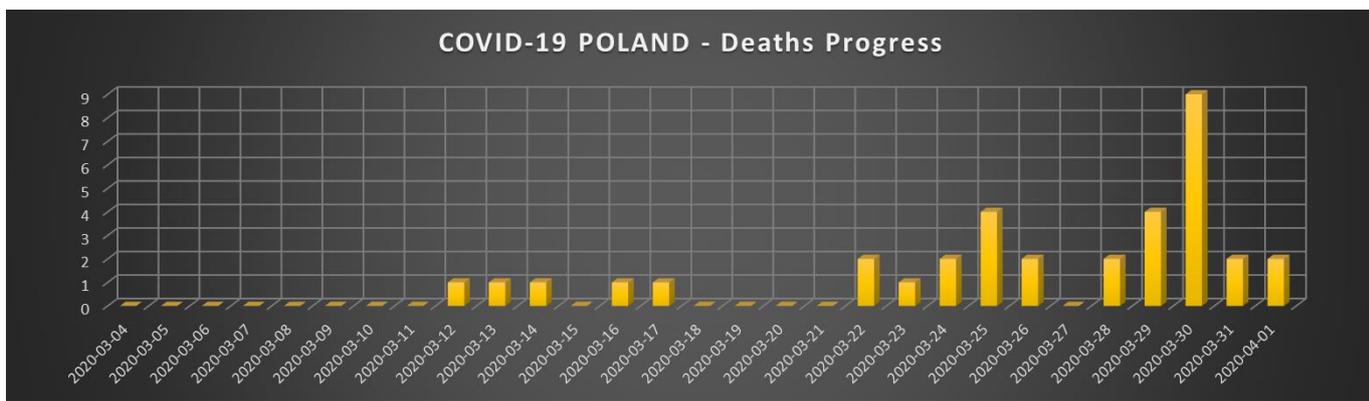
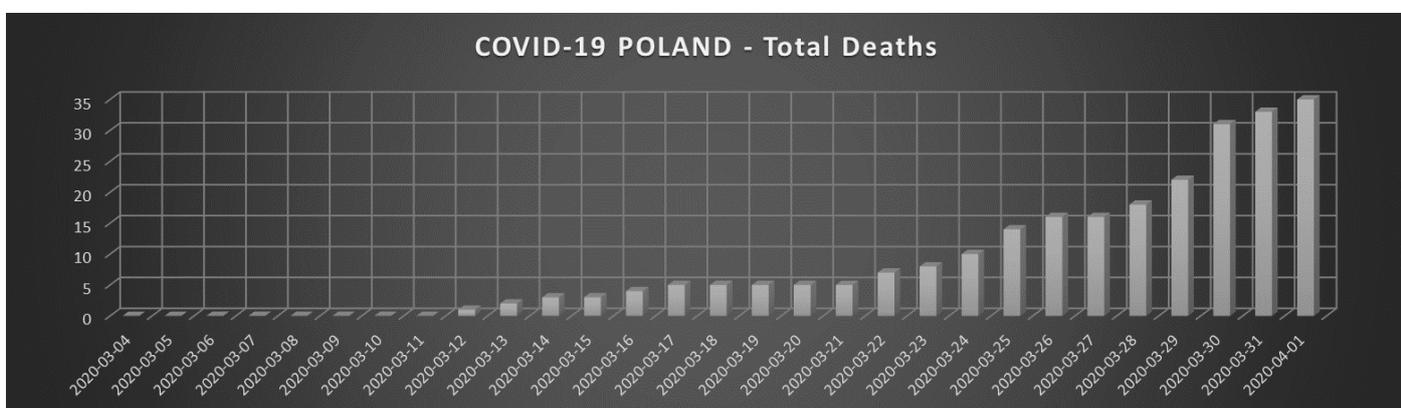
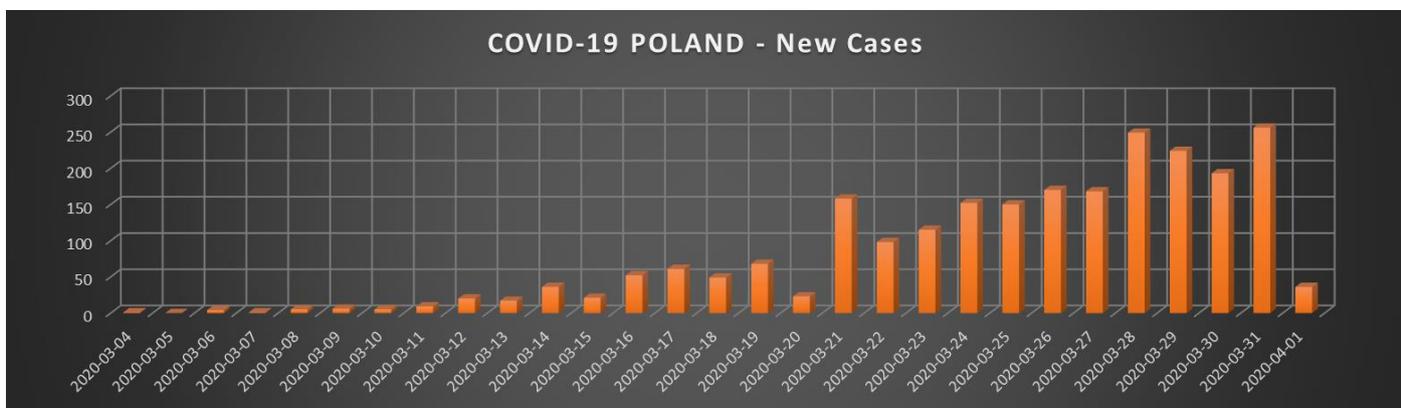
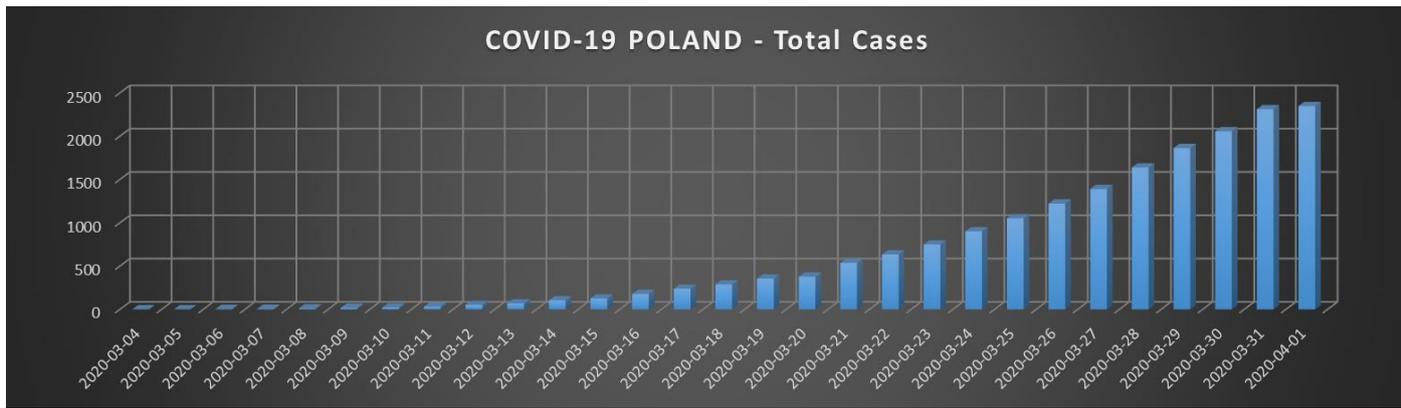
167 890 (+ 11 385)



