APEC Emergency Preparedness Working Group

Voluntary Sharing of Practices in Responding to COVID-19

(April 2021)

Australia

Australia – COVID-19 – April 2021
 	
Full details of the Australian Government's response to COVID-19 are at australia.gov.au.
 	
This includes current details of health initiatives, financial support measures, advice for businesses and communities, and on international travel and other community services.
 	
Measures include:
 	
• The the rollout of the COVID-19 vaccine for all Australian citizens, permanent residents and most visa holders, by the Australian Government and all state and territory governments.
 	
• To reduce the risk of COVID-19 spreading through international travel, the Government is:
 	
   • continuing to applying travel restrictions
 	
   • screening travellers who arrive in Australia and ensuring they quarantine on arrival
 	
   • continuing with border surveillance.
 	
• expanding Medicare-subsidised telehealth services for all Australians so everyone has access to quality healthcare while at home
 	
• delivering support to Australians experiencing domestic, family and sexual violence due to the fallout of coronavirus
 	
• providing funding for the National Mental Health and Wellbeing Pandemic Response Plan and to support the mental health and wellbeing of Australians
 	
• **COVIDSafe app** to help find close contacts of COVID-19 cases and helps health officials to quickly contact people who may have been exposed to COVID-19.
 	
• **Coronavirus Australia app** – to provide up-to-date official information and advice about the COVID-19 situation. Also allows to check symptoms and get notified when urgent information and updates are published.

The australia.gov.au website also provides link to information on measures implemented by each state and territory which include:

- testing people suspected of having the virus
- contact tracing and monitoring close contacts of confirmed cases
- movement restrictions for people in specific areas to minimise local transmission
- imposing travel restrictions between states
- testing and vaccination clinics.

China

China's Practices on Combating the COVID-19

Chinese President Xi Jinping has reiterated on multiple occasions that we should uphold the principle of putting people's lives and safety first.

After the COVID-19 outbreak, President Xi Jinping has personally directed and deployed the prevention and control work. The Central Leading Group for COVID-19 Prevention and Control, headed by Premier Li Keqiang of the State Council, was established. It works under the Standing Committee of the Political Bureau of the CPC Central Committee and aims to exercise unified leadership over epidemic prevention and control. A Central Guiding Team, led by Vice Premier Sun Chunlan of the State Council, was dispatched to Hubei province which was severely hit by the epidemic.

China has taken the safety and health of the people above everything else and given full play to the institutional advantages of the system of socialism with Chinese characteristics is showing strength in uniting all sectors and pooling all resources. We have taken the prevention and control of Wuhan and Hubei province as the top priority, implemented flexible and dynamic measures and established joint prevention and control mechanism to deal with this disease. The principle of early detection, reporting, isolation and treatment was put forward. And the principle of treating the infected in dedicated facilities by senior medical professionals from all over the country and with all necessary resources was laid down.

Across China, all provinces, autonomous regions and municipalities directly under the central government officially launched the first-level response to major public health emergency, established joint prevention and control mechanisms and taken society-wide efforts against the virus.

The Chinese government also called on the public to refrain from traveling and thus contribute to the epidemic fight. For this end, measures such as extending the Spring Festival holiday, postponing the reopening of schools, flexible resumption of work, and staggering the time of return trips of workers were adopted. Meanwhile, strict health monitoring and personnel management has been taken. By doing so, medical supplies and daily necessities in priority areas were provided in time.

Coordinated efforts were made to promote economic and social development while preventing and controlling the virus. We not only effectively contained the spread of the virus but started the restoration of work and production as well, thus maintaining the good momentum of economic and social development.

Ministry of Emergency Management of the People's Republic of China is among the members of Joint Prevention and Control Mechanism of the State Council. Guided by the Central Leading Group for COVID-19 Prevention and Control and Joint Prevention and Control Mechanism of the State Council, the Ministry leveraged its strengths and played its due role in this battle against the virus. In particular, through close cooperation with National Health

Commission and other relevant government departments, it took the initiative to undertake some urgent, difficult and dangerous tasks and provided important guarantees and necessary services.

First, it strengthened the prevention and control of work safety risks, thus supporting provinces, municipalities and autonomous regions across the country to focus on fighting the COVID-19. To prevent even small possibilities of disasters in their early stages, it intensified the supervision on work safety, disaster prevention, reduction and relief, ensuring that no major disasters or accidents will occur in the midst of a nationwide fight against the pandemic. Moreover, the Ministry is now keeping on standby for possible emergency rescue operations, and formulating and improving emergency rescue guidelines and operational procedures against the backdrop of pandemic to ensure that the rescue operation can be undertaken in an orderly and effective manner.

Second, it offered safety assurance to key government departments that have been engaged in epidemic prevention and control. It has taken such measures as organizing safety services groups to provide support at designated hospitals, quarantine spots and enterprises producing and delivering epidemic prevention supplies, offering point-to-point safety guidance, dispatching rescue forces to above-mentioned places in advance, and formulating and issuing requirements or reminders on safety technology based on different categories and places to address their needs and requirements.

Third, it leveraged its functional strengths and was directly engaged in the battle against the virus. All staffs and rescue teams have been deployed to participate in urgent, difficult and dangerous tasks such as receiving epidemic-related call for help, sending patients and medical workers to designated hospitals, transferring medical supplies and waste water, as well as cleaning and disinfecting. Necessary relief supplies were allocated several times to Hubei and other provinces.

Fourth, it created conditions for the resumption of work and production. Hidden risks and hazards were investigated to ensure workplace safety. Relevant agencies and personnel were required to fulfill their responsibilities of ensuring safety in the resumption of work and production. To this end, the Ministry has taken eight measures, including automatically extending expired certificates, online processing of administrative approvals, and streamlining resumption procedures, etc.

Experience of the Ministry of Emergency Management of China in the Fight against COVID-19 and Disaster Prevention, Mitigation and Relief amidst Ongoing COVID-19 Prevention and Control

1. Experience in the fight against COVID-19

The Ministry of Emergency Management (MEM) of China kept abreast of local demands, reserves and uses of relief supplies, coordinated the allocation of central relief supplies and, jointly with other organizations concerned, channeled relief supplies to settlement sites for people under quarantine, temporary inspection sites and mobile cabin hospitals in the affected areas in response to the requests from local emergency management authorities; on this basis, the MEM placed special emphasis on guiding local authorities to strengthen the regulation over relief materials, so that they could be efficiently allocated, orderly released and normatively used. The MEM actively promoted the launch and trial operation of the "Integrated Online Government Service Platform" to provide the public with a unified access to MEM's government service resources, thus offering all-round convenient and efficient services to businesses and individuals. The MEM pursued the notification and commitment system for fire safety inspection before public gathering places were put into use or opened in free trade zones, and enterprises involved could be put into use or start business after they made a commitment to compliance with fire safety standards to fire departments, further reducing the time for an enterprise to go into service. Moreover, the MEM introduced policy measures to further regulate emergency management law enforcement, address duplicate law enforcement and prevent extensive enforcement and inspection from disturbing normal production and operation of enterprises.

