

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

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COVID-19

PART 11

(29 May – 04 June 2020)

Usage of Armed Forces in Curtailing the effects of the pandemic throughout the globe

CMDR COE analyses of spread acceleration

This report represents a summary of open source information, gathered up to and including 29 May 2020, and was assembled on 05 June 2020. All views and opinions expressed are solely those of the author, unless otherwise stated and do not necessarily represent the official position of the CMDR COE or any government and non- government organization or other group. The author does not bear responsibility for incomplete or incorrect facts cited or referred to herein. The majority of reference materials include official documents published by the World Health Organization, governmental pages, and online statistical databases.

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WEEKLY SUMMARY

During the last week, most countries in the northern hemisphere have continued to remove restrictive measures to prevent the spread of the coronavirus, marking the end of the pandemic, or at least the first wave. At the same time, the number of cases of coronavirus infection in the southern hemisphere has increased significantly, which can serve as an indicator of what can be expected in autumn and winter, respectively. In Brazil for example

As the novel coronavirus continues to ravage latin America, the death toll in Brazil topped 32 500 on Thursday and passed 11 700 in Mexico.

Brazil, Peru and Chile are suffering the highest daily increases, but numbers are also on the rise in Argentina, Bolivia, Colombia and Haiti.

Worldwide, the pandemic has killed more than 386 000 people, with total infections reaching over than 2.8 million people have recovered from the disease, according to the US' John Hopkins University.

In this regard, the constant vigilance of states with regard to the coronavirus crisis must not be weakened at all. It is necessary to continue to respect social isolation and all the accompanying measures to which people are already accustomed. By no means should it be forgotten that the virus exists, that it is spread from person to person, and that deaths caused by it, although less common, are a fact.

The epidemic continues, albeit at a slower pace with a decreasing trend, but the danger exists and people must learn to live with it, relatively normally following the necessary measures, without excluding the possibility of a second wave.

In the event of a second wave, it would not be logical for it to be larger than the first one with more victims, due to the fact that, on the one hand, from a medical point of view, the virus is much easier to be identified and therefore easier to be limited, on the other hand, prevention is already at a higher level.

All this leads to the conclusion that a possible second wave should not be stronger than the first one. With the experience gained so far, and the lessons learned, as well as due to the rapid development of new antivirus assets, it will be better controlled and will not become widespread.

ANALYSIS ON THE USAGE OF ARMED FORCES IN CURTAILING THE EFFECTS OF THE COVID-19 PANDEMIC THROUGHOUT THE GLOBE¹

Abstract: A disease which was first localized in the Chinese province of Hubei, caused by the novel coronavirus towards the end of 2019 turned into a worldwide pandemic, causing widespread and severe disruption of societal processes and life

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as it was known by that point. In an effort to combat the spread and negative impact of the pandemic nation-states around the world deployed substantial resources, including parts of the armed wings of the national security systems in order to help the local populations, medical services and all affected by COVID – 19. By concentrating personnel, equipment and deploying them in areas struck by the outbreak governments were able to partially turn the tide and “flatten the curve” in the growth of cases of infected.

The ongoing COVID – 19 pandemic that struck society in late 2019 – early 2020 proved to be a complex adversary to the security systems of all affected states throughout the continents. As a novel disease with no known cure and comprehensive traits, SARS-CoV-2 threatened the pillars of order and in some locations, especially the most affected countries, such as Spain and Italy, the national legislation enabled the deployment of military resources in combating the growing pandemic. By including components of the armed forces in the struggle these nations reaffirmed the importance of the military as a crucial component in the national security systems. Throughout the world, units that were mobilized to curtail the negative impact of the COVID-19 pandemic were used in some of the following roles:

Maintaining public order and security – by enacting legislative measures units of the armed forces were put in use for maintaining security in the worst affected societies such as Italy by patrolling the streets of quarantined municipalities, preventing crime and keeping social distancing measures in effect.

Assisting the national healthcare systems – through the inclusion of military hospitals, medical personnel and materiel the countries swayed by the pandemic managed to ease the pressure upon the healthcare institutions serving the civilian population.

Enacting preventive measures – due to the strain put on the internal security state institutions such as the police forces, the armed wings of states were included in transmission prevention measures. Deployment of armed servicemen acted decisively in enforcing curfews, putting cluster areas under lockdown and regulating movement between areas through the implementation of checkpoints in vital areas.

Providing transportation services – the disruption in international traffic and intrastate travel led to an exponential number of stranded nationals and scarcity in medical supplies and other commodities. Employment of the air force component by conducting aerial extraction and foreign supply delivery became a significant tool in maintaining the stability of the global and national healthcare systems.

Bolstering the national and international efforts in the COVID – 19 cure research

– inclusion of laboratories and research teams under the jurisdiction of the armed forces will substantially augment the progress in discovering by collaboration with civilian and non-state developers of treatment substances and vaccines.²

With the universal spread of the novel coronavirus throughout the globe, governments, especially in Europe and Asia, mobilized a substantial part of their defense resources to assist the institutions in the fight against COVID-19. The current crisis showed the importance of CIMIC and investing resources in boosting the capabilities of armed forces such as their mobility, rapid deployment and implementing protective measures against biological threats. Military assistance to civilian authorities proved crucial to maintaining society from collapse and reducing the severity of the negative impact of the novel coronavirus on human civilization.

After the virus hopped out of the Chinese borders and began its spread in early 2020, Europe became the epicenter of the pandemic with Italy, Spain, Great Britain and France among the worst hit by the plague, with initial skyrocketing number of cases and a continuously mounting death toll, which left the abovementioned nations on the brink of nearly disastrous emergency. As the toll on the national abilities to combat the virus increased the military was utilized in various ways to support society. Through implementation of NATO, EU and national guidelines and regulations in responding to the threat the military resources were activated accordingly to the pandemic development and scope in the European states.³ Several anti – COVID – 19 military operations began, such as the British operations, named Broadshare and Rescript, which aimed at supporting the Crown in tackling the disease on British soil and in the overseas territories. From their launch on the 23th of March, the UK Armed forces performed a wide array of activities in connection to the current needs and pleas of civilian authorities. These included converting existing facilities into field hospitals, airlifting COVID – 19 patients, distribution of protective equipment, assisting the institutions in testing the population and providing medical and emergency – related training to individuals.^{4 5}

² The armed forces and COVID-19, <https://www.iiss.org/blogs/analysis/2020/04/easia-armed-forces-and-covid-19>

³ NATO response to COVID-19, https://www.nato.int/cps/en/natohq/news_174271.htm ,

⁴ Coronavirus: Pictures Show Military Personnel Helping To Build NHS Nightingale, <https://www.forces.net/news/coronavirus-pictures-show-military-personnel-helping-build-nhs-nightingale>

⁵ Coronavirus: Armed forces rapidly expand their response to COVID-19, <https://news.sky.com/story/coronavirus-armed-forces-rapidly-expand-their-response-to-covid-19-11970136>



Figure 1 – UK MoD staff inside of a field hospital

In late March 2020, Italy deployed its armed forces as a measure to enforce lockdowns and curfews in Lombardy, which was the worst affected region of the state. Italian Armed Forces made 6600 more beds available for the national healthcare system by April and participated in building reception structures and field hospitals over the country's territory. IAF aircraft were utilized in transporting masks into regions under quarantine.⁶



Figure 2 – IAF personnel on the streets, helping in traffic control

Similarly to the UK, France also gave a green light to anti-COVID operation, named Résilience, which had a set goal to reinforce the local state establishments. French naval assets such as the PHA "Tonnerre" were mobilized in order to perform evacuation missions in the Provence – Alpes region. The General Directorate for Armaments took a leading role in testing contemporary personal protection equipment as an alternative to the existing masks. Through the allocation of funds and resources a number of medical facilities were established. The first military resuscitation element was set up at Mulhouse Hospital on the 21st of March.

⁶ As.So.Di.Pro. NATIONAL REPORT APRIL 2020 http://euomil.org/wp-content/uploads/2019/11/2004_National-report_ASSODIPRO.pdf

Ground troops were ordered to enforce abidance to the social measures set by the French government to restrict the escalation of the illness.^{7 8}



Figure 3 - Law enforcement in Paris by enlisted personnel

Apart from the efforts of Western European states the countries in Eastern and Southeastern Europe also showed active participation of their military forces into negating the effects of COVID – 19. In the Republic of Bulgaria through a legislative change made by the National Assembly the armed forces were allowed to take part in prevention efforts, thus putting the military on standby if needed. Bulgarian Air Force C-27J “Spartan” aircraft participated in evacuating Bulgarian citizens and military personnel from abroad.⁹ The military educational system in the state conducted exercises with its members as cadets constructed a field hospital in the premises of the “Vasil Levski” National Military University. Similar exercise was conducted in the capitol of Bulgaria by turning the “Arena Armeec” hall into a medical facility to contain hundreds of hospital beds, intensive care equipment and supporting apparatuses.¹⁰

In addition, measures were enacted by the command of the Bulgarian Armed Forces in order to combat the effects of the pandemic. By the 2nd of May 1000 quick tests and 500 PCR tests were conducted on personnel for detection of COVID – 19, with four individuals testing positive and recovered by early May. Personal protective equipment was supplied to cadets in the faculties of the

⁷ Operation Resilience: France Offers More Military Aid Against Virus, <https://defense.info/global-dynamics/2020/03/operation-resilience-france-offers-more-military-aid-against-virus/>

⁸ Opération Résilience, <https://www.defense.gouv.fr/english/actualites/operations/operation-resilience>

⁹ Върнаха със "Спартан"-а 21 наши курсанти и студенти от Латвия и Полша, <https://dnes.dir.bg/obshtestvo/varnaha-sas-spartan-a-21-nashi-kursanti-i-studenti-ot-latviya-i-polsha>

¹⁰ Covid-19: Bulgaria restricts intercity travel, closes parks, <https://sofiaglobe.com/2020/03/20/covid-19-bulgaria-restricts-intercity-travel-closes-parks/>

National Military University. Anti – viral measures such as daily desinfectation of the campus, body temperature checks through the entrance checkpoints and placing desinfectant dispensers inside of the facilities helped in the maintenance of adequate hygiene levels. As for the reduction of the psychological effects of isolation sport games were organised for the future officers in the weekdays. Holidays such as Easter and St. George’s Day were observed with festivities inside the campus.¹¹



Figure 4 - Field hospital deployed by cadets

East Asia was one of the world’s regions where the inclusion of the armed forces in curtailing the pandemic was crucial to the curbing of the disease and lowering the initial surge in cases with the governments of South Korea and the People’s Republic of China in the spotlight. In China at least ten thousand troops of the military medical branch supplemented the state action in Hubei province alone. People’s Liberation Army units participated in humanitarian relief efforts aimed at the local population like delivering food and medical supplies to the clinics and hospitals in the local realm and disinfecting urban areas. The PLA also constructed field hospitals in Wuhan to ease the pressure on the local medical services. As a leading global power in the fight against the modern peril, China provided aid abroad by donating considerable amount of protective equipment, testing material and ventilators to sovereign nations in need. As the world united in the vaccine research fields, Chinese military scientists began cooperating with their

¹¹ Chief of Defense Admiral Emil Eftimov in the Week, <https://darikradio.bg/nachalnikat-na-otbranata-admiral-emil-eftimov-v-sedmicata.html>

counterparts from Europe and North America by contributing firsthand experience.¹²¹³¹⁴



Figure 5 - Chinese military authorities delivering medical supplies to Laos during the COVID – 19 pandemic

First and foremost, the impact of the armed forces in the fight against the global pandemic showed that the inclusion of military resources gradually bolsters the resilience of society in a state of international emergency different from armed conflict. The infrastructure, services and resources granted to civilian authorities by the armed forces gave relief to the strained capabilities of healthcare, security and social institutions battling COVID – 19. Efforts made by servicemen contributed to the reduction of the spread of the disease, keeping the healthcare systems of nations functioning without excessive overstretching and complete breakdown.¹⁵

On the other hand it should also be noted that personnel deployed in combating the virus are susceptible to higher risk of infection by SARS-CoV-2 and an increased levels of psychological and physical stress. Working hazards, heightened tensions in society and the duress instilled by work/rest disharmony can lead to short and long-term health problems, development of PTSD – related conditions. It is of utmost importance for the Armed Forces to take precautions and active measures in ensuring the safety and mental health of individuals under arms.¹⁶ Another negative effect of the military involvement in the fight against

¹² Over 10,000 military medics working at front line in COVID-19 fight”, http://www.china.org.cn/china/2020-03/02/content_75764424.htm

¹³ Coronavirus vaccine trials are underway around the world. But China's hoping it can be first for 'redemption'”, <https://www.abc.net.au/news/2020-05-08/the-coronavirus-came-from-china-but-so-might-the-vaccine/12223120>

¹⁴ China’s armed forces and the impact of COVID-19”, <https://www.iiss.org/blogs/military-balance/2020/05/china-armed-forces-covid-19-pla>

¹⁵ Coronavirus: Military Praised As Government Hits Daily Test Target”, <https://www.forces.net/news/coronavirus-military-praised-government-hits-daily-test-target>

¹⁶ Coronavirus: The PTSD risk on the Covid-19 front line”, <https://www.bbc.com/news/uk-northern-ireland-52245997>

the novel coronavirus is the disruption of the training process in the armed forces, which in turn decreases the operational capabilities of armies around the world with overseas deployments, combat missions and exercises being either postponed, cancelled or temporary recalled.¹⁷ The impact on ongoing military operations decreased the level of effectiveness of carrying the orders given to units and created a quagmire for the armed forces' leadership in the spheres of readiness, logistics and combat preparedness due to the quarantining of bases, naval vessels and whole units. Destabilization of hotspots throughout the world and the power vacuum left due to crippled military activities led to resurgence of hostilities in areas where peacekeeping was ongoing and a growth in terrorism – related incidents in places like the Sahel and the Middle East.