2 – number of deaths

8 – number of confirmed cases

Pandemic trend:



Measures Taken by Polish Government:***12 MAR 2020***

1. From 12 March till 25 March 2020 functioning of schools, universities and all day care places is suspended.

14 MAR 2020

2. From 14 March 2020 government introduced new regulations and declared state of emergency epidemic.

15 MAR 2020

3. From 15 March 2020 until further notice all international railway transport is suspended.
4. From 15 March 2020 until further notice all Polish Citizens coming back from abroad are obliged to:
 - *pass to border police its personal data especially home address or where he/she is going to stay;*
 - *phone number;*
 - *conduct obligatory 14 days quarantine*
5. Those who broke quarantine obligation can be fined with 5000 PLN (1200 EUR) or even imprisoned;
6. Export of following items is forbidden:
 - *safety goggles;*
 - *overalls type TYVEK;*
 - *masks type FFP2/FFP3;*
 - *surgical masks;*
 - *shoe covers;*
 - *latex gloves;*
 - *nitrile gloves;*
 - *hand, surface and room disinfectants*
7. Periodically restricted work time of restaurants, bars and food business unless is proceeded in take away or home delivery method;
8. Temporary closed cinemas, theaters, museums, public libraries, exhibitions, congresses, conferences, meetings;
9. All activities connected with sport & recreation are temporary closed;
10. Commercial facilities with sales area above 2000m² which are selling textile and clothing products, shoes and leather products, furniture and lighting equipment, radio and television equipment or household appliances, writing and bookselling articles are temporary closed.
11. Organizing of shows or gatherings with more than 50 people is prohibited.

12. From 15 March till 24 March 2020 temporarily restored border control with Republic of Germany, Czech Republic, Republic of Slovakia and republic of Lithuania. The same restriction is applicable to all airports and seaports.
13. 14th border crossing points are temporary closed with Russia, Belarus and Ukraine.
14. On all other border crossing points at the entry direction traffic is limited for:
 - *polish citizens;*
 - *foreigners who are spouses or children of polish citizens*
 - *foreigners holding a Card of Poles*
 - *heads of diplomatic missions and consular staff and members of their families*
 - *foreigners who have the right of permanent or temporary residence on the territory of the Republic of Poland.*
 - *foreigners who run a means of transport used to transport goods.*
15. From 15 March 2020 till 24 March 2020 it is ban on landing at Polish airports of international flights carrying passengers except flights carrying Polish citizens returning to the territory of the Republic of Poland by chartered planes commissioned by the Prime Minister.

18 MAR 2020

16. Government introduced so called “*Anti-crisis shield*” which is directed to mitigate economic consequences of pandemic and includes: security of employment, financing of enterprises, healthcare, strengthening the financial system, public investment program.

