

COVID-19

Governments measures

Beginning in January 2020, WHO has encouraged governments to reduce transmission of COVID-19. These efforts include active surveillance, detection, isolation and treatment, and contact tracing. This report maps the initial measures adopted by governments. It is a component of ACAPS's broader effort to monitor the impact of the pandemic.

Governments across the world are instituting a wide range of measures to disease transmission. Among the first measures were travel bans from specific locations. This was followed by local or regional quarantines, call for self-isolation, and social distancing. In some countries, extensive closures and quarantines followed.

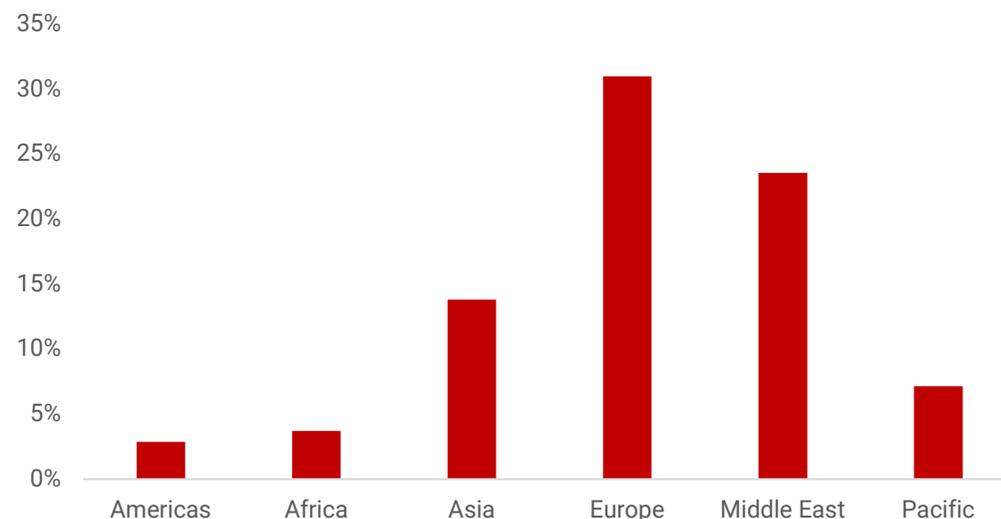
This report is based on publicly available data assembled by our team through a wide scanning of information across the globe. It provides an initial analysis of the data. In order to share the information quickly, the analysis is descriptive and cannot yet be thorough. We present these initial findings along with the data set. As resources will need to be carefully prioritized, we present a holistic analysis based on broad information. As information changes and data evolve and our analysis will deepen.

We are still in the early stages of the pandemic and report mainly on initial government policies. Rules and guidelines are changing daily. We anticipate providing an update to this report weekly.

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% of countries per region having adopted at least one measure in each category*



*See more on the measures on page 2.

Limitations

The COVID-19 response provides many sources of information. Care is needed to identify the most reliable sources.

Government measures are changing rapidly. Often information is outdated by the time it has been identified. Many of the numbers of countries implementing particular measures increase daily.

Information gaps exist for some countries.

At this stage it is still a challenge to retrieve clear information and frame it in a way that is analytically consistent.

This report includes information on government measures available as of 17 March 2020.

About this report

The purpose of ACAPS analysis of COVID-19 is to track the experience of vulnerable groups of people. The pandemic is creating new vulnerabilities, while old vulnerabilities may be aggravated. We hope to keep up with those changes and help make sense of this new situation for all humanitarian actors.

This report is the first piece in the puzzle of understanding how the pandemic affects vulnerable populations. We know that rapid changes to the environment and context can bring about similarly rapid changes in social dynamics. They can exacerbate underlying tensions and aggravate pre-existing vulnerabilities. Monitoring and understanding this will be a focus of our work as we move forward. We also know that measures used to limit disease outbreaks can impact protection; freedom of movement and association are curtailed and the rights to key services can be seen to be limited. Politics, social dynamics, trust and information have an important influence on how mitigation measures are implemented and how they are received by the populations concerned.