In conclusion, the examples of deployment and utilization of armed forces assets in curtailing the virus made an impact on the survival and the recovery from an invisible enemy which humankind is yet to understand completely. As the threat will possibly take much time to be eliminated completely, armed forces will continue to play a pivotal role in guarding the pillars of society in the upcoming years. Global security will continue to be at an increased risk as the pandemic still rages on. In order to effectively employ the military in the struggle the following conundrums should be taken into consideration:

Enacting efficient safety regulations on personnel dealing with the pandemic in order to prevent infection.

Supplying the armed forces with state-of-the-art protective personal equipment
Effective management of work in quarantined areas and the recuperation of the servicemen deployed afterwards.

Psychological assistance for service members showing signs of PTSD or related psychological traumas due to prolonged isolation, deployments and serving under hazardous conditions induced by COVID – 19.

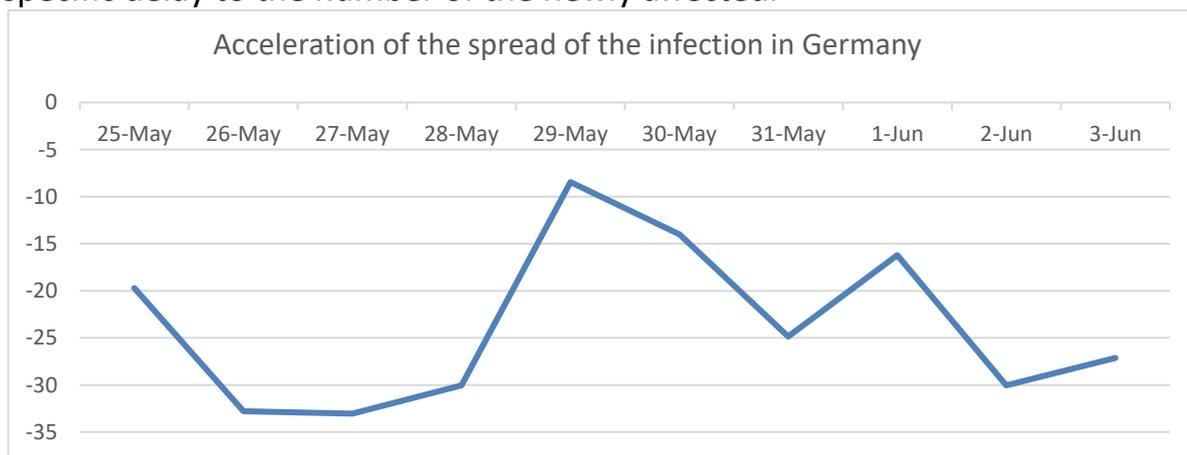
Employing CIMIC procedures in order to better civilian-military cooperation.¹⁸

¹⁷ COVID-19 and Military Preparedness”, https://www.policycenter.ma/opinion/covid-19-and-military-preparedness#.XrUEcMBS_Dc

¹⁸ Armed forces and COVID-19”, <http://euromil.org/armed-forces-and-covid-19/>

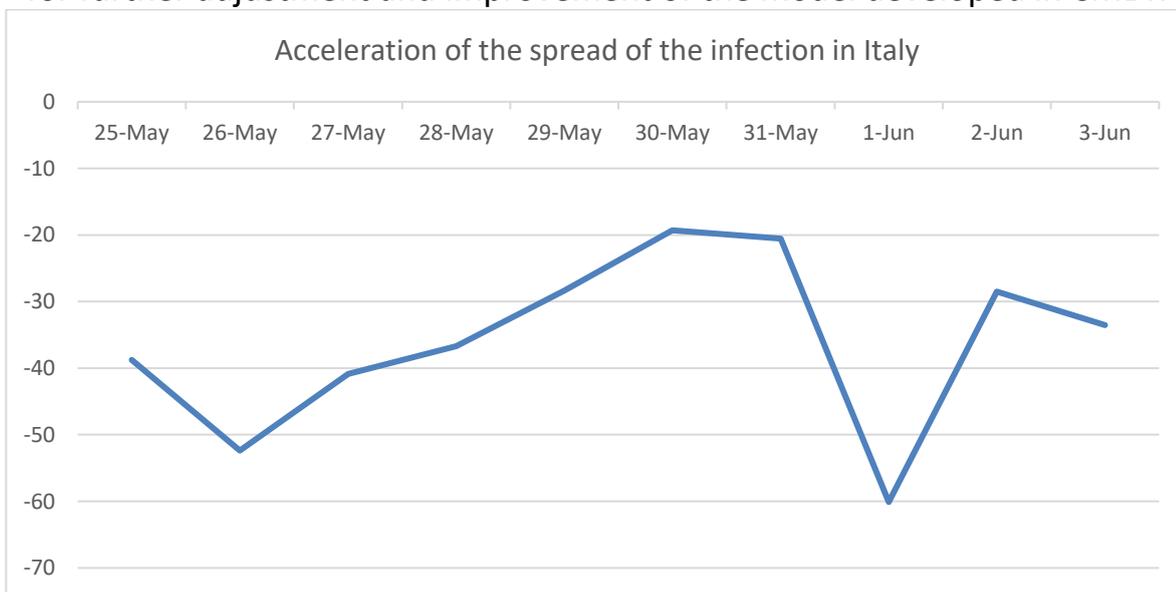
CMDR COE ANALYSES OF COVID-19 SPREAD ACCELERATION

The next analyses of the COVID-19 crisis is based on mathematical modelling. The focus is on the spread acceleration of the virus. It is very informative and lightens the dynamics of the evaluation. The total number of people having contact with the virus, of course, is something useful to know, but it cannot be used for predicting the development of the crisis. On the other hand, the acceleration allows us to estimate the escalation in the forthcoming days, the duration of the crisis or the possibility of second wave. According to the observed data, it is evident that the exponential period is of approximately one month. During it the acceleration is positive and has a dome shape. Later, the acceleration changes its sign and this point fixes the time when the peak of the spread is reached. The next period characterizes with an acceleration with a negative sign. The number of the newly affected people starts to decrease. In order to know how long it will continue it is necessary to calculate the surface of the positive shape of the acceleration. The first wave of the crisis will finish when the surface limited by the negative acceleration equals the positive one. The presented analysis is the tenth part of a series. Some of the mentioned issues have been elaborated in the previous reports. For example, the discovered in CMDR COE coefficient between the number of the newly affected people and the death toll per day. It gives the trend of the crisis for each country. In Germany, Spain, Italy and many other European countries, the coefficient during the positive acceleration of the spread was more than ten. When the acceleration changes its sign and becomes negative, the coefficient value goes to less than ten. It is as such because reaching the particular number of the COVID-19 victims happens with a specific delay to the number of the newly affected.

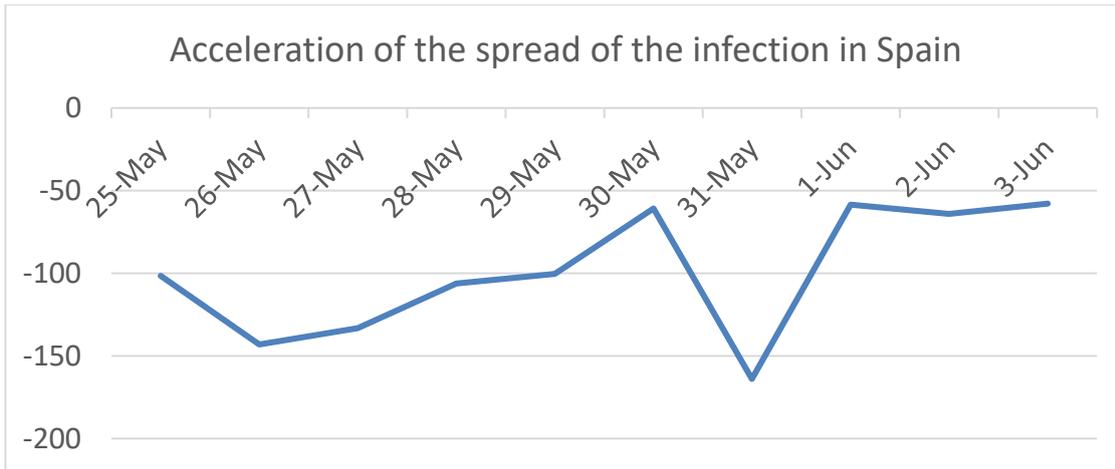


Developments in the spread of the virus in **Germany** over the past week continue to confirm the predictions of CMDR COE. In a previous analysis of the situation in Germany, the CMDR COE predicted a weak peak in the acceleration of the

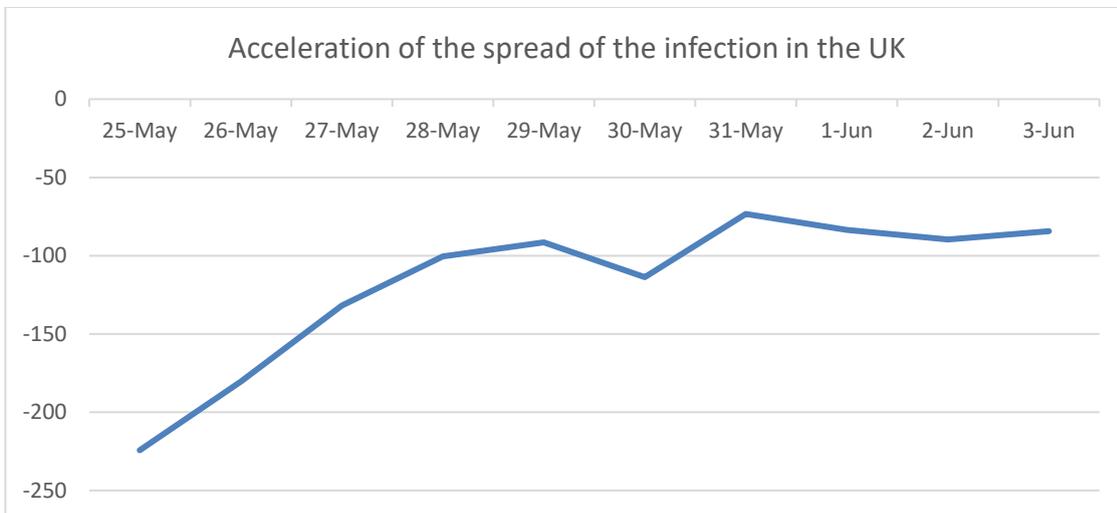
infection. At the same time, it remains negative, which means that we continue to see a decline in new infections for the day. The attenuation, as noted in the previous analysis, is slow, which is a consequence of the previously taken restrictive measures against the disease. At the current pace, we expect such a smooth and linear decline in another 22 days. A small positive peak of acceleration is not very likely, but it will not be relevant to a possible extension of the spread, as it will be followed by an almost mirror decline. The situation is currently under control to the extent that the health care system is not overburdened and the country returns to a normal production rhythm. The interest in tracking the development remains due to the opportunity it provides for further adjustment and improvement of the model developed in CMDR COE.