2. Disaster prevention, mitigation and relief policies amidst ongoing epidemic prevention and control

(1) Fire safety

Fire safety amidst ongoing prevention and control presents the following characteristics: first, fire safety risks still exist in epidemic-related places. Second, fire risks in production and processing enterprises and warehousing & logistics sites are prominent. Third, fire risks in populous places such as large commercial complexes and tourist attractions are growing. Proposed measures: carry out joint supervision and thorough investigation together with competent authorities, urge and guide factories, warehousing & logistics sites, tourist attractions and other key locations to implement fire safety responsibilities and measures. Release fire risk warnings as early as possible, strengthen warnings and education on typical fire cases, and organize centralized exposure of major hazards. With respect to epidemic-related places, urge fire brigades concerned to form real-name fire technical service teams, which should offer on-site one-to-one assistance and guidance to vaccine manufacturers. Organize technical personnel to provide centralized vaccination sites, designated hospitals and designated quarantine sites with service guidance. Issue point-to-point fire safety risk alerts to production enterprises and vaccination sites, alerting them to enhance fire safety protection. Organize fire control training for all personnel and ensure that all employees are aware of fire hazards on their respective posts and know well means of escape and firefighting measures under special conditions. Urge fire brigades concerned to send capable personnel to enterprises, developing and improving firefighting and rescue plans in the principle of "one

enterprise, one policy". Guide local authorities to adopt appropriate techniques and tactics for special sites and equipment, regulate the use of extinguishing media such as dry powder and carbon dioxide to prevent secondary disasters during the disposal of the same. With respect to factories, warehousing & logistics sites and other locations of production and operation, focus on cracking down on unlawful acts such as illegal hot work and welding, and illegal occupancy, strengthen staff training and regulate the stacking of goods. With regard to large commercial complexes, tourist attractions and other populous places, intensify holiday rotations and patrols, enforce fire safety measures, control power sources and fire sources, and ensure effective fire separation, unobstructed escape routes and well-conditioned fire control services.

(2) Disaster mitigation

Further improve the technical standards for surveys on aggregate risks of natural disasters nationwide, develop area- and category-specific, hierarchical disaster risk lists; increase analyses and studies on bodies affected by disasters and disaster chains, strengthen the reinforcement of dilapidated houses in rural areas and the construction of disaster prevention and shelter facilities in disaster-prone areas; promote the improvement of grassroots capabilities for prevention and control of natural disasters, and develop stricter standards on defense works for natural disasters; set aggregate disaster risk assessment as an essential precondition for site selection and approval of industrial construction projects, and enhance project reviews for the purpose of disaster avoidance and risk aversion.

(3) Disaster relief

Coordinate epidemic prevention and control and disaster relief, adhere to worst-case scenario thinking, enhance the awareness of disaster prevention and preparedness, make preparations for flood prevention, emergency rescue and disaster relief, take the initiative to integrate the integrated disaster prevention, relief and rescue model into the work, facilitate coordination and alignment between departments in charge of disaster relief, and provide people affected by disasters with basic life security. Further strengthen various links of disaster management, including verification, evaluation and confirmation of the situation of a disaster, continue to accelerate the cultivation of disaster information officers, and strengthen the implementation of the system of arranging disaster information officers for roles A and B respectively in disaster-prone areas. Expedite the construction of an emergency supplies safeguard system, further establish a sound emergency supplies reserve network, optimize the allocation of emergency supplies and improve the ability to guarantee adequate production capacity, thus minimizing disaster impacts.

(4) Legal standards

Actively enforce the standardization strategy, urge departments concerned to implement the national standard on face masks (GB2626-2019) in time and facilitate further improvements in personal protective equipment. Promote the enforcement of emergency management standards in enterprises and communities, create a favorable social atmosphere for enterprises and the public to learn, apply and act in line with these standards.

Hong Kong, China

Hong Kong, China (HKC) has implemented a series of comprehensive and coordinated measures to contain the spread of COVID-19 in the community. Examples include activating the Emergency Response Level of the Preparedness and Response Plan, enhanced quarantine arrangements and isolation and treatment facilities; promoting social distancing measures (e.g. mandatory mask-wearing and prohibition of group gatherings of more than certain number of people in public places); boosting of supply of surgical masks; and arranging COVID-19 vaccination for priority groups. Details on HKC's multi-pronged response to COVID-19 are available at

https://www.brandhk.gov.hk/uploads/brandhk/files/factsheets/Hong_Kong_Themes/Factsheet_COVID-19_E.pdf

Briefings are held to regularly update the media and the public on the latest developments, including the number of cases and new measures related to COVID-19. Press conferences are held by senior officials to announce major government decisions and anti-epidemic measures. A dedicated website (https://www.coronavirus.gov.hk/eng/index.html) has been launched to disseminate useful information and timely updates on the COVID-19 pandemic situation.

To assist enterprises in coping with the pressure brought about by the economic downturn and alleviate their burden, the Government of HKC has announced and implemented various measures to support enterprises and safeguard jobs. As of 13 April 2021, the Government has pledged over HK$300 billion (US$38.5 billion) – about 11 per cent of GDP – to help offset the economic fallout from COVID-19. Details of various business support measures are available at https://www.brandhk.gov.hk/uploads/brandhk/files/factsheets/Hong_Kong_Themes/Business%20support%20measures_E.pdf

*[**Note**: The above measures are subject to review from time to time having regard to the latest situation in Hong Kong, China.]*

Indonesia

Indonesian Government Response to COVID-19

1. The Government of the Republic of Indonesia has established COVID-19 Mitigation Task Force.

2. The Indonesian National Board for Disaster Management declared an emergency period of 91 days, effective until May 29, 2020.

3. The Ministry of Manpower has issued Circular No. M/67/HI.00.0-1/V/2020 on the Handout of Holiday Bonus for 2020 During the COVID-19 Pandemic.

4. The Finance Ministry has issued Minister of Finance Regulation No. 46/PMK.07/2020 on the Management of Grants from the Central Government to the Regional Government in the Effort to Mitigate the COVID-19 Pandemic and its Impact, which regulates the provision of grant money to regional administration.

5. The Minister of Health has issued a Decree and a Circular detailing the reimbursement claim process for hospitals treating COVID-19 patient.