Pandemic declaration

An outbreak of respiratory disease caused by a novel coronavirus was first detected in China in December 2019 and has now been detected in most countries. The virus (abbreviated "COVID-19") (CDC 2020), was declared a pandemic on 11 March 2020 (WHO 11/03/2020). Throughout the 20th century four pandemics were declared – all against influenza viruses. Epidemics of other corona viruses have occurred during the 21st century – causing the diseases MERS (2012) and SARS (2002) – did not spread as far geographically as COVID-19 (CDC 2020).

The first cases of this disease were detected in Wuhan, a city in southern China. It quickly spread to neighbouring Asian countries, and then to countries in the middle East and Europe. Fewer cases to date have been detected in Africa and Latin America.

Methodology

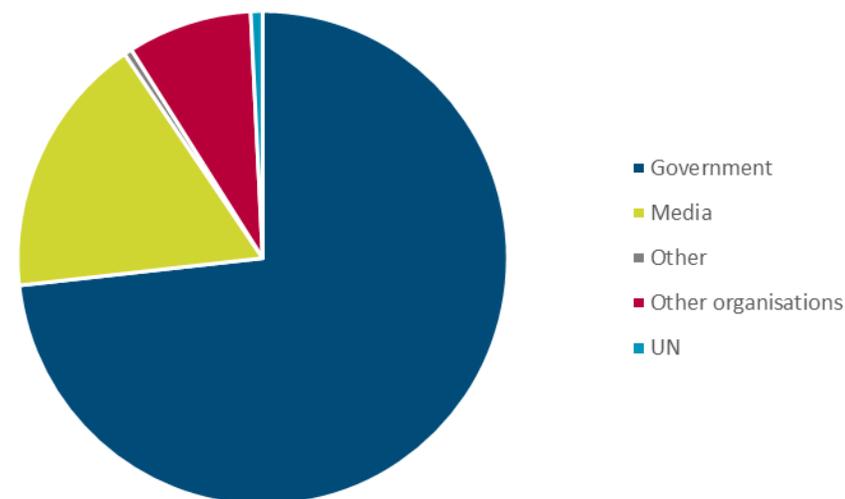
This report summarizes and provides an preliminary analysis of the data collected in the [ACAPS #COVID19 Government Measures Dataset](#). It collates information on current actions and the potential future impact on ongoing humanitarian operations.

Data are available for over 190 countries. The Secondary Data Review that populated the data set was structured around four broad categories which were used to group the interventions governments were taking in response to COVID-19:

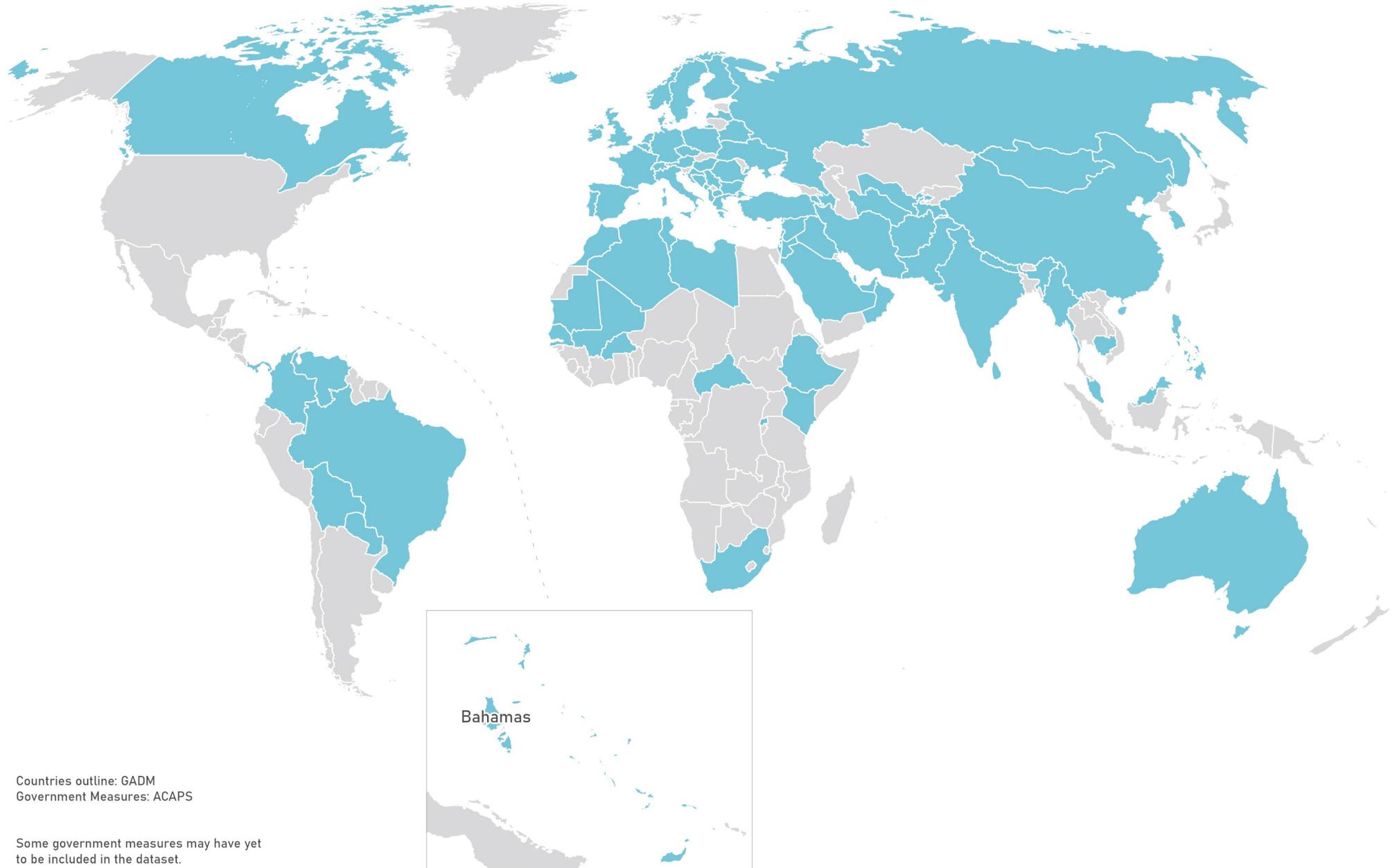
- Social distancing
- Movement restrictions
- Public health measures
- Social and economic measures

The information included in the data set comes from a broad range of sources, government, media, United Nations, and other organizations.

Type of Sources



COVID-19: Countries with social distancing measures, as of 17/03/2020



Countries outline: GADM
Government Measures: ACAPS

Some government measures may have yet to be included in the dataset.

Social Distancing

Social distancing includes a set of nonpharmaceutical infection control actions and measures intended to stop or slow down the spread of a highly contagious disease (ECDC 03/2020). In the COVID-19 response, social distancing refers to measures that enable less physical and social contact between individuals to reduce the spread of the virus. These measures vary greatly and include the avoidance of physical contact, maintenance of a defined distance between people at all times, limiting numbers of people in attendance of public events, closing schools, encouraging “work from home” activities, and restricting public spaces.

School closures

The closure of schools has been a widely implemented social distancing measure. Towards the end of January, schools in Asia began closing (IOM DTM 17/03/2020). As of 17 March, more than 60 countries have closed educational facilities, including primary, secondary, higher education, and university institutions. The initial length of school closures varies across countries. At date of publication, more than 840,000,000 children and youth are being affected due to school closures (UNESCO 18/03/2020).

Previous disease outbreaks have had both short and long effects on both individual education levels and educational systems (IDS 21/02/2020). In order to mitigate negative impacts of school closures, a number of countries have introduced online learning programmes. However, these measures often require a certain level of access to technology and technology literacy, which may not be possible in all countries or for all individuals. The impact that prolonged school closures may have on education levels and education systems are not yet clear.

Public gatherings and Services

As of 17 March, about 80 countries have limited, or recommend reduced numbers of, people in public gatherings. The recommended number varies from 100, to 50, to 10 or less. Restrictions are applied to sporting and cultural events, public spaces including bars, restaurants, and cafes, religious and cultural institutions. Countries have also limited the public services offered to their populations. In many cases government or public sector employees have been reduced and only emergency or health related services are operating at their normal capacity.