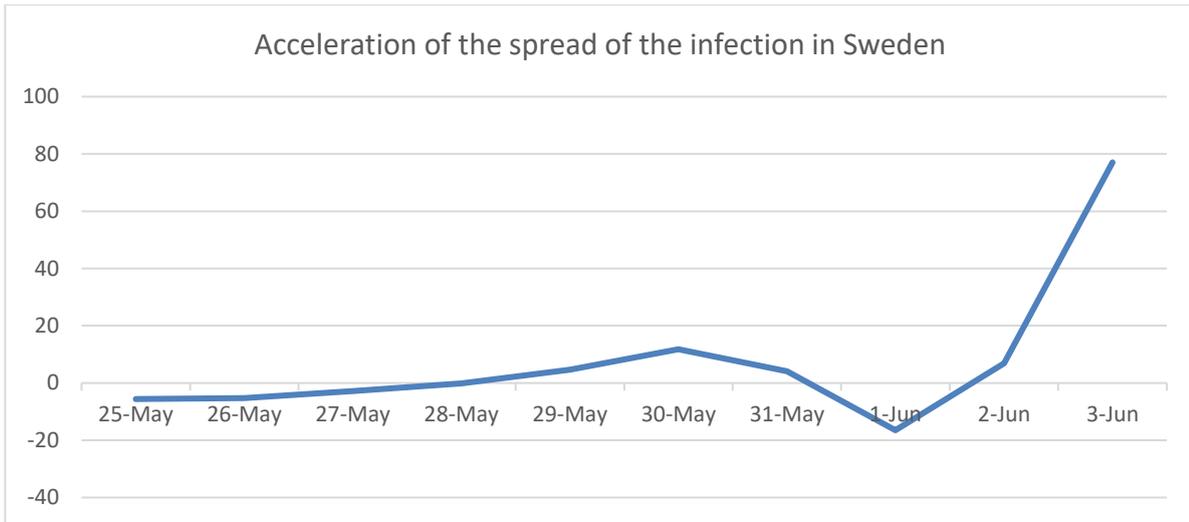
In its previous analysis for **Italy**, CMDR COE predicted that despite the then observed positive trend in the acceleration of the spread of the virus, this week this line will be broken and the values will remain negative. This is exactly what actually happened, as can be seen from the graph. This allowed us to observe a declining number of new infections per day. The CMDR COE forecasts that this trend will continue next week. It is very likely that the epidemic in Italy will end faster than in Germany, ie. a smaller number of new infections will be observed per day. This is due to the larger number of people in the population who have had contact with the virus and have developed immunity or are immune to it. We expect in two weeks in Italy to register less than 100 people a day to several dozen.



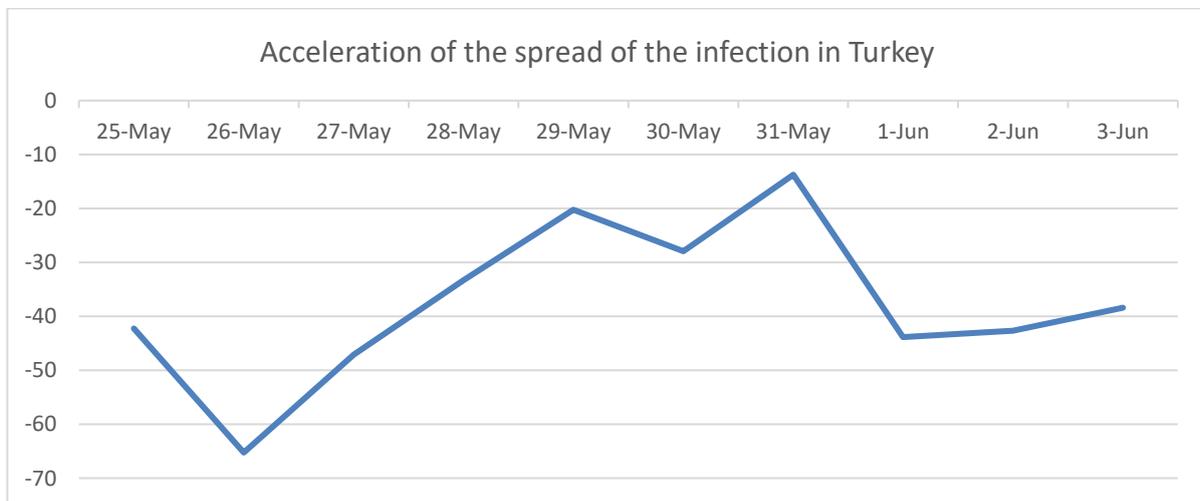
It is evident, comparing the graphs of the acceleration of the spread of the virus, that the easing of the measures has affected the trend of the situation in **Spain**. There is a slight rebound, which still remains with negative values and finding a new balance. Like Italy, much of the population has been exposed to the virus. The difference is that here the restrictive measures were delayed and did not give the desired result. As a result, we expect a higher percentage of people to experience the virus. It is characteristic of such a development that the epidemic will stop very quickly.



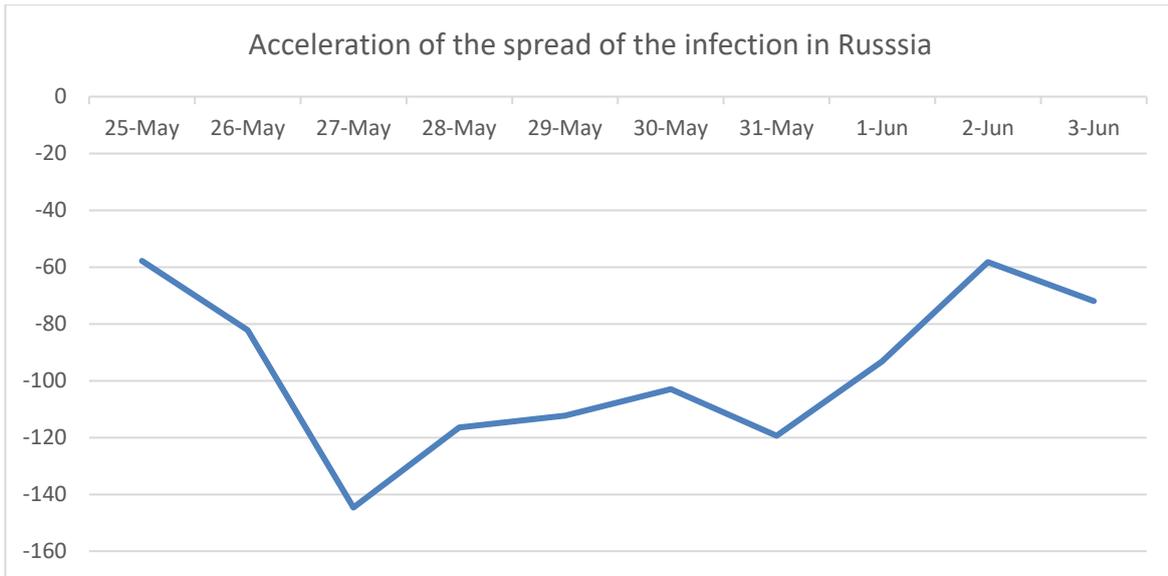
Despite maintaining a relatively high number of new infections, the situation in the **UK** is sustainable and well-developed. Like other European countries, the government there allowed the spread of the disease to develop and only then imposed some restrictive measures. We expect a faster decline in the number of new infections in the coming weeks. It may be disrupted by short peaks associated with outbreaks in settlements that have not been affected so far.



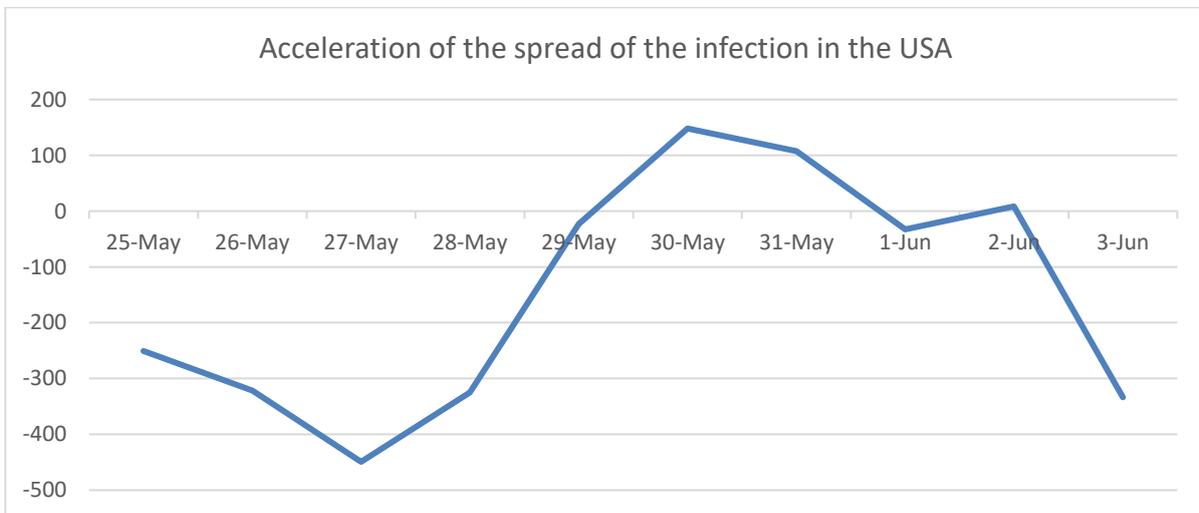
The forecast and analysis of CMDR COE from the previous week for **Sweden** were confirmed and continue to be relevant this year as well. An exception is the information from the last day for an unusually large number of registered cases. The readiness of the experts who offered this course to deal with the situation to take responsibility for the mistakes made is a confirmation of the CMDR COE's forecast for an impending crisis in moral and ethical terms. These mistakes deeply hurt society and subsequently prevent the right decisions from being made.



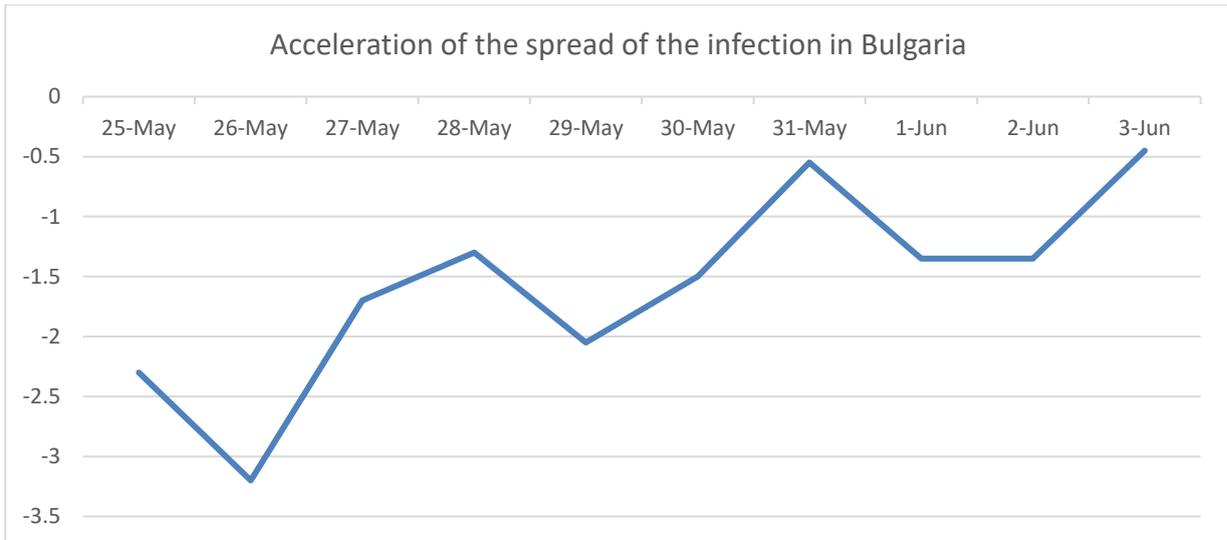
In the next week in **Turkey**, it is possible to observe a short release of the acceleration of the spread of the infection above zero and to note positive values. This is extremely undesirable for the country for the full utilization of the remaining tourist season. However, at the moment the situation is under control and the number of newly infected continues to decline.