6. Implementation of Large Scale Social Distancing (PSBB) for minimizing COVID-19 spread in Indonesia.

7. The Ministry of Health issued Circular No. HK.02.01/Menkes/303/2020 on the Provision of Health Services Through the Use of Information and Communication Technology. ('telemedicine').

8. The Ministry of Finance has issued Minister of Finance Regulation No. 43/PMK.05/2020 on the Mechanism of the Implementation of State Budget on Income and Expenses Borne in Handling the COVID-19 Pandemic, which serves as the underlying regulation in implementing the various tax discounts and exemptions as well as social aid implemented in response to the COVID-19 pandemic.

9. The Ministry of Finance also issued Minister of Finance regulation No. 44/PMK.03/2020 on Tax Incentives for Taxpayers Affected by the COVID-19 Pandemic.

10. The State Financial Service Authority (Otoritas Jasa Keuangan or OJK) has issued a guideline for the reporting of any restructuring of financing affected by COVID-19.

11. The Ministry of Transportation has issued Minister of Transportation Regulation No. 25/2020 regulating the use of transport vehicles during the exodus (also known as *mudik* or *pulang kampung*, which translates to going home) season that will come in the last weeks of May. The prohibition of *mudik* is also stated in the regulation.

12. Generally, the government has also:

- Promote health and hygiene lifestyles (washing hands and wearing mask)
- Upgrade 132 hospitals to treat COVID-19 patients.
- Facilitate and increase the testing capacity of COVID-19 referral laboratories which in turns increasing the amount of COVID-19 testing nationally.
- Coordinate with local manufacturers to develop personal protective equipments that are made in Indonesia using Indonesia local resources.
- Establish an integrated information system for COVID-19 control in Indonesia with name *Bersatu Lawan Covid*.

Japan

Update on DRR Policies in Japan
One Year Since the COVID-19 Pandemic
(As of March 31, 2021)

In terms of the specific disaster management related policies, the Cabinet Office for DRR has been undertaking following the activities since the COVID-19 pandemic.

1. Promoting the revision of regional disaster management plans based on the experience of COVID-19

   Under this activity, the Cabinet Office for DRR collects information on the initiatives at the local levels, such as how the local governments reflected their experiences of COVID-19 in reviewing and revising their respective evacuation policies and plans. One of the outputs of this activity is a *Brochure of Good Practices* which is a useful reference guide for the capacity development programs for the local government officers who are reviewing and revising their local DRR plans.

2. Conducting studies on infectious disease countermeasures at evacuation shelters and on DRR capacities of the facilities which are used as evacuation shelters

3. Revising the Business Continuity Plan (BCP) Guidelines based on the experience of COVID-19, and reflecting the latest situation of having more intensified and frequent disasters.

Moreover, within the first year of COVID-19, the Japanese governments has amended the *Special Measures Law for New Coronavirus Countermeasures* in many occasions to adapt to the dynamic challenges, including how to reduce the impacts of disaster events during the pandemic. One of the key amendments of the Law is the imposition of penalties to shops and business owners if they refuse to follow the government's request to change the time of business operations. In the past, following the government's request was purely on voluntary basis on the part of business owners and with no corresponding penalties.

Response Measures to COVID-19 at Evacuation Centers
Supplementary Guidelines
(As of May 2020)

The Government of Japan has requested Disaster Management Offices at the Local Governments to consider the following response measures against COVID-19 in disaster preparedness and disaster response, especially at the evacuation centers.

1. **Open many evacuation centers, as possible**
   Taking into account the capacity of evacuation centers and number of people affected by disaster, open more evacuation centers on top of those already designated (e.g., utilizing hotels and *ryokans* as evacuation centers).

2. **Minimize crowd at evacuation centers (other evacuees to stay at relatives' or friends' houses)**
   Avoid evacuation centers from getting overcrowded by notifying potential evacuees to consider staying at relatives' or friends' houses, if possible.

3. **Discuss in advance the evacuation of *home care patients* with health and welfare offices**
   In close cooperation with the health and welfare offices, discuss in advance what appropriate response shall be given to home care patients who show mild symptom of COVID-19.

4. **Regularly check evacuees' health condition**
   - Upon arrival at evacuation centers, check evacuees' health conditions following the *Infection Control Manual at Evacuation Centers*
   - While at the evacuation centers, evacuees' health conditions must be checked regularly

5. **Thoroughly practice basic preventive measures (e.g., washing hands and coughing etiquette)**
   Encourage evacuees and management staffers to wash hands frequently and practice basic measures against the new coronavirus (e.g., coughing etiquette).

6. **Maintain hygienic environment at evacuation centers**
   Keep hygienic environment at evacuation centers by cleaning goods with detergent, especially when it looks dirty.

7. **Ensure adequate ventilation and space**
   Pay attention to adequate ventilation as well as space for evacuees at evacuation centers.

8. **Secure space for people with symptoms (e.g., cough and fever)**
   - Secure a private space for people who show symptoms (e.g., cough and fever), preferably with toilets
   - If it is impossible to separate people with symptoms by giving a private room, ensure that physical distancing measures (e.g., using partitions) are taken into account
   - Allocate different zone (special space) and different line (in using toilets) between general

evacuees and those who show symptoms
- Discuss and coordinate in advance with relevant offices and facility managers regarding the utilization of spaces of evacuation centers

9. **Prepare, in advance, appropriate measures in case someone is found infected of COVID-19**

Discuss in advance appropriate response measures with health and welfare offices in case some evacuees are infected with COVID-19.

Republic of Korea

o COVID-19 Sample Collection (through screening stations)

- (Overview) Sample collection at the screening stations is aimed at minimizing the risk of infection between suspected cases and others including patients and visitors. Screening stations are located across the country at public health centers, medical centers, and open areas so that people with suspected symptoms can be consulted in a separate venue from healthcare facilities or emergency rooms (635 stations as of end of March).

- (Type) Different types of screening stations are in operation depending on circumstances and sample collection sites: drive-through stations where patients finish the whole process from check-in to sample collection within 10 minutes without leaving the car; walk-through stations where patients enter a transparent acrylic chamber resembling a phone booth and health workers on the other side of the wall collect samples; and outdoor open walk-through stations including one at Incheon International Airport to swiftly and safely collect samples from a large number of inbound travelers.

- (Effect) To contain the spread of the virus, the routes taken by suspected COVID-19 cases are separated from other patients and medical personnel at screening stations wear personal protective equipment (PPE). Reducing the time taken for sample collection, the screening stations contribute to effective response to COVID-19.

< Drive-Through, Walk-Through and Open Walk-Through Screening Stations>


o Development and Use of Self-quarantine Safety Protection App

- (Overview) Self-quarantine Safety Protection App is developed and used to contain the spread of COVID-19 and to support local governments in monitoring people under home quarantine.