Challenges linked with implementation

Refugees and IDPs

Many groups live in crowded conditions where social distancing is a great challenge. Displaced families are often confined to overcrowded camps or cities where a diseases, such as COVID-19, can spread rapidly through the population (IRC 16/03/2020).

Humanitarian organisations already have called for urgent measures to be taken to deal with the potential impact in many camps (MSF 13/03/2020). The countries in which many refugee camps are located in countries adds an extra layer of complexity. Weaker country health systems that may struggle to screen, test, and contain the epidemic for the host population let alone the refugees (CERAHGENEVE 03/2020).

Impact on humanitarian operations

Although the full extent of the impact on humanitarian responses is unclear, it is expected that it may be the discontinuation of important and essential services (CARE 03/2020). Access of humanitarians to refugees and IDP camps, as well as densely inhabited urban settings may be impacted by the adoption of social distancing measures.

COVID-19: Countries with movement restrictions, as of 17/03/2020



Countries outline: GADM
Government Measures: ACAPS

Some government measures may have yet to be included in the dataset.

Movement Restrictions

Movement restrictions are introduced as a measure applied both within and across countries. Measures include:

- Health and document checks and controls at land borders and other entry points such as ports and airports
- Complete border closure
- Travel restrictions (e.g. entry bans based on country of departure, general entry bans, bans for citizens to travel abroad, or domestic travel restrictions on a federal level)
- Flights suspensions
- Visa restrictions

Countries have been put under lockdown with various degrees of restrictions and exceptions. Flexibility for reasons such as employment or returning to places of normal residence exist in some countries while in others movement restrictions mean increased government security and police control on people's lives, including the inability to work (Reuters 16/03/2020).

Checkpoints might be put in place to ensure the reduction of movement in countries or regions experiencing temporary lockdown or in a state of emergency, as seen in Italy (Il Sole 24 Ore 08/03/2020). Some countries have also introduced checkpoints throughout their territory in order to stop people from moving but also to conduct health checks. Some countries might put in place surveillance systems to gather data, including location, on people diagnosed or suspected of having Covid-19 (Haaretz 18/03/2020).

International borders

The first international measures implemented were suspensions of flights from China and refusal of entry of Chinese nationals. These suspensions have now expanded and include border closure for all non-essential travel by a growing number of countries, including all of the European Union (Europa 17/03/2020).

Many countries have established checking posts on their land borders, Sudan, for example, has installed four checkpoints in Northern State, at the border with Egypt and Libya (US Embassy 25/02/2020). South Sudan, which currently has no reported case, has installed screening points at border crossing and entry points with neighbouring countries (Anadolu 13/03/2020).

Despite check points, many land borders remain porous and some populations still move freely especially in areas with refugee and mixed migration

movements. For example, Afghanistan's national security council announced on 24 February that all air travel to and from Iran had been suspended and borders had been closed, however, an estimated 3,000 people continued to cross between Iran and Afghanistan every day (Guardian 26/02/2020).

No restrictions

Some countries have decided not to take any movement restriction measures. The government of Mali declared on 11 March that it does not advocate border closures and that there are no restrictions on air travel (GoM 11/03/2020). Iceland has also not introduced any travel bans or general forced quarantine for arriving travellers (GoI accessed 17/03/2020).

Challenges for humanitarian operations

The implications the restriction of movement may have on humanitarian operations are wide-ranging and change rapidly. Many humanitarian operations are scaling back physical presence, recommending their international staff return home and closing offices. Ongoing restriction of travel, suspension and changes to scheduled flights is likely to continue to disrupt humanitarian operations (OCHA 17/03/2020; UN OCHA 17/03/2020; New Humanitarian 17/03/2020).