19 MAR 2020

17. It was announced by President that new application for mobile phones called “Home Quarantine” is available. It was prepared by Ministry of Digitalization and can be downloaded from App Store or Google Play Store. The program allows you to confirm the place where you are, basic health assessment and direct reporting of danger. It also makes it easier to supply the most-needed items to people who cannot do this themselves. Link - <https://www.gov.pl/web/koronawirus/kwarantanna-domowa>

23 MAR 2020

18. Government decided to prolong closing of all schools and universities till Catholic Eastern Holiday, mean till 13 APR 2020.
19. Penalty fine for not complying with quarantine rules was raised up to 30000 PLN (6600 EUR or 13000 BGN).

24 MAR 2020

20. The Government forbade free movement until 11 APR except travel to work, volunteering in fighting with COVID-19, dealing with matters necessary for

everyday life. In the bus can be only as many people as half of the number of seats. Total ban for any assembly – exception only for close family. During holy mass only 5 people can be present (excluding priest and acolytes).

21. Private companies which poses 3d printers started producing googles and protection masks for hospitals.
22. Scientists from Polish Institute of Science constructed device “Ventil” which unable to connect two patients to one respiratory in the same time - <https://biotechnologia.pl/technologie/jeden-respirator-do-wentylacji-dwoch-pacjentow-wynalazek-naukowcow-pan,19522>

25 MAR 2020

23. The Government decided to prolong restriction connected to movement over borders till 13 APR 2020, also put more restrictions to people permanently crossing borders for work (from now they will also go for 14 days quarantine).

26 MAR 2020

24. Polish parliament changed internal regulations and decided to continue work in distributed mode, enabling envoys to vote online.

31 MAR 2020

25. New restrictions were introduced, starting from 1 APR till next two weeks:
 - limited number of persons in the shops – 3 per 1 cash point
 - limited number of persons in post offices – 2 per desk
 - from 10:00 a.m. till 12:00 a.m. shop are opened only for people 65+
 - all people must do their shopping wearing latex gloves
 - markets with construction materials will be closed during weekends
 - between walking people 2m distance must be kept
 - children and teenagers bellow 18, can't be outside their homes without parents or grown people supervision
 - parks, boulevards, sea and lakes beaches are closed for public
 - hotels, hairdressers and cosmetic saloons will be closed
 - in all working places 1,5m distance must be preserved and necessary disinfection equipment provided

Measures Taken by Polish MOD:

13 MAR 2020

1. Recruiting procedures for new soldiers were suspended.
2. Military planes transported polish citizens from Wuhan.
3. 27 residential and 3 medical containers were deployed to Wrocław and 3 residential containers on the border with Czech Republic.

4. All duty travels of military personnel and civilian employees are suspended till further notice.

14 MAR 2020

5. 1000 soldiers from Territorial Defense started to support Border Police by patrolling 67 border crossing points.
6. 1100 soldiers from Territorial Defense who has first aid training are under stand by to support Ministry of Health.
7. In each Administrative District Military Task Forces are established equipped with dozens of sanitary vehicles and minibuses, 10 disinfectant task teams, mobile medical teams and ready to support doctors, nurses and paramedics, container field hospital in Wroclaw equipped with 100 beds intended for quarantine and providing assistance to those in need, a building in Wrocław equipped with 200 quarantine beds.
8. 14 military hospitals and 5 preventive medicine centers on standby.
9. Center for Diagnostics and Combating Biological Hazards in Puławy in readiness to conduct 350 tests per day.

16 MAR 2020

10. Minister of Defense took decision to engage cadets from Military Universities with scope of activities including delivery of food and medicine for the needy, including those in quarantine.

17 MAR 2020

11. Soldiers from 10th Logistic Brigade delivered respirators to infective hospital in Starachowice.
12. As of 17 MAR 2400 soldiers are engaged on entire territory of Poland and they are using 490 pieces of equipment.

18 MAR 2020

13. Mobile biological recognition laboratory prepared by the Polish Army began to work. It is able to perform up to 120 coronavirus tests per day.
14. Territorial Defense Forces started 24/7 special phone line for psychological help for people under quarantine.

19 MAR 2020

15. Minister of Defense decided to assign military forces to help police in order to ensure security and public order, in total 2600 soldiers.

20 MAR 2020

16. As of today 2700 soldiers are engaged to help Police, Border Police and health care system.

23 MAR 2020

- 17.** More than 5000 soldier already engaged in support of Police, Border Police and health care system. Around 545 pieces of equipment are used.
- 18.** From today Army started blood donation campaign.

25 MAR 2020

- 19.** As of today 5235 soldiers are engaged to help Police, Border Police and health care system. Around 836 pieces of equipment are used.

01 APR 2020

- 20.** 6350 soldier already engage in support to fight against coronavirus and more than 834 pieces of equipment are used.