 * Separate apps were developed for home quarantined people and for assigned case officers. For foreigners entering Korea, the app for home quarantined people supports six languages: Korean, English, Chinese, Vietnamese, Thai, and Russian.

** The app collects and uses location information of the users with their consent.

- (Effect) Home quarantined people register their home location and enter their personal information such as name and contact information on the app, which then automatically sends the current location of the user. When a home-quarantined person leaves the registered quarantine area, the app sends an automatic alert to an assigned case officer, thereby enabling swift response. The app also enables swift response to home quarantined people with symptoms, as they self-report their health condition twice a day and their condition is automatically notified to the assigned case officers.

< Self-quarantine Safety Protection App >
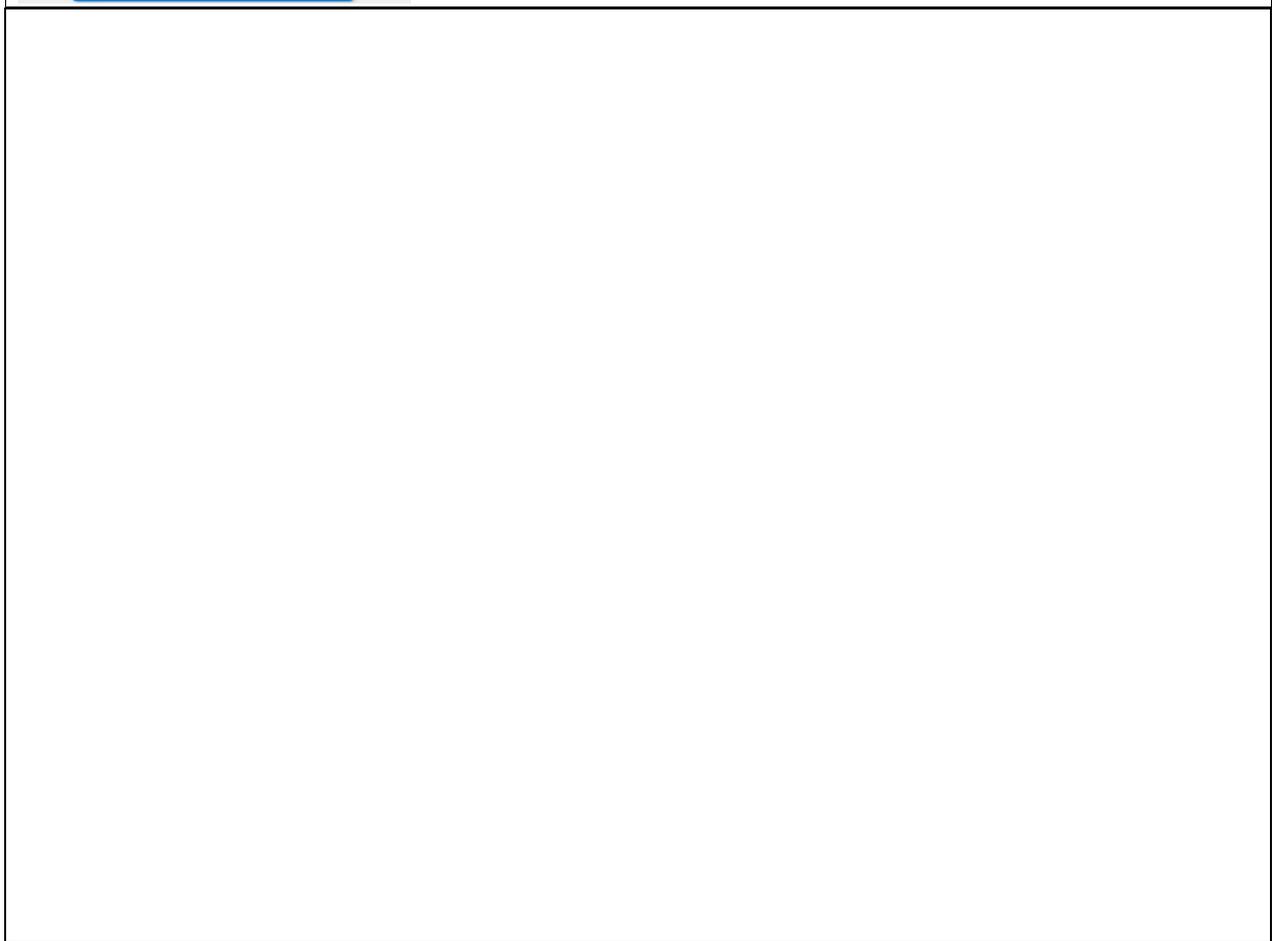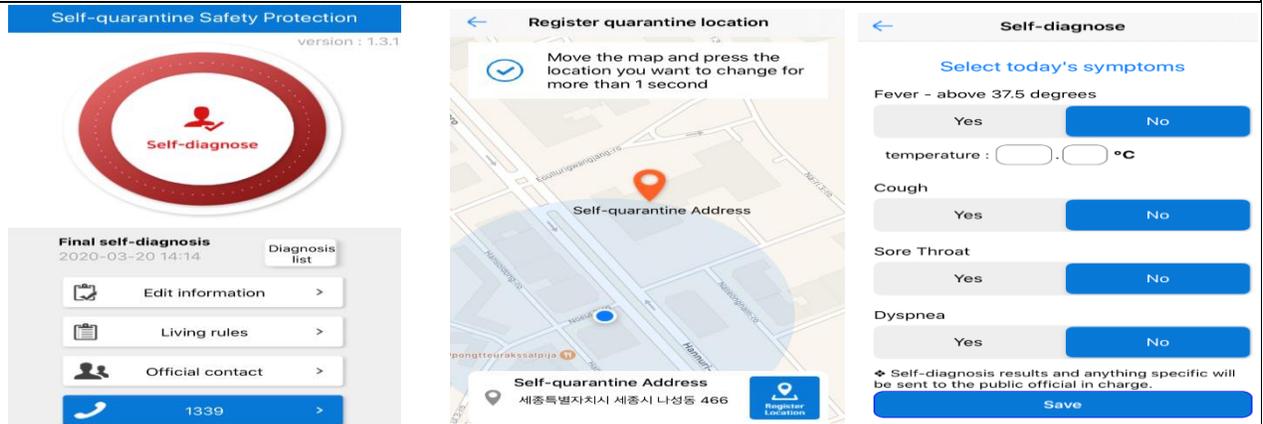
Malaysia

Malaysian Voluntary Sharing of Practices on the Fight against COVID-19

16 March 2020: The National Security Council (NSC) took over the role of coordinating Malaysia's responses to COVID-19 from the National Disaster Management (NADMA) once the management of the pandemic was no longer a disaster management issue per se but had become public order, economic well-beings and international affairs issues.