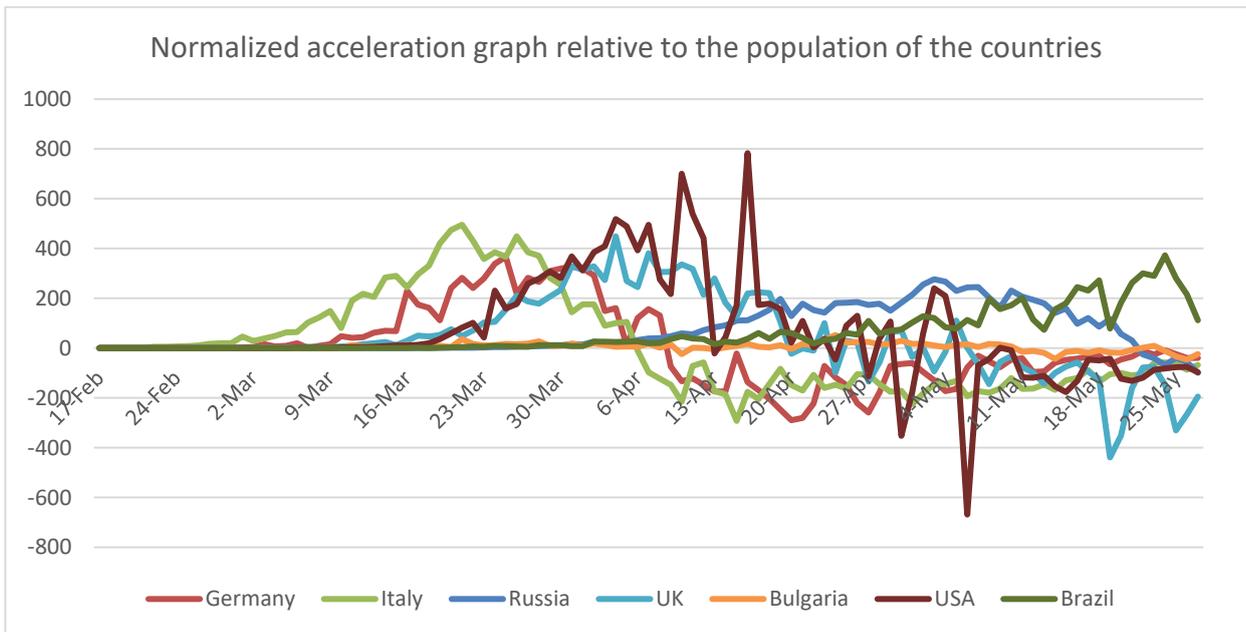
The restrictive measures imposed in **Russia** were relatively strict compared to other affected European countries. This allowed the propagation curve to be broken and negative values of the acceleration of the infection to be achieved. We expect development close to that of Germany, ie. to be followed by a relatively long period of decline in the number of newly infected. Duration is a function of both the acceleration and the size of the country's population.



A short positive peak in the acceleration of the spread of the virus in the **United States** was registered last week. This is due to the emergence of new outbreaks in large cities. However, the general trend is to slow down and slow down the epidemic. Due to the large population, such rebounds will accelerate the duration of the crisis.



Unfortunately, the schedule for the acceleration of the spread of the virus in **Bulgaria** shows a positive trend. In practice, however, the values are too small to be a cause for concern. In fact, we expect to see similar views of the function among the severely affected countries in the next 2-4 weeks.



The available statistics allow to generate informative analyzes of what is happening in the individual countries and their comparison.

The CMDR COE has drawn up such a country-specific graph showing the normalized acceleration for a large period of the crisis.

The function describing the statistics for the crisis in Brazil was added to the chart of normalized accelerations this week. It is clear that the country has not yet reached the peak of the spread of the infection. This will happen when the acceleration changes from positive to negative values. There are two almost

equally likely options. In the first we will observe one or two more peaks after the current deceleration and only then the transition to refraction and negative values. In the second option, a rapid decrease in acceleration (reaching negative values) will begin with the possibility of a rapid second wave. Currently, the country is positioned between Germany and Italy as a relative impact of the epidemic. In such a development, we expect the situation to be controlled and the current development typical of Western European countries to be reached at the end of July.

COUNTRIES & REGIONS ADDITIONAL OVERVIEW

1. AFRICA.

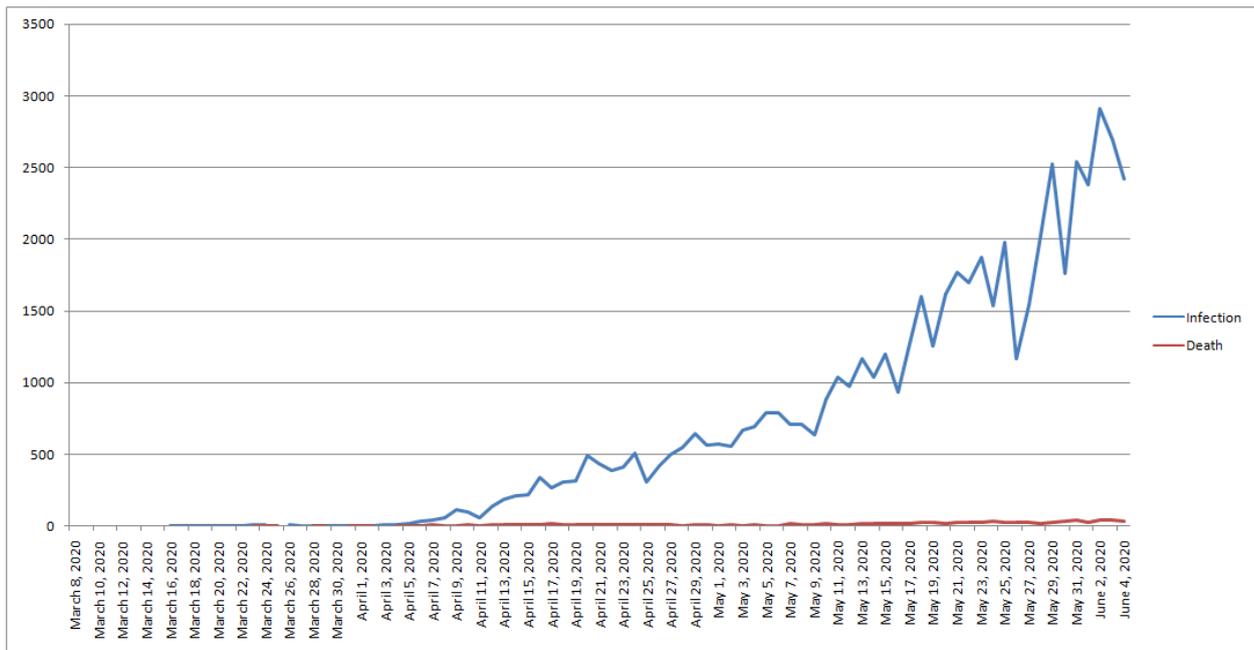
Although infections have risen and continue to grow, early and swift action by many countries in the region has slowed down the spread of the virus. Even before the virus could hit the region, several countries, in collaboration with the World Health Organization (WHO), were already upping COVID-19 prevention and detection through measures such as airport screenings and reinforcing response preparedness. WHO has also been supporting countries to strengthen key measures including testing and treatment as well as health worker training. To date more than 10 000 health workers have been trained in infection prevention and control, treatment, logistics, laboratory testing and public health education and other key areas. In addition, WHO Regional Office for Africa has repurposed over 900 staff at the regional and country levels to support the COVID-19 response. In collaboration with World food program, the African Union, Africa centers for disease control and the Jack Ma foundation, WHO has helped ship consignments of medical supplies and equipment to countries in the region. Currently 45 of the 47 countries in the African Region can test for COVID-19, up from just two when the outbreak started. For the remaining two countries, WHO will deliver essential laboratory equipment and supplies to establish testing. To date, kits to carry out over 100 000 COVID-19 tests have been delivered to countries, and further shipments are planned. Cumulatively countries in the region have carried out more than 1.4 million tests. Laboratory testing in many countries has now been decentralized from the capital cities. Ghana, Kenya, Ethiopia, South Africa and Nigeria all have multiple laboratories performing testing. Ethiopia has repurposed testing capacity at the national animal health laboratory for COVID-19 diagnosis.

COVID-19 infections in Africa have not grown at the same exponential rate as in other regions and so far the region has not experienced the high mortality seen in some parts of the world. Governments made timely decisions to enforce containment measures such as physical and social distancing, lockdowns as well as surveillance, testing and treatment. Some of the movement restrictions are now being relaxed. WHO has cautioned that if lockdowns are eased too quickly, infections could rapidly increase. The Organization has issued interim guidance to Member States, which encourage a gradual adjustment of public health and social measures, while constantly assessing risks. As countries ease restrictions, health authorities also need to ensure continuity of essential health care services while also resuming the full gamut of routine health services. This challenge will be

compounded by ongoing global supply bottlenecks, shortages, and the necessity of repurposing staff for the COVID-19 response. WHO is collaborating closely with governments as well as partners such as the Africa centers for disease control, UN agencies and other partners to support the scale-up of the response through coordination, technical expertise, the provision of much needed medical supplies and assisting with data collection and analysis.

2. BANGLADESH.

The virus was confirmed to have spread to Bangladesh in March 2020. The first three known cases were reported on 7 March 2020 by the country's epidemiology institute, IEDCR .Infections remained low until the end of March but saw a steep rise in April. In the week ending on 11 April, new cases in Bangladesh grew by 1,155 percent, the highest in Asia, ahead of Indonesia, with 186 percent. As of 4 June 2020, there have been a total of 57,563 confirmed cases in the country, with 12,161 recoveries and 781 deaths.



Local experts criticised the insufficient amount of tests performed in the country that has a population of over 163 million, despite having enough kits on the stock. Over the last two months the health authorities in Bangladesh could manage testing only 1,185 people for Covid-19, making the ratio a paltry 0.148% of the all cases received.

The figures came at a time when several hundreds of panic gripped people wait in queues outside the IEDCR, requesting them to test their samples, but the authorities continue to decline most of them, saying that no tests are required for

people with only flu or cough like symptoms. The IEDCR is testing people only if they meet two major criteria – if the suspect has a travel history to any of the Covid-19 affected countries or one comes in contact with any suspect who has returned from affected countries.

Going by statistics relating to the number of infections, Bangladesh's COVID-19 problem seems less serious, especially when one considers the size of its population (163 million) and the larger number of cases that other countries are grappling with. But public health professionals say that the figures do not capture the reality on the ground as testing rates have been very low in Bangladesh. Indeed, as of April 18, Bangladesh was carrying out only 124 tests per million of its population, according to the Dhaka-based Institute of Epidemiology, Disease Control, and Research. While this was increased to 240 tests per million on April 25, testing is still inadequate. According to Bangladeshi virologist Nazrul Islam 10,000 people would need to be tested daily to get a more accurate picture of the prevalence of COVID-19 in the country.

Bangladesh's capacity to test for coronavirus infection and to isolate and treat patients confirmed to have COVID-19 is restricted by its fragile public health infrastructure. The country has just 127,000 hospital beds, 91,000 of them in government-run hospitals. Besides, it has only 737 beds in intensive care units, with just 432 of these in the public health system. Most of the intensive care facilities are concentrated in Dhaka. "Overburdened" at the best of times, this infrastructure is in no position to meet the challenges posed by COVID-19.

Like its counterparts in other countries, the Bangladesh government was slow to respond to the pandemic in the initial stages. It has since set up more testing facilities and quarantine centers and is procuring testing kits and medical equipment from abroad. The government has sought to enforce social distancing through the lockdown but has not been too successful in this regard so far. Several factors make this a near-impossible task in Bangladesh.

For one, social distancing is anathema to Bangladeshi society and culture. Even if people want to follow the guidelines, as in other countries, social distancing is a privilege of the rich and middle class in Bangladesh. Most Bangladeshi's live in close proximity to each other. Families are large and live in small and cramped tenements, with several families sharing a single tap and toilet. This is even more pronounced in the refugee camps in Chittagong, where around a million Rohingya refugees live in crowded and temporary shelters and access to health and other facilities is even lower than in the rest of Bangladesh.

Importantly, many Bangladeshis, like rickshaw pullers, earn their living through jobs that require them to go out to work. For them, there is no work-from-home option. Consequently, convincing people to stay indoors or socially distance, even if it is to protect them from a deadly virus, is difficult. The lockdown is likely to come under greater strain in the coming weeks not only on account of Ramzan but also because many are struggling to make ends meet. Also, garment factories have started production again, despite lockdown rules.