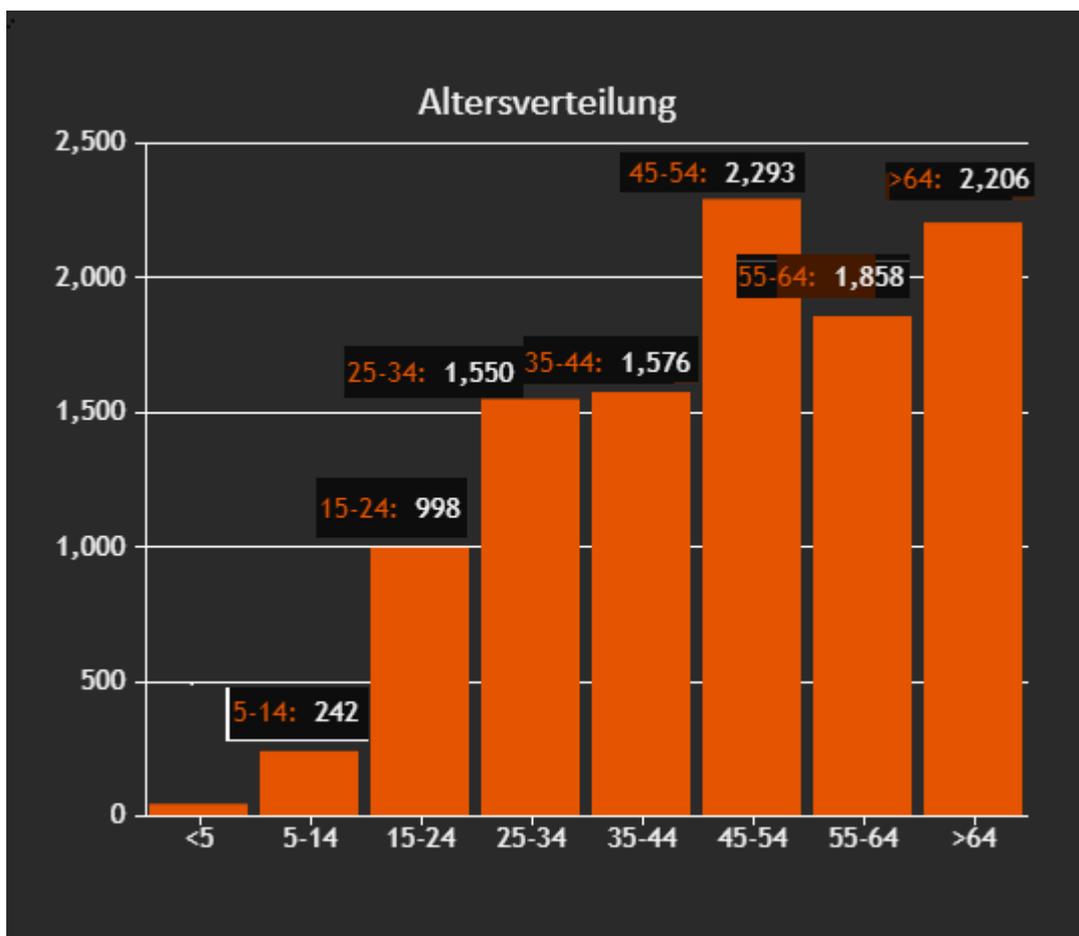
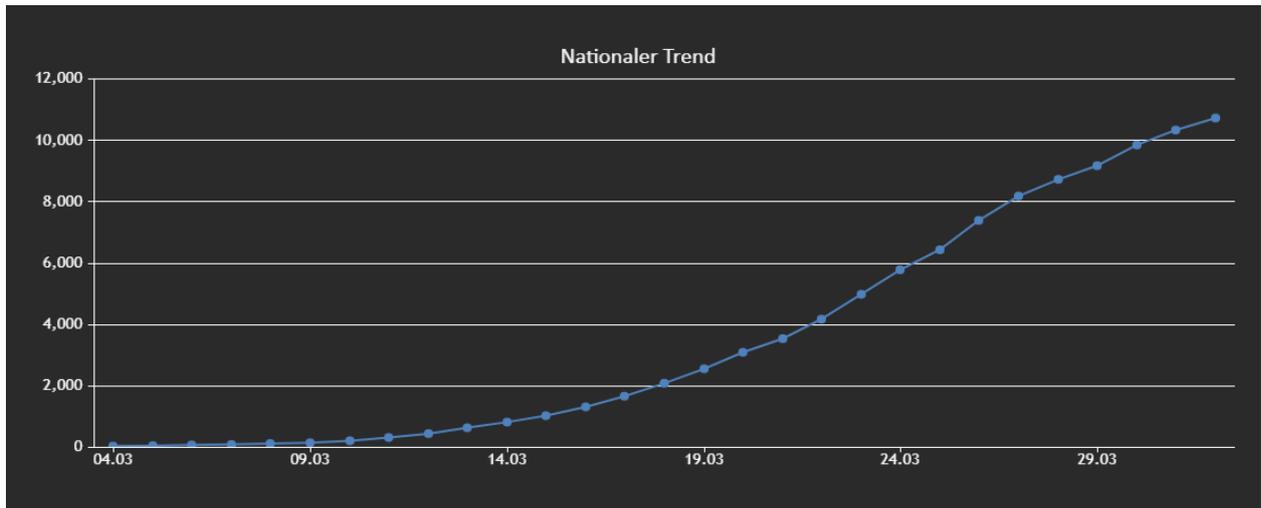
CONCLUSIONS:

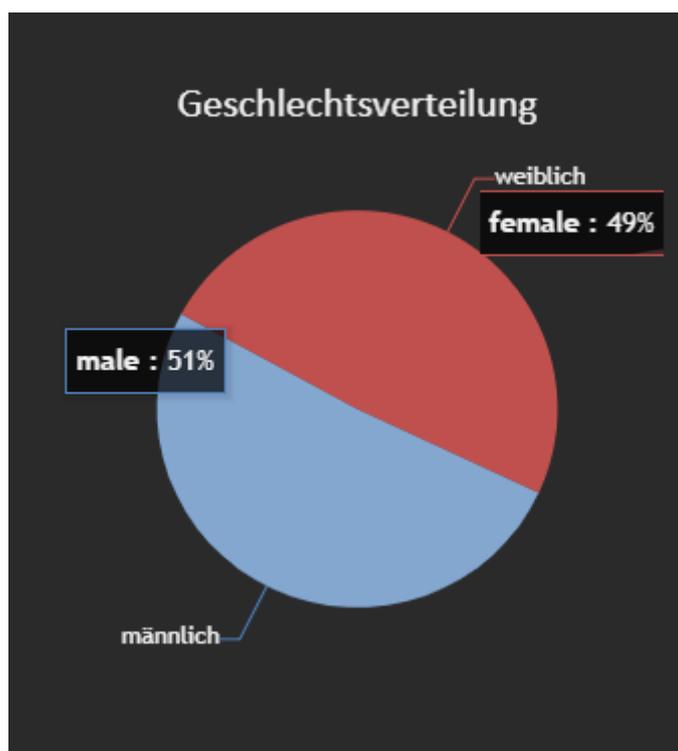
- ✓ *number of infected people is still growing, however disease growth rate is relatively low, comparing to other countries, an average of infected is **320** people a day during last week (the highest noted recently is in the USA, Italy, Spain and Germany);*
- ✓ *the most affected administration districts are: Mazowieckie, Śląskie and Dolnośląskie;*
- ✓ *number of tests done so far is 80 757 / **7800** during last day;*
- ✓ *reported number of people cured from coronavirus so far – **162 98** people died so far (62 men and 36 women), average age of died person is **71 years**, the youngest person who died was 32 years old women. The reason for the woman's death was "COVID-19 infection with severe pneumonia, respiratory failure and multiple organ failure." "The patient is burdened with concomitant diseases (giant obesity, type 2 diabetes, hypertension, depression syndrome). Because of the huge obesity, the patient is disqualified from ECMO therapy*

Sources:

- Ministry of Health Republic of Poland,
<https://www.gov.pl/web/zdrowie>
- Worldometer coronavirus,
<https://www.worldometers.info>
- Arcgis Company Online,
<https://www.arcgis.com/index.html>

Appendix 5 CoV-19 in Austria





- **The tax relief measures concern tax payments and tax return filings, including:**
 - A reduction regarding income and corporate tax prepayments in 2020;
 - Deferral of tax payments and ability to pay tax in installments;
 - Reduction or relief from late payments of tax;
 - Suspension of tax audits.

Relief from interest or late-payment penalties is available for taxpayers that are able to demonstrate that a liquidity issue is linked to the COVID-19 situation.

- **New wage subsidy plan in Austria** - On 30 March 2020, the Government has announced a new wage subsidy plan, where employers will receive a \$1,500 per fortnight 'job keeper payment' before tax for each employee they keep on over the next six months. It will be available to full and part time workers, sole traders and casuals who have been with their employer for 12 months or more. The eligible employers must pay the eligible employees at least the \$1,500 payment per fortnight, even if their regular wage per fortnight is less than \$1,500.
- **Foreign investment framework changes** - On 29 March 2020, the Federal Government announced that effective from this date proposed foreign investments into Australia subject to the Foreign Acquisitions and Takeovers

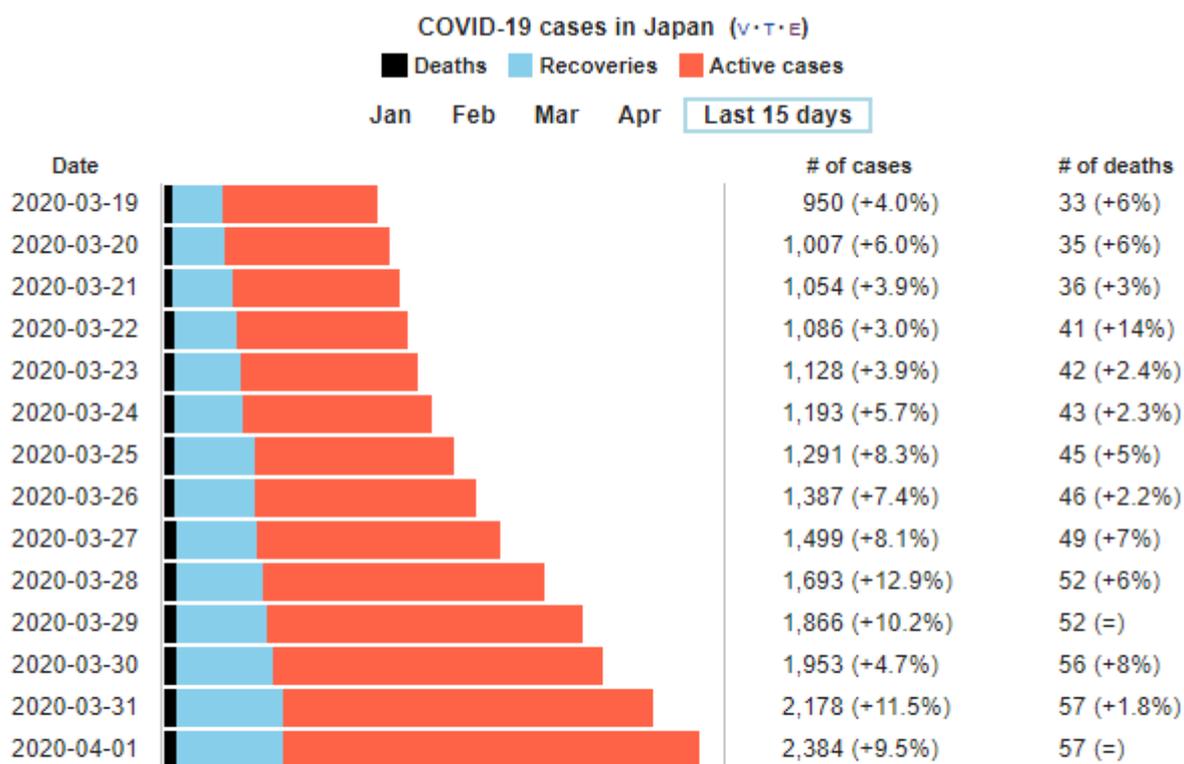
Act 1975 will require approval, regardless of value or the nature of the foreign investor.