18 - 31 March 2020: The first phase of the Movement Control Order (MCO). The main objective of this phase was to break the COVID 19 transmission chain. It involved prohibition of all mass gatherings that included religious, sport, social and cultural activities. In addition, business premises, government offices, schools, universities were also ordered to be closed. During this phase, only services that were considered essential for the public to access food, medication remained open. Similarly, agencies and companies that provided essential services such as water, electricity, energy, telecommunications, post, transportation, irrigation, oil, gas, fuel and lubricants, broadcasting, finances, banking, health, pharmacies, fire and rescue, prisons, ports, airports, security, defence, public cleansing, were allowed to operate with conditions.

1 - 14 April 2020: The second phase of the MCO. More stringent measures to limit movements of the people were introduced. A total movement restriction was imposed on areas classified as red zone. Other than these areas, the government imposed shorter operating hours for supermarkets, petrol stations and other businesses, and introduced stricter conditions for interstate, cross-town movements. To control imported cases of COVID 19, all Malaysian returnees from abroad must undergo a 14-days quarantine requirement at gazetted premises provided by the government before being allowed to go to their next destinations. For a similar reason, foreign visitors were not allowed to enter Malaysia.

15 – 28 April 2020: The 3rd phase of MCO. During this phase, areas with a large number of cases were subjected to stricter movement control (enhanced MCO) measures that imposed a total restriction on the effected areas' resident movement. However, at the same time, measures to gradual reopening of economic activities and people movement were introduced. Maintaining strict conditions, the government began to allow more industrial and business sectors to operate. Stranded university students were allowed to return to their home towns with government supervision. The government also began to allow freer movements such as access to wider economic activities to residents of areas which had been designated as green zones.

29 April - 12 May 2020: The 4th phase of MCO. The objective was to reopen the economic activities in stages and at the same time, ensure COVID-19 remains under control. All the

economic sectors with the exception of few industrial and services sectors were allowed opened although with strict conditions. People's movements especially within a state were allowed. However, the restrictions on social gatherings, religious activities, certain sports remain in place. Schools and universities remain closed.

10 May 2020: The MCO has been extended until 9th June 2020. This was based on the sentiment of the people who wanted the government to continue to take precautions to contain the Covid-19 pandemic. It means all rules and SOPs during the conditional MCO will continue to be enforced until June 9. Any changes to the SOPs or lists of sectors which will be allowed to operate would be announced from time to time.

5 June 2020: "Penjana" Short-Term Economic Recovery Plan with an allocation of RM35 billion to empowering the people, to propel businesses and stimulating the economy.

10 June 2020: Implementation of Recovery Movement Control Order (RMCO).

July 2020 to January 2021: NADMA has gradually distributes face masks, hand sanitizers, digital thermometers and personal protective equipment to 14 states as a preparation for east coast monsoon. It has been utilized to adhere to new norms in temporary shelters.

1 August 2020: **Face masks was made mandatory in public. It applies** to commuters on public transportation too. However, if there was no one else around, physical distancing must be adhered.

26 September 2020: Sabah State Elections spread the COVID-19 from East Malaysia to Peninsular of Malaysia

7 November 2020: CMCO reinstated within Peninsular Malaysia

9 December 2020: The COVID-19 Low-Risk Quarantine and Treatment Centre (PKRC) at the Malaysian Agro Exposition Park Serdang (MAEPS) was reopened due to sudden increase in COVID-19. The management of the centre was coordinated by NADMA in collaboration with the Ministry of Health, Malaysian Armed Forces, Royal Malaysian Police, Fire & Rescue Department of Malaysia, Civil Defence Force Malaysia (APM), Social Welfare Department, Public Works Department and MAEPS itself. The PKRC only receives patients who are asymptomatic and at low risk as the quarantine centre only. It does not provide intensive care unit (ICU) facilities to provide critical care.

11 January 2021: Reimposition of MCO in Kuala Lumpur, Putrajaya, Johor, Malacca, Penang, Sabah, and Selangor

18 January 2021: Announcement of additional financial package "Permai" (*Perlindungan Ekonomi dan Rakyat Malaysia*) with 22 initiatives to support three main objectives that is combating the COVID-19 outbreak, safeguarding the welfare of the people, and supporting the business continuity. RM15 billion has been allocated for this economic stimulus. Among others, a total of RM50 million has been allocated to the National Disaster Relief Trust Fund under NADMA for operating expenses for disaster relief during the Northeast Monsoon season.

17 February 2021: Establishment of COVID-19 Immunisation Task Force (CITF) to coordinate the implementation of the National COVID-19 Immunisation Programme.

24 February 2021: Implementation of the National COVID-19 Immunisation Programme, with the Honourable Prime Minister became the first citizen to get the jab. Others will be jabbed in three phases: first for the frontliners, followed by the senior citizens and high-risk individuals, and finally, the remaining of the population aged 18 and above.

17 March 2021: Announcement of additional financial package "Pemerkasa". The allocation of RM20 billion was again focusing on the economic recovery. It focuses on five main pillars that is controlling COVID-19 transmission, driving economy recovery, strengthening national competitiveness, strengthening the inclusive agenda and economic transformation. 20 initiatives have been introduced to ensure the effectiveness of the stimulus package.

Source of infographic: Malaymail dated 22nd March 2021.
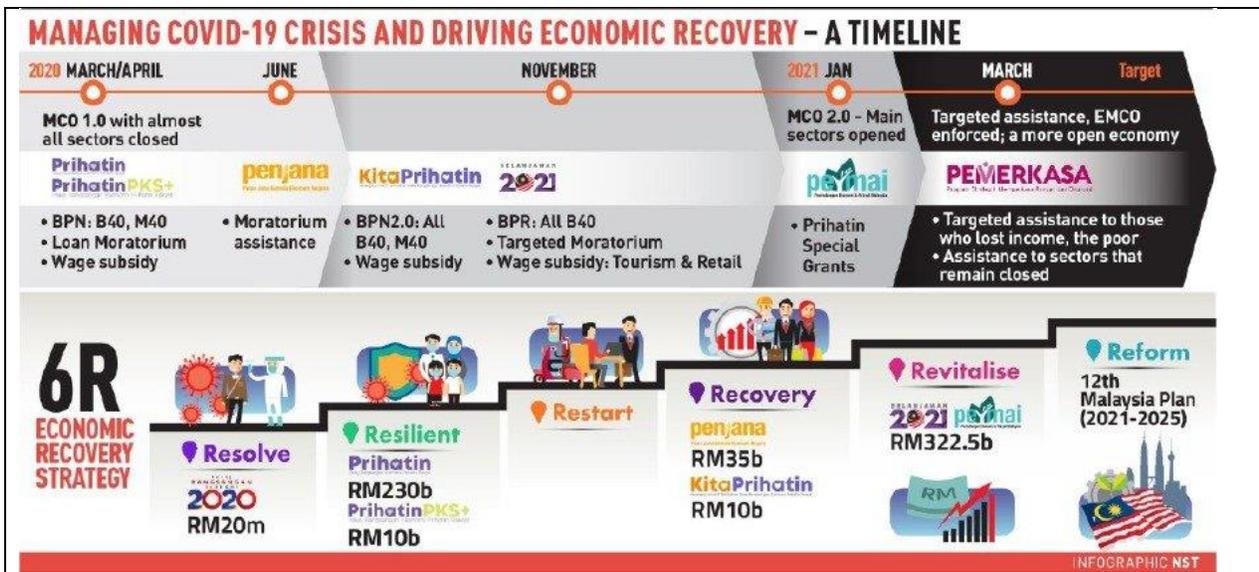
Source of Infographic: News Straits Times dated 20th March 2021.