Since April 26, hundreds of garment factories in industrial belts in Gazipur and Ashulia in the suburbs of the capital, Dhaka, have begun functioning. Pressure to meet production deadlines from American and European garment brands and possible loss of business to competitors have prompted factory owners to reopen manufacturing units. Some 200,000 workers are likely to get back to work at garment factories in Ashulia soon. They will be joined by millions more as people rush to factories in Dhaka and other cities from their homes in villages on foot and in crowded vehicles to return to work. These crowds could emerge new vectors of the COVID-19 pandemic in Bangladesh.

The lockdowns prompted by the COVID-19 outbreak will weaken Bangladesh's economic and political stability. Citing an Asian Development Bank analysis, Bangladesh's Finance Minister AHM Mustafa Kamal announced in late March that the country would lose 1.1 percent of its GDP growth on account of the pandemic. Bangladesh's readymade garment (RMG) sector and remittances from Bangladeshi workers abroad are major pillars of the country's economy. Manufacture and export of RMG accounts for 13 percent of its GDP and employs nearly 4 million people. The sector was already showing negative growth of 5.71 percent in the first half of the last fiscal year and now, with several companies in the United States, U.K., and Europe cancelling orders that were placed before the COVID-19 outbreak, its future isn't looking good. Importantly, Bangladesh's foreign exchange earnings are poised to drop. Foreign remittances projected to fall by 22 percent, from \$18.32 billion in 2019 to \$14 billion in 2020.

Currently, Bangladesh falls in the least developed country (LDC) category. Over the past five years its economy has been witnessing a 7 percent rate of growth and this was expected to propel it into the category of a developing economy by 2021. The coronavirus will put Bangladesh's aspirations in this regard on hold. Also in danger is the political stability Bangladesh has enjoyed in recent years. The good performance of the economy had strengthened public support for the Awami League government. This support could dwindle if the government is unable to revive livelihoods.

The impact of the COVID-19 pandemic will be felt not just on the national economy but on the household economy of millions of Bangladeshis. Its devastating impact is already unfolding in Bangladesh. Daily wage earners have been badly hit; many have nothing to live on now and are unable to buy food for their families. Hunger, malnutrition, and other problems that have always plagued Bangladesh are poised to intensify as a result of the lockdown.

Such problems will increase as Bangladeshi migrant workers return home. Already around half a million have returned on account of the COVID-19 outbreak. They will be joined by many millions more. Most Bangladeshi migrants work in West Asia, where economies have been hit by declining oil prices. Many will be forced out of their jobs and will have to return home to unemployment.

Unlike in several of its neighbors, in Bangladesh, most migrants are from poor rural families. Their remittances support entire families and have played a major role in poverty alleviation in Bangladesh. That is now in serious jeopardy.

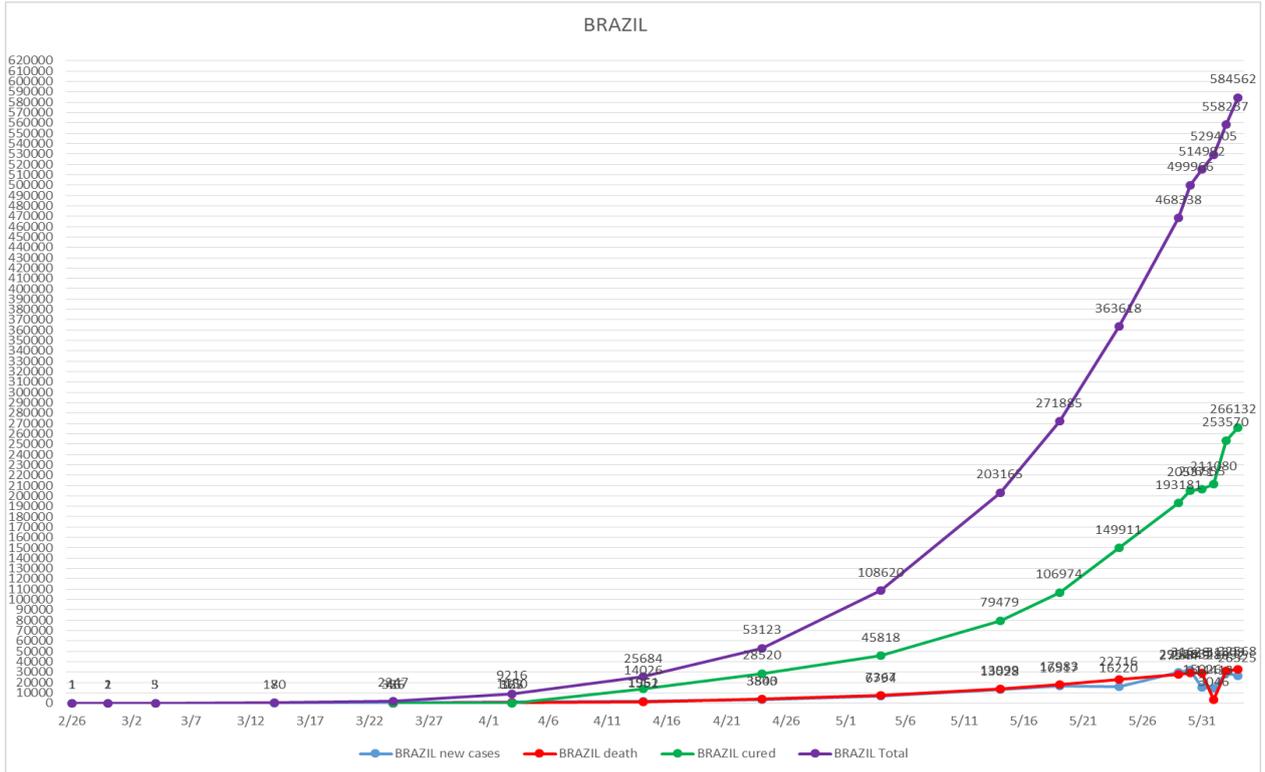
The current crisis is being described as the COVID-19 crisis. But this doesn't capture the full devastation that is being unleashed by the coronavirus. This is rather a "humanitarian crisis with a public health dimension."

3. BRAZIL.

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

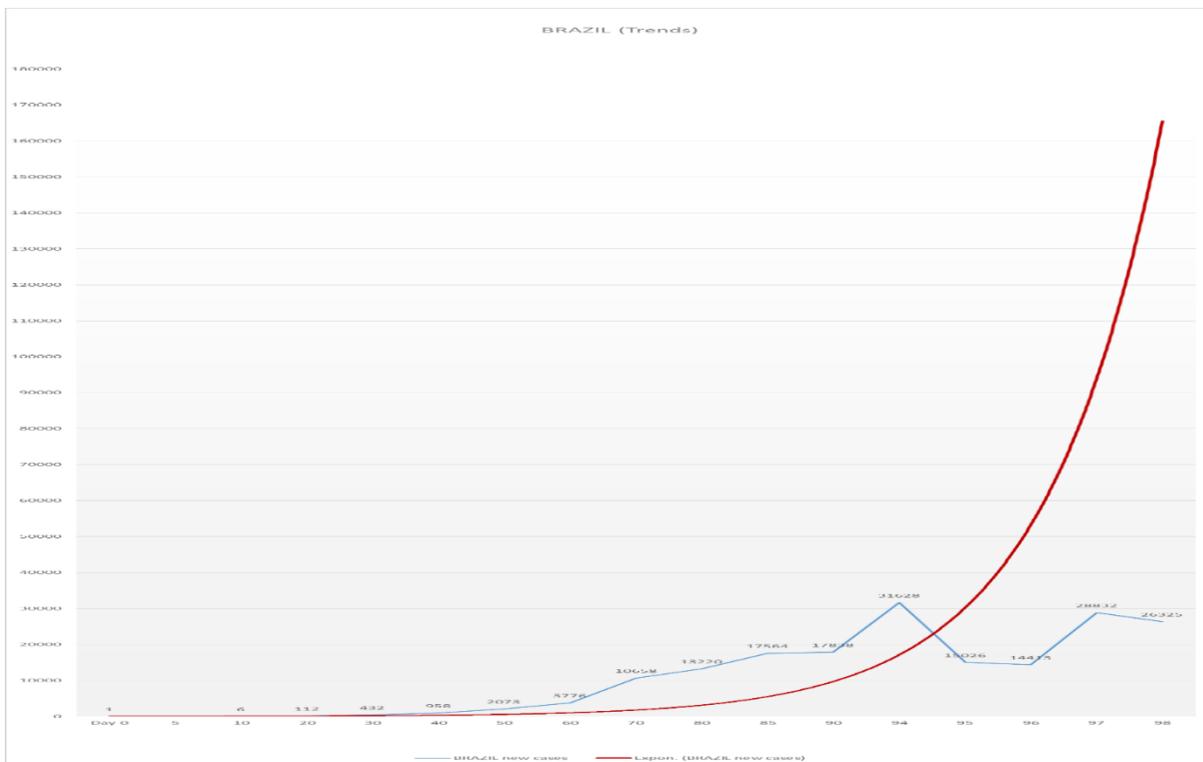
The total number of infected, deaths, new cases and recoveries is as follows:

- Infected – 584 562;
- Coronavirus deaths – 32 568 (5,6 %);
- New cases for the last 24 hours as of 03.06.2020 – 26 325;
- Recovered after illness – 266 132 (46 %).



Cases per 1 M of the population - 2752.

The number of new cases is growing exponentially and uncontrollably at the moment.



To date, there are no indications of a peak or approaching a peak in the coronavirus spread in Brazil. The number of cases had doubled in less than 14 days.

4. BULGARIA.

Three months after the first registered cases of COVID-19 in Bulgaria and the start of emergency measures, the National Operational Headquarters announced that the infection had been largely contained and that most of the restrictive measures still in force in the country were to be lifted. The Prime Minister Boyko Borissov has announced that the daily briefings of the National Operations Headquarters against the coronavirus will stop, but it will continue to work until the end of the year.

The Minister of Health Kiril Ananiev issued an order reintroducing a 14-day mandatory quarantine for those arriving in Bulgaria from the Republic of North Macedonia. The same order lifted the 14-day quarantine for citizens arriving from Bosnia and Herzegovina and Montenegro.

All those entering Bulgaria from Sweden, Great Britain, Northern Ireland, Belgium, Ireland, Portugal, Spain, Malta and Italy, as well as those coming from third countries, remain under quarantine for 14 days from June 1. The entry of third-country nationals by air, sea and land is still prohibited in the country.

Quarantine is also not provided for bus drivers engaged in the international carriage of passengers, truck drivers carrying out or terminating the international carriage of goods and goods, members of the crews of vessels and the categories of specialists cited.

The crews of Bulgarian aircraft are provided not to be quarantined if they have not been outside the service area of the machine. Crews of aircraft of foreign airlines are not subject to quarantine, provided that they do not leave it, except for the mandatory pre-flight training, and their stay until departure for the next scheduled flight does not exceed 12 hours.

5. GREECE.

As of 03 June, in total, 2,937 COVID-19 cases and 179 deaths (fatality rate of 6 %) due to COVID-19 have been reported. 1,374 persons are estimated to have recovered and 11 patients are critical/serious Condition. In comparison Belgium with a population size similar to Greece has reported 58.685 confirmed cases and 9,522 deaths.

During the last 7 days (from 27 May to 03 June) in total only 34 new cases of covid-19 and 7 new deaths were recorded. 12 of the new cases concerned travelers who arrived in the country from Qatar.

As of 03 June, each disease carrier infects significantly less than one other person. Intensive care unit (ICU) cases, considered a good indicator of where a country stands on the curve, appear to have peaked on 5 April at 93 patients and have been gradually declining ever since. In two months, the numbers of hospitalized in ICUs declined from 91 to 11.

The 01th June 2020 signaled the transition from the fourth stage of phase 2 (fourth phase of easing the lockdown restrictions) to the fifth stage of phase 2 (fifth phase of easing the lockdown restrictions). The main goal of this stage is to safely return to a semblance of normalcy.

The fifth stage encompasses the reopening of kindergartens and primary schools and all-year hotels. In addition, the monastic community of the Holy Mount Athos reopened its gates to both visitors and workers, following special permits.