- **Moratorium on evictions** - On 29 March 2020, the National Cabinet agreed to a temporary moratorium on evictions over the next six months for commercial and residential tenancies in financial distress who are unable to meet their commitments due to the impact of coronavirus.

Commercial tenants, landlords and financial institutions are encouraged to sit down together to find a way through to ensure that businesses can survive and be there on the other side.

In addition, the Australian Banking Association announced an extension of Australian banks loan repayment deferral scheme, to make it available to commercial landlords with loans up to \$10M who undertake not to evict or terminate the lease of their tenants.

Appendix 6 CoV-19 in Japan



Data sourced from Japan Ministry of Health, Labour and Welfare [\[link\]](#) and World Health Organization [\[link\]](#), as reported from 10:00|CET on the day to 10:00|CET on the following day (18:00|JST on the day – 18:00|JST the following day).

- Japan has passed two packages of small business loans, one \$4.6 billion package in February, and a \$15 billion one on March 11. The most recent spending bill also included \$4 billion for a number of programs including boosting mask production and stopping the virus from spreading to nursing homes.
- On the monetary side of things, the Bank of Japan announced a significant increase in QE on March 16. It said it would be doubling the rate at which it was purchasing ETFs from \$56 billion a year to \$112 billion, and also increased purchases of corporate bonds and commercial paper.

Appendix 7 CoV-19 in Canada

Canada's epidemic.

- **10,132 cases including 127 deaths** have been reported in Canada (overall case fatality rate of 1.3%);
- **268,154** people have been tested for COVID-19 in Canada which corresponds to a test rate of 7,133 per million population. The percent positivity is 3.9%. Data reported in the coming days and weeks will continue to be critical in determining the trajectory of Canada's epidemic.
- Further information on real-time distribution of cases and deaths can be found in the [interactive map of COVID-19 in Canada](#).
- The epidemiological summary is based on more detailed information from case report forms that are available for 63% of the cases (n=6,429)*.

Age and gender:

- The highest proportion of cases are being reported among people 40-59 years of age (36%), followed by those 20-39 years of age (29%) and 60-79 years of age (25%);
- Only a small proportion of cases (4%) have been reported among people \leq 19 years of age;
- 51% of cases were reported among females.

Hospitalizations: Hospitalization data are available for 3,411 (53%) of all cases. Among these, 523 have been hospitalized, including 163 in ICU.

- While 31% of the cases are 60 years of age and older, these cases represent the highest proportion of hospitalizations (60%) and ICU admissions (59%);
- Seven hospitalizations and one admission to ICU were reported in individuals \leq 19 years of age.

Exposures:

- 92% of newly identified cases (within the last seven days) are related to community transmission;
- 68% of cases over the duration of the outbreak are related to community transmission.