29 March 2021: Launching of the Community Empowerment Programme. Coordinated by NADMA, it will involve community leaders and people from all walks of life in preventing infection and reducing the number of COVID-19 cases. An initiative known as ABC-19 (Agent to-Bust COVID-19) will also see the involvement and mobilisation of various entities to empower the community.

12 April 2021: The Ministry of Health has allowed for private hospitals to administer COVID-19 vaccines. Interested private hospitals must register themselves for briefing session before being allowed to contribute effectively to the National COVID-19 Immunisation Programme (NIP).

26 April 2021: Progress of the Community Empowerment Program

a) Outreach to 12.8% or 4.2 million populations (out of 32.73 million populations in the fourth quarter 2020) at 83,585 locations nationwide. Both numbers will increase gradually.
b) Involvement of 59,674 officers from Civil Defence Force (APM) and Malaysian Volunteer Corps (RELA), 17,302 volunteers from community entities and 13,656 members from 16 NGOs as omnipresence at the ground level.
c) Launching of *Pertandingan Komuniti Zon Hijau COVID-19* (COVID-19 Green Zones Community Competition) on 28th April 2021 by the Honourable Prime Minister. Five (5) ministries will identify the targeted groups or areas to match with the criteria outlined. Competition was scheduled to end by September 2021.
d) The Federal Government will continue to assist the State Governments in implementing community empowerment programs via consultations and effective communications.

NADMA will continue to engage with other ministries or agencies to increase the awareness level in adhering to new norms, expediting the process to register for vaccination.

Mexico

The Federal Telecommunications Institute (IFT, for its acronym in Spanish), the regulator and competition authority in the telecommunications and broadcasting sectors in Mexico, has developed recommendations and actions in the face of the COVID-19 national contingency to maintain the effective provision of telecommunications service.

The recommendations and actions carried out by the IFT in this emergency mentioned as follow:

- Microsite "Face to Coronavirus". The Institute has developed the microsite "Face to Coronavirus – the Telecom are on your side", in the following link: http://www.ift.org.mx/comunicacion-y-medios/frente-al-coronavirus-las-telecom-estan-de-tu-lado. In this microsite, are available recommendations to:
  - Responsible use of telecommunications networks.
  - Tools for planning consumption in response to changes in user activities, such as the Data Consumption Simulator http://simulador.ift.org.mx/simulador.php.
  - Measures taken by the IFT and operators in response to the contingency, as well as official information published by the Ministry of Health, among other materials.

- Avoid saturating of networks, for this; the IFT has issued the following recommendations for users:
  - Prioritize the use of Internet for informational, work, educational and health purposes.
  - Restrict the using videoconferencing or video calls and give preference to the voice communications.
  - Preferably use instant messaging services (SMS, WhatsApp, Messenger), as well as landline.
  - Set schedules with lower data traffic, in the afternoon – evening, to download heavy files, movies, videos or play online.

- Mobile phone users will receive free updated information on the pandemic due to Coronavirus. Through coordination between the IFT, the telecommunications industry and the Federal Government, the following was decided:
  - The users of these services will receive free SMS with announcements and other updated information about the Covid-19.
  - Sending the SMS will be a permanent form of communications for the duration of the health contingency, with the aim that the population has timely access to official information sources, complying with the fundamental right of everyone to receive information such as the Constitution mandates.
  - Additionally, was agree free access to the Federal Government information portal on the Covid-19 pandemic (https://coronavirus.gob.mx), which allows users to consult the official information found on that portal, without consuming data from their balance.

- Continuation of the telecommunications and broadcasting services in the face of the COVID-19 Contingency. Given the measures ordered by the General Health Council to

face the health in Mexico due to the Coronavirus pandemic, the Institute has exhorted federal, state and municipal authorities to:

- o Carry out the necessary actions to guarantee that the workers of the telecommunications and broadcasting concessionaires, as well as of the related services, have the sufficient and wide facilities to carry out of the telecommunications and broadcasting services in benefit of the population.
- o Within its jurisdiction, facilitate to the concessionaires of telecommunications and broadcasting, the development and execution of actions aimed at the installation, operation and maintenance, both preventive and corrective, of their infrastructure; as well as authorizing, procuring and safeguarding their entry, exit and transit.

- Mobile telecommunications concessionaires will provide measures to support users during the COVID-19 contingency. The mobile service operators AT&T, Movistar and Telcel, will offer their users different supports, among which the implementation of and "emergency plan" for their active prepaid customers, which will allow them to have, for a single occasion and for free of charge, package of voice calls and short text messages (SMS) to keep communications during the emergency. Other measures are as follows:

  - o At least 100 minutes of voice for national calls and 150 SMS, a validity of at least 15 days and activations of the emergent remotely plan, for example, by SMS or by telephone.
  - o Users will be able to continue making, without cost, calls to emergency services such as 911 and to the authorized line by the Federal Government for the attention of health contingency.
  - o Free navigation within the Internet portal of the health authority https://coronavirus.gob.mx/, as long as the content is access from that portal.
  - o Users will be able to access the COVID-19MX mobile application of the Ministry of Health without cost and, depending on what is been implemented by each operator, to educational and cultural pages.
  - o Is important to mention that the details of each plan may be consulted on the operators' pages or by telephone in their customer services lines.
  - o These concessionaires have strengthened their remote service channels (telephone or Internet) for balance recharges, payment of invoices and purchase of equipment, in order to avoid the mobility of the people.
  - o During this period, some mobile service operators will be offering support schemes or measures for their users, such as flexibility of data limits and/ or fair use policies without extra charge, as well as the extension of the validity of some prepaid plans.