The list of the 29 countries whose citizens will be allowed to travel to Greece by air from 15 June onwards was released. The foreign flights will initially land in the airports of Athens and Thessaloniki.

After multiple coronavirus cases due to travelers who arrived in the country from Qatar on 2 June, the country suspended flights to and from Qatar until 15 June.

On 27 May, the European Commission proposed to allocate to member states a massive 750 billion euro (\$824 billion) aid program to fight the economic repercussions of the Covid-19 pandemic in Europe. Greece is slated to receive 32 billion euros from the new recovery fund, of which 22.5 billion would be in the form of grants and 9.4 billion would be loans.

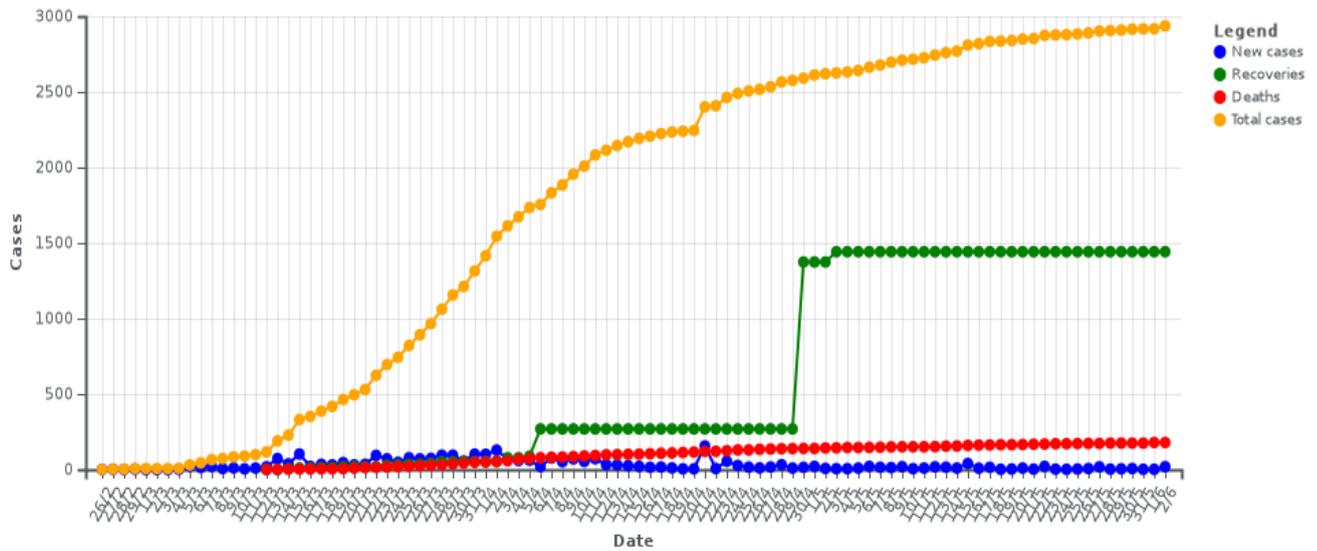
Greece took strict but necessary measures timely. The first measures were taken just one day after the first confirmed case and quite before the first death. Actions such as the lockdown and fully-quarantine vulnerable towns and villages have protected the national health system and eliminated the number of deaths. The lockdown was imposed much earlier than in most countries in the western world while Greeks reacted to the lockdown with full compliance. According to Greek special covid-19 Committee the toll rate in the country will be approximately 13,685 if the measures had not taken timely. Similarly, Greece has strained easing the strict measures when the epidemiological status had been improved significantly. Currently, it is moving ahead with a reasonable relaxation of restrictive measures. The key to further success remains the individual responsibility and disciplined alongside collective maturity".

The use of face mask usage is mandatory in all means of public transport, taxi and health premises. Highly recommended into supermarkets and stores.

The likelihood of serious local disease spread still exists in close structures such as refugee and Roma camps but also there a lot of concerns on that regarding travelers coming from abroad.

Greece base almost 20% of its total GDP on tourism. There are a lot of concerns

and debates about what is going to happen taking into consideration the decade-long economic crisis which struck the country. The official tourism season in Greece starts on June 15, when hotels operating during the season reopen and some regular flights from abroad resume. But planes will only be flying into Athens and Thessaloniki in the north and only from those parts of Europe and the world that escaped the worst of the pandemic. Other Greek airports are due to open on July 1. At the same time, Greece is the number two country worldwide for the number of beaches awarded the prestigious blue flag for this year. The overall situation is assessed as quite positive and optimistic. However, can quickly get out of hand continued vigilance is vital.



COVID-19 total confirmed cases, deaths, recoveries in Greece (03/06/2020 18:00 AM)

6. INDIA

India is now among the top 10 countries worldwide in terms of total reported infections, and among the top five in the number of new cases. India's testing remains one of the lowest in the world per head of population - 2,198 tests per million people.

Infections are rising sharply, up from 536 cases on 25 March when the first phase of the world's harshest lockdown was imposed. The growth of infections is outpacing growth in testing - tests have doubled since April but cases have leapt fourfold.

Since the first case of coronavirus at the end of January, India has reported more than 150,000 Covid-19 infections. More than 4,000 people have died of the infection. To put this in some context, as of end of May, India's testing positivity rate was around 4%, the death rate from the infection around 3% and the doubling rate of infection - or the amount of time it takes for the number of coronavirus cases to double - was 13 days. The recovery rate of infected patients

was around 40%. Like elsewhere in the world, there are hotspots and clusters of infection.

More than 80% of the active cases are in five states - Maharashtra, Tamil Nadu, Delhi, Gujarat and Madhya Pradesh - and more than 60% of the cases in five cities, including Mumbai, Delhi and Ahmedabad, according to official data.

More than half of people who have died of the disease have been aged 60 and older and many have underlying conditions, hewing to the international data about elderly people being more vulnerable to the disease.

Epidemiologists stated the increase in reported infections is possibly because of increased testing as India has been testing up to 100,000 samples a day in the past week. Testing criteria has been expanded to include asymptomatic contacts of positive patients.

Besides, India provides alternative estimates from the Indian Scientists Response to COVID19 (ISRC) collective. The ISRC is an initiative which combines about 600 scientists from both India and abroad, together with artists, science communicators, and doctors and other members of the civil society. It was formed to ensure that accurate, evidence-based information about Covid-19 reaches the public. The ISRC has developed a detailed India-specific epidemiological model, called INDSCI-SIM. This model is well suited to address questions such as those of deaths or cases averted. The model contains up-to-date clinical information specific to Covid-19, as well as demographic details, including age-specific probabilities of mortality and the distribution of ages within the population in each state. The model also describes the effects of interventions such as the lockdown and associated measures. These measures include the increased ability to test those with symptoms and their contacts in a lockdown situation. In effect, testing some proportion of those infected and quarantining them effectively reduces contacts between infected and susceptible people. This reduced contact implies that the disease spreads more slowly.

7. IRAN

The Islamic Republic, one of the worst-hit countries in the Middle East, started easing its lockdown in April after a drop in deaths.

Its leaders have been reluctant to acknowledge that they may have lifted restrictions prematurely. They have argued that a recent rise in new infections was confined to certain provinces and that the number of deaths was relatively low. Last week the president, Hassan Rouhani, said most restrictions had now

been lifted, pointing to the opening of 40,000 mosques, as well as shops and offices. Despite a clear reversal of fortunes in the past fortnight, few newspapers appeared willing to acknowledge that the virus had not been conquered. But health ministry officials on June 1, sent out a dire warning about complacency, saying the battle was far from over.

The spread of novel coronavirus has accelerated again since June 1st in Iran which officially confirmed over 3,000 new cases for a third consecutive day. The country has recorded an additional 3,134 cases, bringing the total number of infections to 160,696. New cases were at their highest on March 30, hitting 3,186. Another 70 people have died, taking the death toll to 8,012 since the outbreak was first declared in the country in February.

Infections have been on a rising trajectory in the Islamic republic since hitting a near two-month low on May 2, though the official number of daily deaths has remained below 100 in recent weeks.

Experts both in Iran and abroad have voiced scepticism about Iran's official figures, saying the real toll could be much higher. Health officials have repeatedly raised the alarm about Khuzestan on Iran's south-western border with Iraq. Khuzestan remains at red, the highest level on Iran's colour-coded risk scale, and is the only province where the government has reimposed a lockdown.

Iranian authorities have been under intense internal pressure to lift restrictions and get the economy, already shattered by sanctions, back moving. Nearly \$2.5bn of damage has been done in 13 sectors of the economy, according to government estimates. Inflation is projected to settle at 24% next year.

8. MEXICO

Mexican authorities announced on June 4 that the number of coronavirus-related deaths doubled within a 24-hour period, the country's highest death toll in one day so far. The number of new infections for the day is 3912. The total death toll in Mexico is now 11,729.

Deputy Health Minister Hugo Lopez-Gatell, however, attributed the increase to "various reasons," including deaths that were being counted days after.

"We have had a very substantial increase in mortality," Lopez-Gatell said.

Mexico is under pressure from its northern neighbor, the US, to rollback lockdown measures and jump-start the economy. Indeed, Mexican authorities had anticipated an easing of restriction, but the latest increase in deaths and confirmed cases has dimmed that prospect.

Critics have accused the US government of fumbling its response to the pandemic. Mexican officials have acknowledged that the number of positive cases could be significantly higher than the official tally.

9. NORWAY.

From Monday 01 June, amusement parks could open after Corona closures. The Prime Minister emphasized the importance of getting people back to work because all jobs are important in Norway at the moment and there are many people unemployed. On the other hand half of the population in Norway fears that the government will ease the corona measures too quickly and that the number of infections may go up again.

Solberg believes that the level of contamination in Norway is now so low that reopening of amusement parks will probably not cause any significant surge – noticeably if you follow the contagion rules however.

On Monday 01 June, alcohol serving venues not selling food have also reopened. One in five who used to travel to and from work collectively no longer does so. 80 per cent of the population that used to take a bus, tram or train to work is now back. Furthermore, 15 per cent say that their travel habits have changed permanently. Over half of those who respond say that they intend to cycle or walk more than before.

Then physical activity for children and young people is also important and respectively it is certain climbing parks provide a way to let go, and the amusement parks provide joy in everyday life. It is highly likely people need this after the winter and spring they've had.

People have lived with strict measures for a long time. It's no wonder some get a little anxious when the society opens up. It is important to keep in mind that the reopening is gradual and controlled, and the infection situation is closely monitored.

It is likely many people have found alternative ways to get around and commute during the corona period that they even prefer.

10. THE REPUBLIC OF NORTH MACEDONIA.

The Republic of North Macedonia has reported over 2,100 confirmed cases of COVID-19 within its borders. Over 120 deaths have been reported.

The Government of the Republic of North Macedonia on May 30, 2020 declared a new nationwide state of emergency lasting until June 13, 2020. Nevertheless

there is no curfew in effect and no restrictions on movement for any ages as of May 27, 2020.

Individuals must practice two-meter social distancing in public and wear a protective face covering in closed public spaces, including markets, shops, banks, post offices, health facilities, and public transport, as well as in open spaces where it is not possible to maintain a two-meter distance.

Groups larger than two people are prohibited in public places, excepting children under age 14 with their parents.

New restrictions on movement or social distancing regulations may be implemented with little notice. Monitor local media and visit the websites of the Government of the Republic of North Macedonia or Ministry of Health for updated information.

Restaurants and bars with outdoor seating may open beginning May 28, 2020 under specific protocols determined by the Government of the Republic of North Macedonia. Other restaurants may provide delivery and pick-up of food. Private companies, including hotels, stores, restaurants, and other commercial businesses, may limit hours, restrict access, or close with little or no notice.

11. PERU.

Peru's national state of emergency and quarantine measures are extended through June 30. Mandatory nightly curfew hours remain till 4:00 am and the all-day Sunday curfew continues. Children under 14 are allowed to take a short 30-minute walk outside with an adult each day. Children in areas with a high number of COVID-19 cases and/or a high transmission rate are advised to not go outside.

On June 1, the Ministry of Health (MINSA) approved a directive allowing physical activity and recreation in public spaces to resume in three stages. As part of the first stage, starting on June 3, individuals are allowed to walk, jog, and/or engage in fitness activities including calisthenics, pilates, tai chi, and yoga outside, as long as they: 1) exercise alone, 2) wear a facemask at all times, 3) stay within a 3-kilometer radius of their residence, and 4) exercise for no more than 60 minutes each day. Outdoor fitness activities may take place from 5:00 a.m. to 6:00 p.m., Monday through Saturday, with no activities permitted on Sunday. This directive may not apply to 19 districts with large number of COVID-19 infections according to the MINSA epidemiological alert.