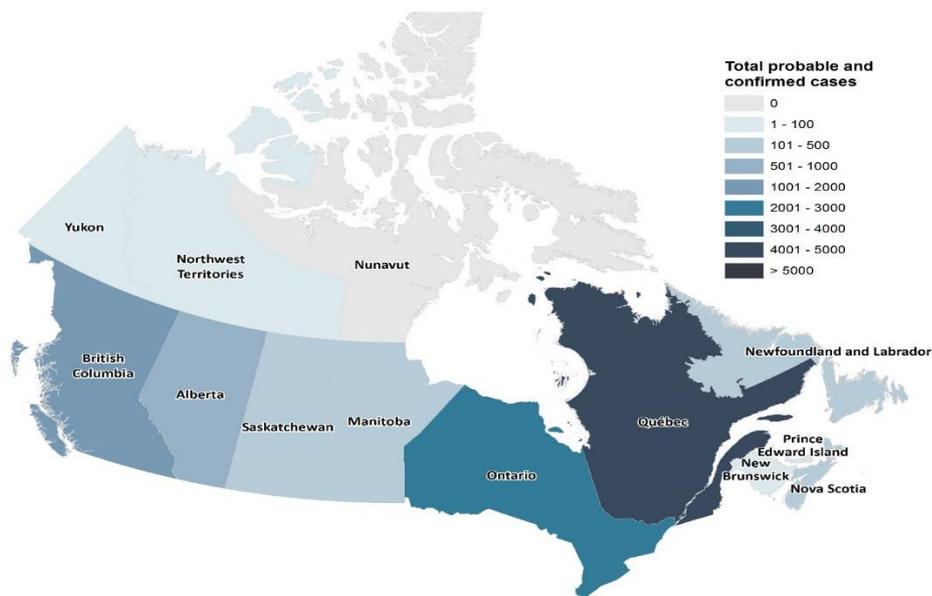


Figure 1. Map of COVID-19 cases reported in Canada by province/territory, April 2, 2020,

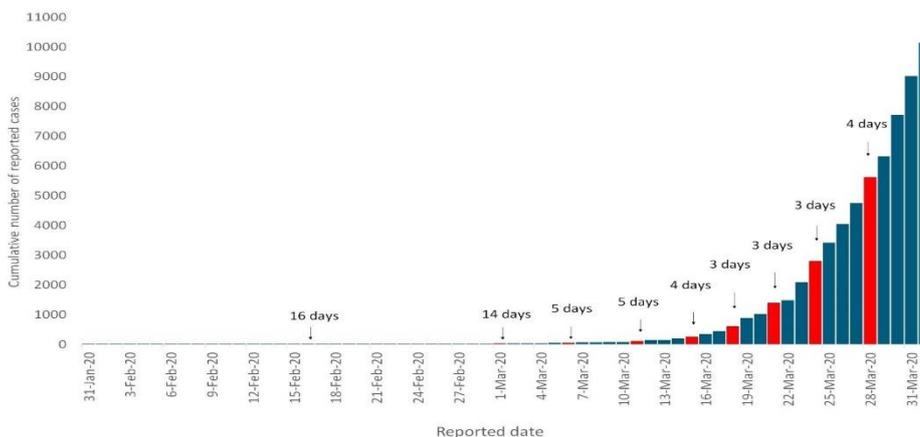


Figure 2. Doubling time of cumulative number of reported COVID-19 cases in Canada by date of report, April 2,

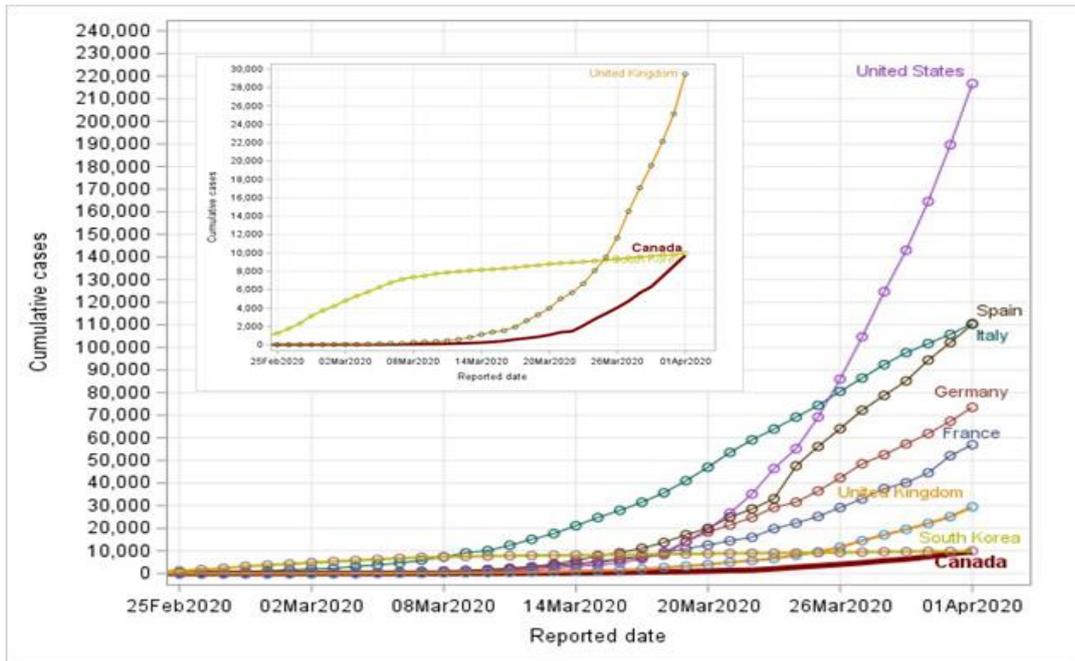


Figure 3. Cumulative cases of COVID-19 in Canada compared to other countries by date of report, April 2, 2020,