- Mobile Virtual Network Operator (MVNO). From April 17, users of Mobile Virtual Network Operator (MVNO), which provide services through the Wholesale Shared Network operated by Altán, will be able to request access to the "Stay at home" emergency plan, designed to guarantee service and access to the network during this emergency period. Customers of Addinteli, ADS Mobile, Bait-Bodega Aurrera Internet y Telefonía-, Diri, Diveracy, Grupo Inten, IENTC, Megacable, Newww, Retemex, Servitron, Vasanta, Wimo will have access to the plan that includes calls and short messages (SMS) unlimited, as well as 10 GB for Internet browsing at a cost of 100 Mexican pesos per month.

Additionally, this plan includes free calls to emergency services such as 911 and the line enabled by the Federal Government for the attention of Sanitary Contingency; as well as free navigation within the official Internet portal and access to the COVID-19MX mobile application of the Ministry of Health. In addition, and depending on what is implemented by each MVNO, to educational and cultural pages.

- Support for pay TV and fixed Internet users. The concessionaires affiliated to the Independent Telecommunications Association of Mexico, join the support to their users through the "Line of Life" emergency plan, in order to keep them communicated during the health contingency. This plan guarantees its subscribers that, in case of not being able to pay, they receive the fixed internet service with access to 2 Mbps speed and, in the pay television service, access to national and local channels, as well as well as the educational, news and cultural bar of the Public Broadcasting System.

  For the benefit of HughesNet satellite Internet service subscribers, the installation promotion (for leased equipment) and activation of the service is free until June 30, 2020. In addition, while the health emergency lasts, the user will not be affected by their speed and will be able to continue browsing at 25 Mbps, because the condition based on fair use policies of reducing browsing speed is suspended for this period when the subscriber ends the contracted data capacity.

- Emerging and provisional package of fixed Internet and telephony services, due to the contingency by COVID - 19. As a result of the collaborative regulation mechanisms led by the IFT, and in order to support users during the health emergency caused by COVID-19, landline and telephony service operators Izzi, Megacable, Telmex, Totalplay and Maxcom agreed to offer their clients the option of temporarily migrating to a low-cost plan.

  The "Contingency Support" package responds to the commitment and social responsibility of the concessionaires in order that users who face a difficult situation due to the effects of the pandemic maintain connectivity services in their homes. Therefore, it will be available from 1 May for active subscribers with a fixed Internet access contract. Said plan will only be available to residential users; it will cost 100 Mexican pesos per package, including VAT, or per month, as defined by each operator in accordance with their commercial policies.

  Residential users, who require it, will be able to migrate to this package for a single occasion, without any penalty, during the month of May and stay in it until June 30. The plan includes an Internet speed of up to 2 Mbps, as well as unlimited browsing and data, with the exception of video and video game downloads.

- Access to multiprogramming channels on open TV to transmit educational content. The IFT approved an agreement whose purpose is to facilitate the concessionaires of the open television service the use of additional programming channels under the multiprogramming scheme, to temporarily broadcast audiovisual content that includes school sessions that the Ministry of Public Education (SEP, for its acronym in Spanish) is transmitting to the contingency for the epidemic by COVID-19. This temporary transmission in multiprogramming will be limited until the date on which the competent

authorities in health and educational matters determine, by any official means or communication, the resumption of school activities throughout the country in person.

- <u>Industry support.</u> In addition to the measures provided by the industry indicated above, other measures in favor of users regarding digital platform services, pay television, telephony and fixed Internet may be consulted on the IFT portal: http://www.ift.org.mx/comunicacion-y-medios/frente-al-coronavirus-las-telecom-estan-de-tu-lado/la-industria-te-apoya

New Zealand

The full details of the New Zealand Government's response to novel Coronavirus (COVID-19) can be found at https://covid19.govt.nz/.

The Government's publicly released documents relating to decisions as part of its response to COVID-19 are available on https://covid19.govt.nz/updates-and-resources/legislation-and-key-documents/proactive-release/.

The New Zealand Government is implementing an elimination approach aimed at bringing the COVID-19 incidence to zero.

New Zealand's initial response to COVID-19

On 6 January 2020, the Ministry of Health issued the first National Health Advisory to District Health Boards and Border Advisory (to border agencies) alerting them to reports of pneumonia of unknown origin in Hubei province, China. Further Advisories followed in subsequent days. On 23 January, the Ministry activated an Incident Management Team (IMT) for COVID-19 and the following day convened the Interagency Pandemic Group, providing a briefing on the situation to more than 20 government agencies. On 27 January, (a month before New Zealand reported its first case) the Department of the Prime Minister and Cabinet activated the National Security System and the following day the Ministry of Health upgraded the IMT to a full National Health Coordination Centre response.

From the outset, New Zealand's response to COVID-19 was led by the health sector supported by the wider community of government agencies. In particular, decision-making at every level was informed by science and by public health objectives. Other key factors that have guided response measures both at a strategic and operational level have been: the framework provided by the Treaty of Waitangi;[1] health equity considerations; and the need to focus on priority populations including: Māori (New Zealand's indigenous population); Pacific peoples; the elderly; people with pre-existing health conditions; and people with disabilities.

On 2 February, New Zealand imposed the first border restrictions denying entry to travellers from (or transiting through) mainland China. As the international situation escalated, border controls were progressively enhanced on 2, 16 and 20 March. On 21 March, with 53 cases in New Zealand an Alert Level framework was launched (see below), with the whole country going straight to Level 2. On 23 March, with 102 cases New Zealand committed to an Elimination Strategy[2] in

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[1]https://www.newzealandnow.govt.nz/living-in-nz/history-government/the-treaty-of-waitangi
[2]https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-elimination-strategy-aotearoa-new-zealand

response to the pandemic and moved to Alert Level 3. Three days later, on 26 March the whole country moved to Level 4 – an un-precedented maximum lockdown. New Zealand remained at Level 4 until 28 April, when we dropped to Level 3. The Elimination Strategy was formalised and published on 8 May and on 14 May the country moved down to Level 2.

Key 2020 measures

The New Zealand Government's key measures aimed at bringing the COVID-19 incidence to zero in 2020 are discussed below.

Communications

Unite Against COVID-19 brand was set up as a standalone brand, to serve as the singular platform for all official communiques through the pandemic. The aim of the campaign has been to: trigger team spirit not fear; bring everyone in New Zealand together; and galvanise the population to act. The yellow and white stripes of the campaign have been adopted as a unifying symbol of the national response. The comprehensive nationwide campaign layers mass communications and tailors specific communications to target audiences and at-risk communities.