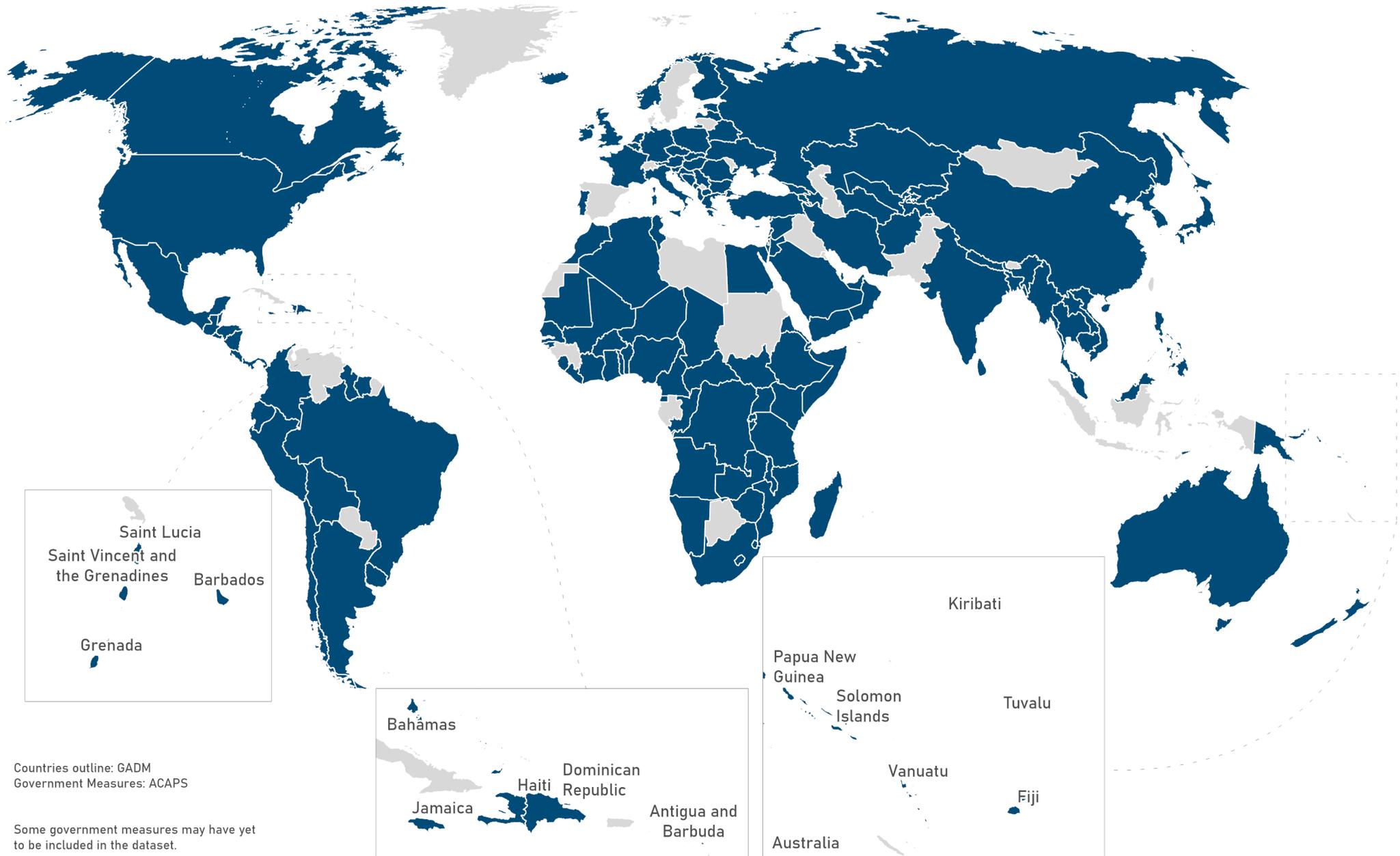
Preventing ongoing refugee movements

After Colombia closed its borders with Venezuela, on 16 March, Venezuelans on their way to seek medical assistance in Colombia were stuck on the Venezuelan side of the border, while others who had crossed for supplies or assistance became trapped in Colombia and couldn't return. The decision cuts off a vital supply and healthcare lifeline for Venezuelans (New Humanitarian 16/03/2020).