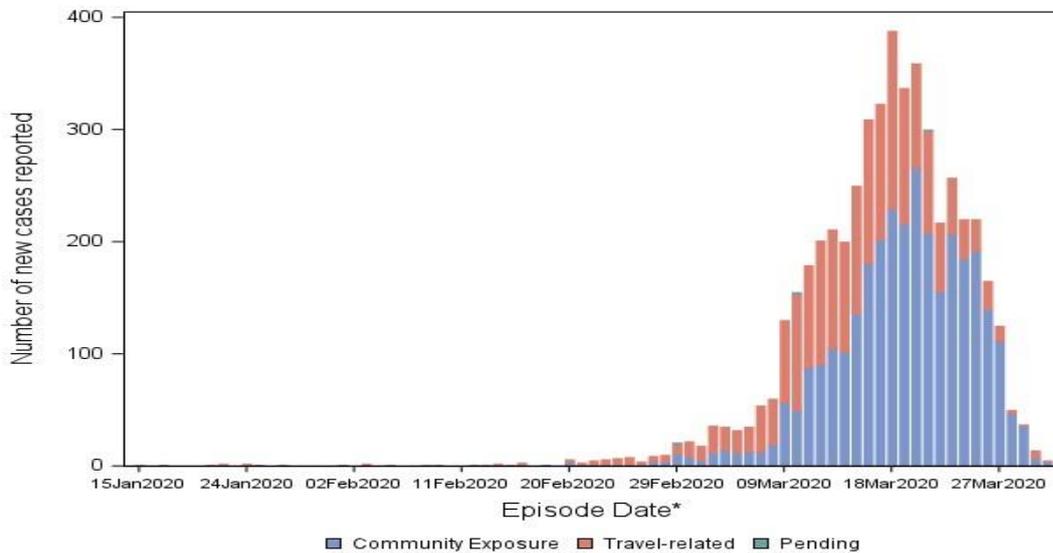


Figure 4. Number of newly reported COVID-19 cases in Canada by possible exposure category, April 2, 2020,

Appendix 8 EADRCC Update

Currently five Allied countries and 2 partner nations have requested international assistance through the EADRCC. In chronological order of requesting, these are: Ukraine, Spain, Montenegro, Italy, Albania, North Macedonia, Moldova and Bosnia and Herzegovina (Enclosure 8). The ongoing bilateral offers of humanitarian assistance through the EADRCC are:

- Czech Republic has delivered 10 000 protective suits to Spain and Italy each. The goods were delivered on Sunday 29 and Monday 30 March respectively to the stricken nations.

- Turkey send an A-400 M military cargo plane, carrying medical supplies such as different types of masks, personal protection equipment and sanitizers/disinfectants, departed from Ankara on Tuesday 1st of April, for Italy and Spain.

- The Latvian company “Baltic3D” is in contact with the Latvian Ministry of Defence to pass along several shields to the Spanish Embassy and Spanish Military. Their partner organization “Wehl & Partner” and a local research and development center (“Naitec”) have set up an injection molding line to cope with the big demand.

- The Government of The Netherlands will support Montenegro in arranging the airlift of personal protective equipment (PPE) from China to Montenegro, as requested.

- In Czech Republic the company “TRIX Connections”, in collaboration with the Czech Technical University, has developed two versions of FFP3 graded masks (and certified in Czech Republic): one for free 3D-printing (slow, specific printers only), and a licensed version for mass production.

- In the United Kingdom the company, “BCB International manufactures”, hand sanitizers, surgical masks and N95 masks. Their email with points of contact was forwarded to Spain.

- Germany supports other most stricken nations primarily through Medical Evacuation and intensive care beds, and is currently increasing the respective capabilities by installing additional intensive care kits in transport airplanes and helicopters. Up to 1 April, the German military forces transferred more than 20 heavy corona cases from Italy to intensive care treatment in German hospitals and more than 70 transfers took place from France and Spain. Among other support to Allied and partner nations: 7 tons of medical equipment and

material from Germany arrived in Italy in the weekend of 21/22 March, including 300 ventilators.

- Albania sent, on a bilateral basis, 30 doctors and nurses to Italy.
- Canada is supporting a global, coordinated effort that is responding to country-level needs, including to the WHO and other partners who are assisting countries in preparing and responding to the COVID-19 outbreak. The Government of Canada is currently assessing how best it can assist countries at-risk or affected by the pandemic and respond to bilateral requests, based on needs and as appropriate. To date, Canada provided CAD 10 million in humanitarian assistance funding to help the most vulnerable people in ODA1 eligible countries. Funding is channeled through experienced humanitarian organizations including UN agencies and the Red Cross Movement.
- Greece, on a bilateral level, in-kind donation from China received protective and surgical masks and other medical consumables. The donation was received by the Ministry of Health on 21 March 2020.
- Norway has contributed NOK 10 million from the humanitarian budget to the World Health Organization (WHO) to help it respond to the Covid-19 pandemic. In addition, Norway has contributed NOK 15 million through its share of the UN Central Emergency Response Fund (CERF). An additional NOK 90 million will support the implementation of the UN Global Humanitarian Response Plan to the Covid-19 pandemic. The Norwegian government has allocated a total of NOK 2.236 billion to vaccine development since the Covid-19 outbreak started. This is in addition to long-term funding for the Coalition for Epidemic Preparedness Innovations (CEPI) that had already been approved.

At this stage, NATO, namely EADRCC, has undertaken a number of activities to organize and coordinate Member States' assistance activities for the most affected coronavirus countries as the Centre's role is expected to grow in the coming weeks and months.