Quarantine measures due to the outbreak of COVID-19 are enforced by Peru's Ministry of Health (MINSA), and exceptions are not made for international tourists. Persons presenting symptoms of COVID-19 should dial the toll-free number (113), send a WhatsApp message or send an email to public health

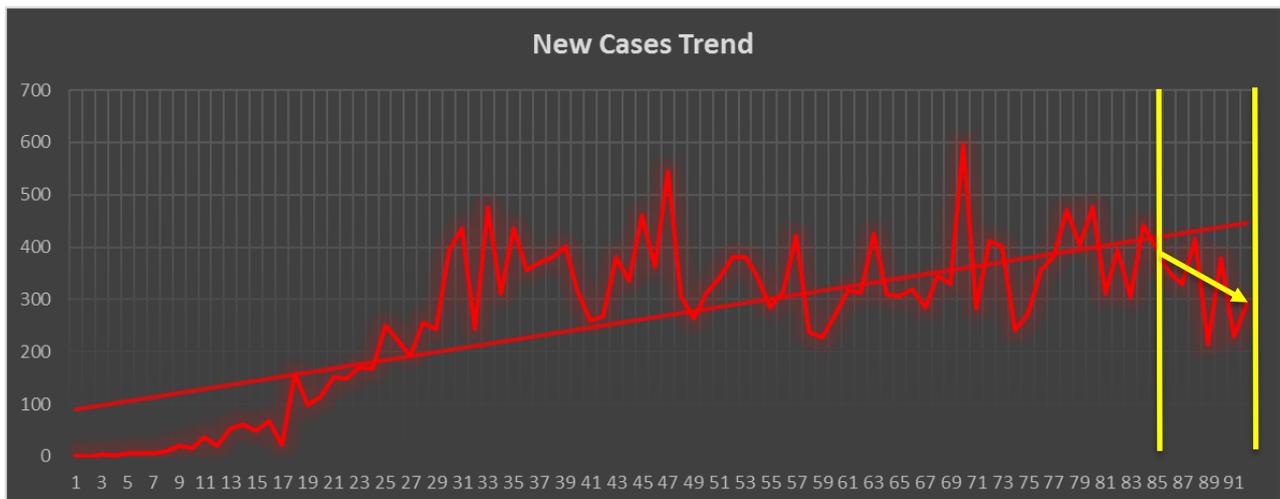
authorities. Peru’s Ministry of Health maintains a web portal that allows users to search for prescription medication by name and verify the pharmacies in Peru that carry the medication.

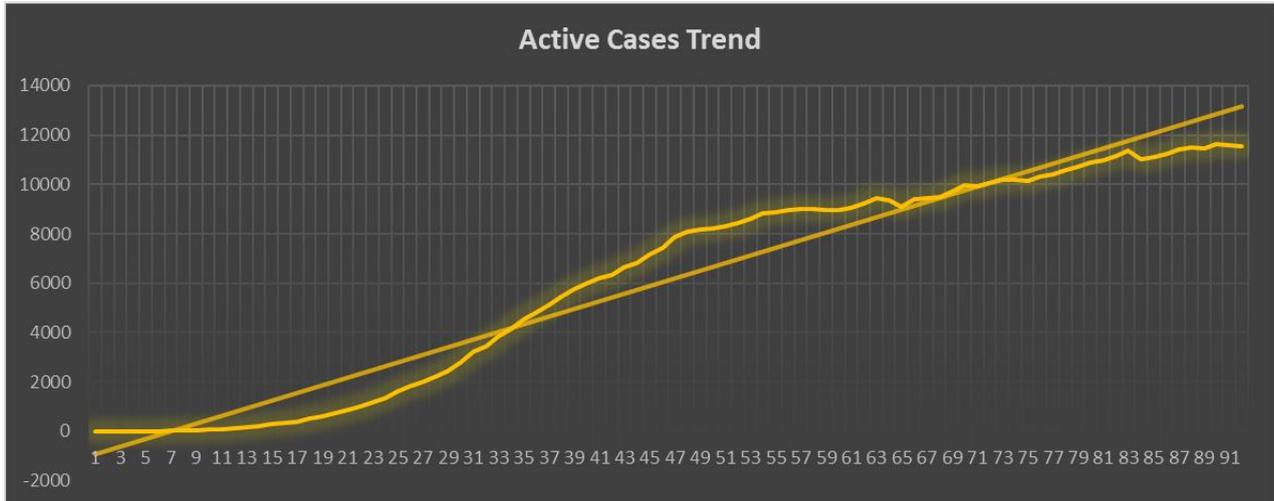
On May 25, limited economic activities deemed essential — including dentistry, ophthalmology, rehabilitation services, and veterinary medicine — were allowed to resume. In addition, certain professional services such as plumbing, gardening, domestic appliance maintenance and repair, hairdressing, and cosmetology will be allowed as long as these services are provided at a residence. People may also use private vehicles to procure food, medicine, and financial services within their districts of residence. Only one person per vehicle is allowed. Private vehicles may now also be used to transport people with urgent medical needs, as well as to perform any of the activities included in the Supreme Decree annex upon receipt of prior authorization from the Ministry of Defense or Ministry of Interior.

12. POLAND.

From the beginning of pandemic number of infected people is still growing and reached 24 687 (+ 2 214), disease growth rate dropped during last week and is below linear trend line. Currently average number of infected is 316 (recently 391) people a day during last week, which placed Poland on 11th place in Europe and 43rd on the world.

Active cases trend line went down from last report and is visible below linear. This is due less new cases comparing to previous period and growing number of cured patients. Unfortunately more people died in reporting period then during previous week, which also had influence on overall trend.



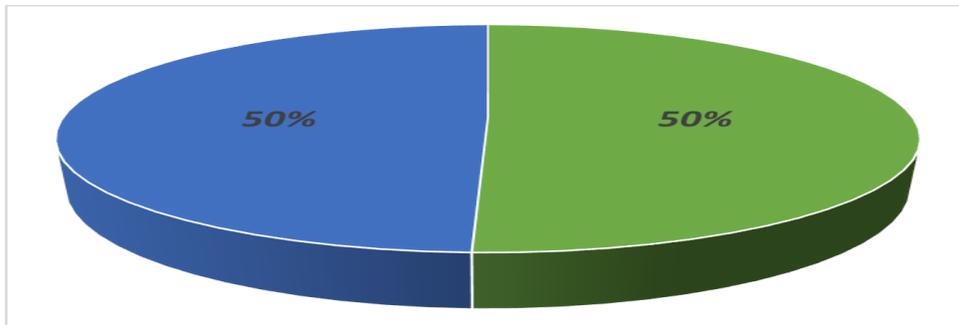


Number of tests done so far is 967 177 / +142 403 from last report;
 Reported number of people cured from coronavirus so far – 12 014 / +1 684 from last report. 1115 (+87) people died so far (563 men and 552 women), average age of died person is 76 years, the youngest persons who died was 18th years young man who died on 24th APR in Kędzierzyn Koźle Hospital. The patient had cerebral palsy and epilepsy. On 14th MAY also 18th year old women passed away in Regional Hospital in Radom. Local epidemic institution informed that she had coronavirus and comorbidities, but not informed which specific once.

Age structure of died people in Poland

0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
0	2	0	13	29	67	214	308	482
0%	0%	0%	1%	3%	6%	19%	28%	43%

Gender structure of died people in Poland



Silesia District continue to be the most affected region in Poland with almost 8700 confirmed cases that is 35% of all cases in Poland now. Still the main source of infection are coalmines located in this area where virus is transfer among miners and their families.

Ministry of National Education informed that distance learning will be enhanced till 26 June, which in fact is till the end of school year 2019-2020. However, there is possibility to conduct personal consultation and practice if necessary.

After bilateral talks on ministerial level, Greece added Poland to the list of countries which citizens can come to Greece for vacation without quarantine restrictions.

The Speaker of Polish Parliament, based on recently accepted act of law, announced that on 28th of JUN first round of presidential election will be conducted. If there will not be the winner on that day, second round is foreseen to be on 12 JUL. Polish citizens could vote in traditional way, going to polling stations or via correspondence mode.

13. RUSSIA.

As of June 38536 people were newly infected with the new coronavirus (COVID-19) in Russia, while 8972 patients have recovered. This was announced by the Russian Operational Headquarters for prevention the spread of the coronavirus.

Thus, for the second day in a row, the number of those recovered exceeds the number of newly infected. The daily growth of the newly infected in the country in relative numbers decreased to a record low of 2%, after on June 2 it was 2.1 percent.

Since the beginning of the epidemic, a total of 432277 infected people have been registered in the country, of which 195957 people have recovered - more than 45%.

Another 178 people died in the last 24 hours, bringing the total number of COVID-19 victims to 5215. On June 2, 182 people died. The total number of victims is 1.2% of all infected in Russia.

In Moscow on June 31142 newly infected people were registered, while 3385 people were discharged from hospitals. The growth of newly infected in the capital is a record low of 1% compared to 1.2% on June 2. The number of discharged from hospitals is almost twice the number of newly infected. The number of newly infected people per day in Moscow is less than 2000 for the first time since April 23.

Another 736 newly infected people were found in the Moscow region, 380 in St. Petersburg, 357 in the Sverdlovsk region, 347 in the Nizhny Novgorod region and 239 in the Arkhangelsk region.

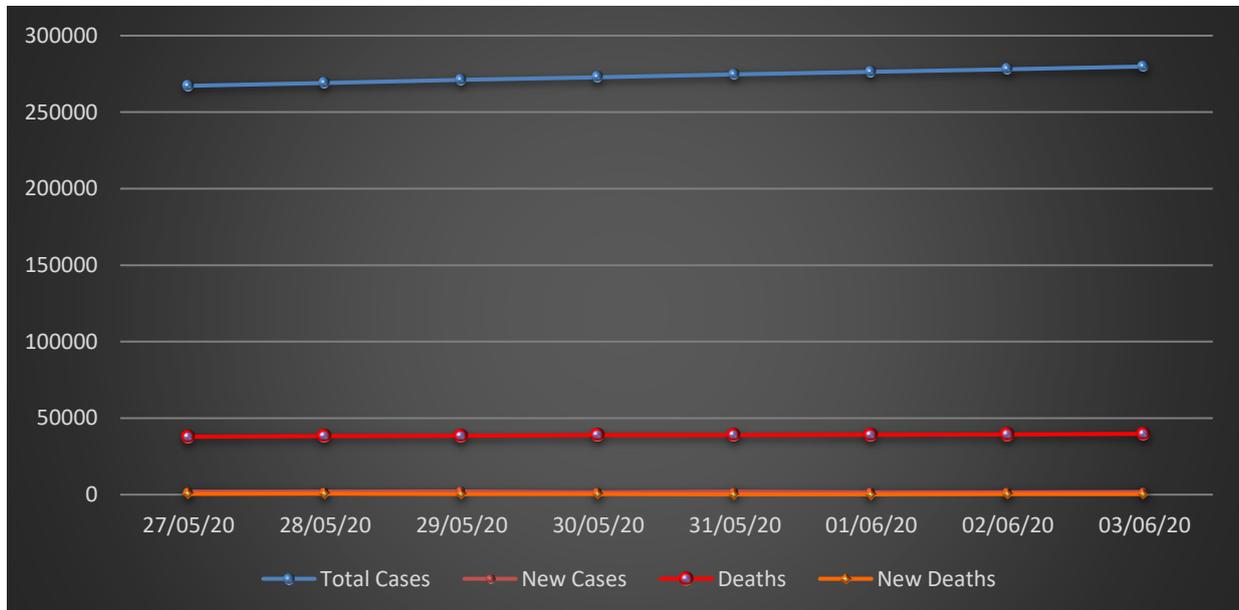
14. UNITED KINGDOM

In the elapsed week, the new cases with COVID-19 in UK increased with 12,612 summing up to 279,856 cases. This is a 6K decrease in comparison to the previous week (Annex 4).

UK is still on 5th position by infected people in the world chart after USA, Brazil, Russia and Spain.

With an extremely high death toll rate (585 deaths/1M pop), UK still holds the second position on the total death chart (total 39,728 death cases).