In many cases, refugees living in camps rely on access to cash for work programs operating outside of camps. The temporary movement restrictions place their present livelihood on hold, creating a greater degree of uncertainty for families already facing limited livelihood opportunities.

Travel bans and entry restrictions also affect refugee resettlements which have been halted in several states. In response to the challenges this creates for arranging travel for refugees, UNHCR and IOM have announced a temporary suspension of refugee resettlement travel (UNHCR 17/03/2020).

COVID-19: Countries with public health measures, as of 17/03/2020



Countries outline: GADM
Government Measures: ACAPS

Some government measures may have yet to be included in the dataset.

Public Health Measures

Public health measures can range from actions that can be carried out by individuals to country-wide procedures and governments play a crucial role in ensuring that essential healthcare and information is accessible for all population groups, including refugees and migrants (HRW 19/03/2020). To limit the spread of COVID-19, respiratory etiquette, frequent and thorough hand washing and social distancing are all actions that can be taken on an individual level. Since the beginning of the outbreak in Wuhan, governments have been rolling out public awareness campaigns, aimed at encouraging proper hygiene and, in some instances, promoting reduced physical contact with others. For those with symptoms, self-isolation/self-quarantine (ranging from 7 to 14 days) has been both advised and enforced by governments. In some countries, such as the UK, vulnerable groups, such as over-70s, are particularly recommended to stay home and self-isolate (BBC 16/03/2020).

Quarantine Policies, Screening, and Testing

For many countries quarantine targets two main groups:

- those who arrive from specific countries or areas
- those who show symptoms

As of 17 March, there are more than 130 countries implementing/recommending some form of quarantine or self-isolation for international travellers. This number is expected to be higher by the time of publication. Locations for this vary from homes, arrival points such as airports, designated government facilities and centres, and hospitals. Quarantine and self-isolation are typically recommended for 14 days, but in some cases as few as seven, or as many as 30, as seen in El Salvador (France Diplomatie 12/03/2020).

The systematic testing of citizens is a crucial element in understanding COVID-19, its spread, and the ability to respond effectively (WHO 16/03/2020). For several countries this is being carried out for every suspected case. In most countries testing only occurs for those who are at risk or are experiencing severe symptoms. In exceptional circumstances, such as in Iceland, every citizen has access to testing (Government of Iceland 09/03/2020).

In addition to testing, at least 85 governments have set up health screening, detection, and surveillance measures at border points and airports in attempt to

control COVID-19 spread. This number is expected to be higher by the time of publication. Those with symptoms may be subject to further tests or required to quarantine.

Healthcare Systems

Even the most robust healthcare systems in the world expect to be challenged by a COVID-19 outbreak. Countries with weaker health systems will face additional challenges in the response. Governments are strengthening their public health systems where they can, through the provision of essential medical equipment, finding increases, rescheduling non-essential procedures, ensuring health worker staffing levels, and facilitating extra space for COVID-19 treatments.

Building on previous outbreaks, some countries have mobilised rapidly to enact public health measures. In late January, Côte d'Ivoire had already introduced a protocol for health screenings for travellers arriving at Abidjan airport, based on practice used during the 2014 Ebola crisis (France24 01/02/2020).

Challenges Linked with Implementation

Public health measures provide both a range of individual, community, and country-level interventions for halting the spread of COVID-19. In the event of public health measures such as quarantine or isolation, governments have the responsibility to ensure access to food, water, and healthcare (HRW 03/19/2020). However, there are many circumstances where implementation may be difficult or impossible, particularly with regards to individual measures.

Vulnerable Communities

Overcrowded and sub-standard living conditions reduce or inhibit the ability to follow recommended public health measures. This especially affects displaced populations and those living in camps or camp-like settings and people who live in congested urban settlements. Crowded living conditions pose barriers to adhering to the self-quarantine advice, which puts others at risk.

Lack of access to adequate sanitation and hygiene facilities reduces the ability to follow recommended steps in reducing COVID-19, such as washing hands with soap (IASC 17/03/2020) (NRC 10/03/2020). Obtaining accurate information is also critical posing another challenge to vulnerable communities (NRC 10/03/2020). Displaced

populations often face restricted access to health care, which may make them more vulnerable to COVID-19.