The decreasing trend, which started more than couple of weeks ago, still continues as the impact of the lockdown and other containment measures begin to be realized. There is still no evidence of a second wave increase after reducing the measures on 10 May.



4,786,219 tests (70,531 tests/1M population) have been conducted so far in the UK. Hospital patients dropped with another 13% from previous week (7,080 inpatients).

Reporting on the number of people tested has been temporarily paused on 3-June to ensure consistent reporting across all pillars.

The latest infection rate, or "R number", sits between 0.7 and 0.9, according to the Government.

Prime Minister Boris Johnson urged people to come forward for tests if they start showing symptoms. If people are not tested, they may not be isolating and their contacts cannot be traced.

In England and Wales, children and adults of all ages displaying symptoms can now have a test to determine whether they currently have the virus. In Scotland

and Northern Ireland, you can only get a test for your child if they are aged five or over.

The new Test & Trace programme launched on 28 May only reached 38 per cent of known contacts of people diagnosed with coronavirus, according to leaked data obtained by Channel 4 News. The Scientific Advisory Group for Emergencies (SAGE), the government's official advisory group for the pandemic, say the system needs to reach 80 per cent to be effective. Out of 4634 contacts provided to NHS Test and Trace by people who were confirmed to have coronavirus between 28 and 31 May, only 1749 were contacted.

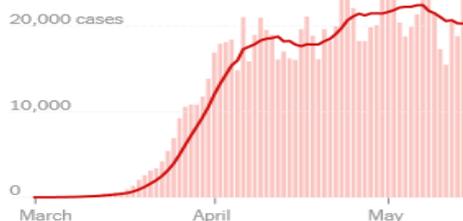
15. USA

The United States has crossed an uneasy threshold, with all 50 states beginning to reopen in some way after the coronavirus thrust the country into lockdown. But there are substantial variations in how states are deciding to open up, with some forging far ahead of others.

The changes reflect the immense pressures weighing on the nation's governors to respond to a crippled economy and an anxious public, even as epidemiologists warn of the potential for a second wave of cases. Cases were rising in about a dozen states in recent days, including several states that allowed early reopening.

Businesses are almost universally reopening under restrictions, such as allowing fewer customers, requiring workers and customers to wear masks, and

**New reported cases by day
in the rest of the U.S.**

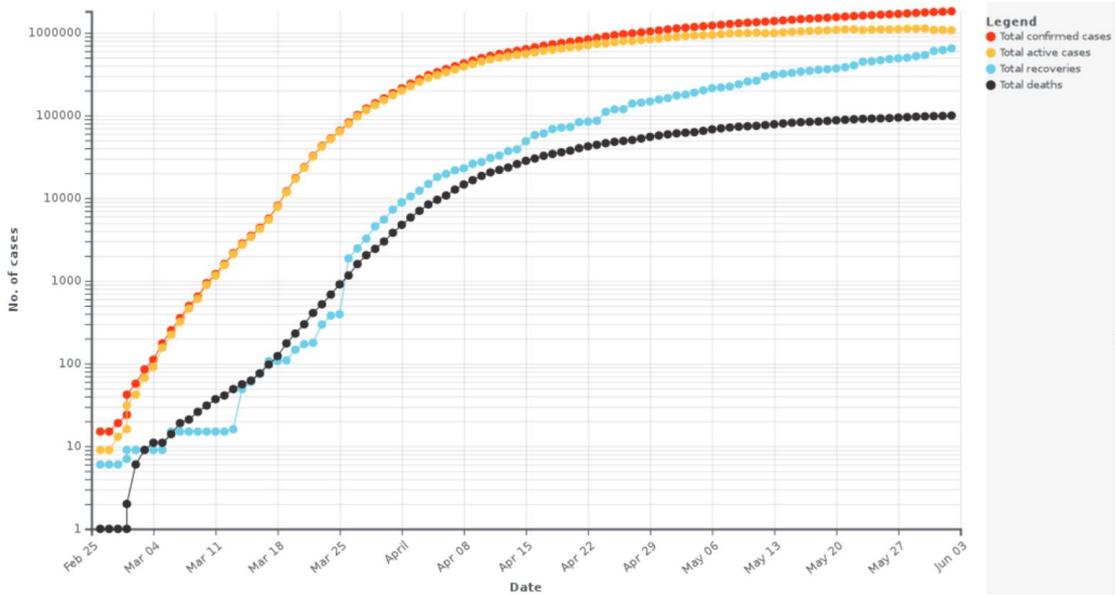


enforcing social distancing. Even as governors lift orders, stricter local orders may remain in place. More than 1,881,000 people in the United States have been infected with the coronavirus and at least 108,059 have died. Though the number of new deaths has been curving downward, the virus continues to circulate

widely within the United States. As states move to partly reopen their economies, thousands of new cases are still being identified each day and true normalcy remains a distant vision. Every day, more beloved events are scrubbed from the calendar. There will be no Columbus Scottish Festival in Indiana, no Maine Authors Book Festival, and no Western Minnesota Steam Threshers Reunion.

The mass protests against police brutality and racism have shaken dozens of cities across the United States prompting officials and public health experts to warn of a possible second wave of coronavirus outbreaks. While the demonstrations were ignited by the death of George Floyd last week, they are also channeling the outrage felt by those who have seen the virus lay bare entrenched inequalities in American society. Covid-19 kills black Americans at a higher rate than whites, and

it has stripped black Americans of their jobs and income at an outside rate. The United States Government through the United States Agency for International Development (USAID) has committed an additional \$500,000 to support Turkmenistan’s COVID-19 prevention efforts, bringing the total U.S. Government resources made available to all partners in Turkmenistan to \$1.42 million.



The death toll in the US continues to surge with 108,059 deaths and 1,881,205 cases and more than 645,974 patients have recovered as of June 3. The US continues to lead worldwide cases and deaths from the virus. As of May 27, 2020, the U.S. had the most confirmed active cases and deaths in the world, and its death rate was 285 per million people, the ninth-highest rate globally.

16. EUROPEAN UNION

As of 3 June 2020 – Commission takes first step towards adoption of a Pharmaceutical Strategy for Europe

The European Commission has published a roadmap on the Pharmaceutical Strategy for Europe. Anyone can share their feedback and help shape the proposal. The Pharmaceutical Strategy for Europe will address risks, secure pharmaceutical production capacities in Europe, support the European pharmaceutical industry to remain an innovator and world leader, and ensure Europe’s supply of safe and affordable medicines. The Commission regularly consults citizens, businesses and stakeholders on its initiatives, such as the Pharmaceutical Strategy for Europe. The roadmap will be followed by a public consultation.

28 May 2020 - Coronavirus Global Response: “Global Goal: Unite For Our Future”

kick-off with support from Global Citizen

The Coronavirus Global Response was kick-started on 4 May and has so far raised €9,8 billion for universal access to affordable coronavirus vaccination, treatments and testing. On the launch of the next phase, President von der Leyen said: “The world needs to unit and defeat the virus once and for all. The good news is that this is already happening. We are launch a new campaign “Global Goal: Unite For Our Future” and this idea comes from Global Citizen. During the next month, people will make their voices heard and contribute to our common fight against the coronavirus. On 27 June, I will host a final pledging summit where businesses, foundations and citizens can join forces with public donors.”

27 May 2020 - Europe’s moment: major €2,4 trillion Recovery Plan for Europe unveiled to repair and prepare for the next generation

To kick-start the European recovery, protect lives, livelihoods and jobs, the European Commission is proposing a major €2,4 trillion recovery plan which is based on using the full potential of a powerful, modern and revamped EU budget to deliver a more sustainable, digital, inclusive and fair Europe. Commission President Ursula von der Leyen said: “Europe’s next generation will reap the benefits of tomorrow. These investments will not only preserve the outstanding achievements of the last 70 years, but will also ensure that our Union is climate natural, digital, social and a strong global player in the future. This is about all of us. It is way bigger than any of us. This is Europe's moment.”

17. NATO

NATO with the Euro-Atlantic Disaster Response Coordination Centre (EADRCC), stands ready to assist in the coordination of any offers being considered in support of the stricken nations. At this moment, seven (7) allied and nine (9) partner nations have requested international assistance through the EADRCC. In chronological order of requesting, these are: Ukraine, Spain, Montenegro, Albania, the Republic of North Macedonia, the Republic of Moldova, Bosnia and Herzegovina, Georgia, Colombia, Slovenia, Afghanistan, Mongolia, Bulgaria, Tunisia and Iraq. Recently the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), requested international assistance through EADRCC. To date fourteen (14) requests for International assistance are active right now, since Spain and Italy and Slovenia have retrieved their respected requests. It is proven that the majority of Member States are difficult to react, since each of them needs the same materials and equipment.

On June 2nd 2020, NATO released a statement related in “destabilizing and malicious” cyber activities against “those whose work” is to the response against the pandemic, including healthcare services, hospitals and research institutes. As

clearly stated, NATO remain ready to assist Allies, and urge the States to protect their critical infrastructure, building resilience and bolstering cyber defenses, including full implementation of NATO's Cyber Defence Pledge.

CONCLUSIONS:

1. Despite the number of infected people around the world keeps increasing, the acceleration spread charts are very informative about what to expect in the upcoming days.
2. Resent top ten countries with highest new cases rate remain the same: Russia, Mexico, Pakistan, Bangladesh, Afganistan, Oman, Indonesia, Bloivia, Kamerun and Armenia.
3. The trend in Central and Western Europe countries, with the exception of Sweden, is to continue to constrain the growing number of the sick and subsequently to cope with the crisis. Gradual easing of the measures adopted at this stage in the countries does not lead to a change in the current trend.
4. The trend is also maintained in Eastern European countries where a low level of the contagion curve is being sustained, which at this stage is related to the lack of tension on their health system. An exception is the Republic of North Macedonia, where in the last week there has been a steady trend for the development of the second wave of disease.
5. Latin America continues to be the epicenter of the crisis and Brazil is the worst hit in the region by far.
6. There is a visible consequence of the different approach undertaken by the Scandinavian countries to overcome the crisis - Sweden and other countries in the region.
7. Following the devastating impact on the North and South America, African countries are expected to be the next outbreaks of infection, which, combined with the low standard of living of much of the states, will lead to uncontrolled coronavirus infection.
8. The situation in India and some Central Asian countries is very worrying, where there has also been a sharp rise in the number of cases in the last week.
9. Bulgaria has proven evidences that measures imposed in the country were effective, however it is still far to say that pandemic was completely managed.
10. Poland introducing next batch of easing measures but still keeps its borders closed for foreigners.

11. Greece is looking forward to open tourist activities, especially having in mind the decade-long economic crisis, which struck the country, which should be taken as a very serious warning of the opening of the upcoming tourist season in the country.
12. Rising tensions and protests in the United States have a direct bearing on the economic consequences of the coronavirus for the country. There is a potential risk that such tensions could occur in other countries around the world.
13. NATO's response to the coronavirus pandemic has shown that the Alliance can play a positive supporting role in helping member states respond to health emergencies.
14. European Commission issued its proposal on a Recovery Fund and the Multiannual Financial Framework which may be an important step in the decision making process. It will help target support towards the sectors and regions most affected by the COVID19 pandemic.
15. A possible second wave should not be stronger than the first one. With the experience gained so far, and the lessons learned, as well as due to the rapid development of new antivirus assets, it will be better controlled and will not become widespread.

RECOMMENDATIONS:

1. Continue strict compliance with the measures currently in place.
2. Particular attention is to be paid to the monitoring the evolving situation and analysis of the results of the easing of measures in recent weeks.
3. Evaluate the effectiveness of the measures used and update guidelines, protocols, and algorithms accordingly.
4. It is a matter of importance to find a balance that allows the application of those measures that are necessary to restore a normal way of life.
5. Preserving the already formed hygiene habits among the population and business, incl. wearing masks in public places, disinfection of public buildings, observing the physical proximity, etc.
6. Determine the need for additional resources and capacities during possible future pandemic waves.
7. Continue to strengthen health systems and social security networks while supporting the private sector and maintaining the financial stability and confidence of the population.
8. Review the status of and replenish national, local, and household stockpiles and supplies. Review and revise national plans.
9. Consideration of future economic measures should follow the development of the crisis, while remaining adequate to the evolving situation.
10. With a view to increasing the number of contagious people in the Republic of North Macedonia, measures should be taken to restrict the free movement of citizens between the two countries. Bulgaria should be prepared to apply similar measures to other countries where there is an increase in morbidity.