On 16 March, Jordan announced that the Syrian refugee camps in the country will be placed under lockdown to prevent the spread of coronavirus. Movement in and out of Zaatari and Azraq camps is not permitted. The new measures will affect refugees in the camp holding work and leave permits, as well as external people who will no longer be allowed into the camps. On 17 March, Greece announced a similar measure in all refugee camps for 15 days (UNHCR 17/03/2020).

Impact on Humanitarian Operations

Humanitarian operations may be challenged as governments implement various public health measures. This will be especially true in the case of an outbreak within specific humanitarian contexts such as a refugee camp. Following the announcement that the Syrian refugee camps will be placed under lockdown, UNHCR will be operating a reduced team in the camps (The National 16/03/2020).

Social and economic measures

Governments are introducing a variety of social and economic measures to address the impact of Covid-19. These measures mainly relate to policies and legislation introduced to mitigating social and economic disruptions. Moreover, this category of measures includes the introduction of a general lockdown over and above the kind of movement restrictions outlined earlier. This kind of protocol orders public establishments or non-essential businesses to close.

State of emergency

In many states, governments are given special powers through emergency legislation frameworks. Some countries have already imposed a state of emergency. In other countries, governments operate not under a general emergency but rather under a public health emergency or another special state of heightened alert. An emergency status due to the COVID-19 pandemic may also be introduced on a sub-national level rather than a national level. Overall, legislations defining state power during the Covid-19 epidemic differ among countries and remain dynamic as governments scale up their response.

Administrative measures

Economic measures taken can be temporary such as bans on the export of certain goods, particularly restrictions of medical exports. Germany for instance has banned the export of medical protection gear like masks and gloves (Ministry of Health 04/03/2020). Trade related actions also impact imports. Afghanistan has barred the import of poultry products from Iran and Pakistan (US Embassy 03/2020) amid fears of a potential risk of coronavirus spread through poultry products.

Economic measures

Other measures are addressing potential long-term impacts of the pandemic. This includes the introduction of special credit assistance for private companies and tax deferrals taken especially in countries with high case numbers of coronavirus infections in Europe like Italy, France, and Germany. Special funds to support vulnerable economic sectors have been created in countries across the world for instance in Morocco (Reuters 15/03/2020).

The economic impact of the Covid-19 pandemic is impossible to predict. Its impact on supply chains and financial markets will vary greatly among countries and have long-term consequences. Research on previous pandemics suggest

negative long-term effects on the economic growth of poor countries as it was the case with the 2014 Ebola crisis (Madhav et al, 2017). Among short-term threats are the risk of shortages, production decline, price increases as well as the loss of income.

Countries where health systems have a low surge capacity are at a particular risk to run into shortages of medical supplies and equipment (Madhav et al, 2017).

Challenges Linked with Implementation

Particular attention should be paid on potential negative effects of emergency measures, especially in countries with weak institutions where a disease outbreak already creates political stress and contributes to the risk of instability (Rohrwerder, 2020). Issues include the lack of trust in the actions taken by authorities, the information they provide or the role of security forces in the response.

Impact on Humanitarian Operations

Humanitarian access in areas or countries under general lockdown may be comprised.

Setting up emergency administrative structures or activating the already existing ones is crucial for both preparedness and containment. The level of support and cooperation between governments and the humanitarian response in all key areas will need to be expanded rapidly to manage the further spread of the disease (OCHA and WHO 09/03/2020).

Disruptions to supply chains and production can cause delays or shortages of goods across the world that can impact humanitarian response. This will be particularly of concern if food imports are impacted. In countries with pre-existing food insecurity and a reliance on imports, the pandemic may see the situation deteriorate further (US Embassy 03/2020).

It remains unclear how the Covid-19 pandemic will affect donor allocations against the background of the risk of a recession and increased needs within donor countries as a result of the pandemic. If funds are directed to an international COVID-19 response it may be a redirection away from existing donor priorities (TNH 12/03/2020).