The campaign also uses public messaging to inform the "team of 5 million" and includes tools such as the following:

a. An emergency mobile phone alert in the event of Alert Level shifts;
b. A Government COVID-19 website as a central place for information from the New Zealand Government about COVID-19. Communications help and advice are available in a range of accessible formats on the website and translated into different languages https://covid19.govt.nz/updates-and-resources/translations/;
c. Paid channels including TV, radio, newspaper, on-line news, online and out of home channels, advertising and flyers to all households;
d. A daily media press conference from elected officials (including the Prime Minister and the Director General of Health) during initial response and resurgence;
e. Viral video campaigns featuring key spokespeople such as the Director General of Health; and
f. Owned channels such as social media, email and other organic channels.

All of the above have been run in conjunction with proactive engagement of key stakeholders. This includes: working in partnership with iwi Māori[3]; working across government to connect and share information; and supporting local health and government authorities, NGOs, community organisations, faith-based groups, businesses and Trans-Tasman partners. Unite Against COVID-

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[3] Iwi is the Māori word for extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=iwi

19 branded collateral and merchandise have also been distributed as part of the campaign's presence at major events across the country.

Prevention
Intensive hygiene was promoted from the outset the NZ COVID Tracer app (developed to assist contract tracing to work quickly) https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/nz-covid-tracer-app; physical distancing under Alert Levels 2-4 (discussed below); self-isolation; and face coverings on public transport https://covid19.govt.nz/health-and-wellbeing/protect-yourself-and-others/wear-a-face-covering/.

Alert system
The 4-tier COVID-19 Alert Level system was developed and introduced by the Government in March 2020 to manage and minimise the risk of COVID-19 in New Zealand.[4] The system helps people to understand the current level of risk and restrictions including travel restrictions and physical distancing which must be followed. The Alert Levels may be applied at a regional or national level and may be changed based on new scientific knowledge about COVID-19 or information about the effectiveness of intervention measures in New Zealand or elsewhere https://covid19.govt.nz/assets/resources/tables/COVID-19-alert-levels-summary.pdf.

Domestic travel restrictions apply under Alert Levels 3 and 4. Under Alert Level 4 the country is in full lockdown and everyone is required to self-isolate at their place of residence, except for essential workers. The full lockdown from 26 March to 28 April 2020 was mandated under the Health Act 1956 and supported by a National State of Emergency and newly written law changes to address the pandemic situation.[5] The National State of Emergency gave authorities additional legal authority to enforce control measures.[6] The National State of Emergency expired on 8 June 2020.

The Government used the Alert Levels to restrict travel into and out of Auckland over August – September 2020 and January – February 2021.

Keeping COVID-19 out
General border entry closure measures were put in place with effect from 20 March 2020 to minimise the risk of importing further COVID-19 cases. The border is closed except for New Zealand citizens and residents, and a small number of limited exceptions – such as critical workers.

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[4] This signalled a shift from the following the national influenza pandemic plan based on a mitigation strategy of 'flattening the curve' and delaying the epidemic peak, to a more ambitious elimination strategy and approach

[5] https://covid19.govt.nz/updates-and-resources/legislation-and-key-documents/#key-legislation.

[6] Baker, M. et al. (2020) New Zealand's elimination strategy for COVID-19 pandemic and what is required to make it work, *New Zealand Medical Journal* 3 April 2020, Vol 133 No 1512 ISSN 1175-8716 https://www.nzma.org.nz/journal-articles/new-zealands-elimination-strategy-for-the-covid-19-pandemic-and-what-is-required-to-make-it-work.

Legislation requires anyone entering New Zealand from overseas to complete 14 days in manged isolation or quarantine before entering the community https://covid19.govt.nz/alert-system/government-actions/.

Managed isolation and quarantine facilities have been set up for arriving international travellers. The Government has set up a managed isolation allocation system for New Zealand citizens and residents with valid travel conditions to stay in a managed isolation facility for 14 days https://allocation.miq.govt.nz/portal/, https://covid19.govt.nz/assets/resources/Proactive-release-8-March-2021/5-MIQ-Operating-Model-and-Funding-Cabinet-Paper-Redacted-.pdf.

The Government has prioritised COVID-19 testing for people who have travelled internationally in the past 14 days or if they have been in contact with a confirmed case. This is in addition to actively encouraging people with COVID-19 symptoms to be screened and tested for COVID-19.[7] Routine scheduled COVID-19 testing and medical examination is required for certain high risk border workers: workers in managed isolation and quarantine facilities, and workers at ports and airports at higher risk of exposure to COVID-19 https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-epidemic-notice-and-orders#required-testing.

Testing
A key element of the Government's response was the development and then continued refinement of a multi-component surveillance strategy. The health system established intensive COVID-19 testing including standing up community testing stations when COVID-19 cases in the community are known with support from other government agencies and local/regional groups such as the Civil Defence Emergency Management Groups https://covid19.govt.nz/health-and-wellbeing/covid-19/covid-19-testing/.

Genomic sequencing
Since August 2020, testing has been supported by genomic sequencing of *every* positive COVID-19 case in the country. The goal is to track every single case and their linkages. Genomic sequence analysis is to confirm probable direction of transmission between cases.[8] Using a mixture of genomic sequencing and epidemiology, the country works to precisely identify transmission pathways and the environment in which it happened. By comparing the genomes of different cases, scientists can map out a kind of family tree of the virus, tracing the tiny mutations it made along the way. Those mutation events help scientists and officials to track and trace how the virus

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[7] https://www.healthline.com/health/coronavirus-covid-19
[8] Eichler, N., Thornley, C., Swadi, T., Devine, T., McElnay, C., Sherwood, J....Geoghegan, J. L. (2021). Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 during Border Quarantine and Air Travel, New Zealand (Aotearoa). *Emerging Infectious Diseases*, *27*(5), 1274-1278. https://dx.doi.org/10.3201/eid2705.210514. This article suggests these findings reinforce the need for rigorous border control processes for countries pursuing COVID-19 elimination, as well as real-time integration of genomic and epidemiologic data to inform outbreak investigations.

has spread through populations, through space and time. Genomic pathogenic surveillance informs public health advice. It is the only tool that can link cases together when there is no [known] physical link between cases.

Contact tracing

Contact tracing is an internationally recognised tool in the infectious disease control toolbox. In New Zealand this has always been done by local Public Health Unit staff. However, the sheer volume of contacts associated with the initial pandemic response threatened to overwhelm the collective contact tracing capacity of all 12 Public Health Units. This required an urgent innovation with the creation, from scratch, of a national contact tracing capability based in the Ministry of Health.[9]

Economic and social welfare support

To mitigate against the economic and social impact costs from COVID-19, including the full lockdown and particularly for those with fewest resources, the Government instituted a spending programme to support businesses and supplement the incomes of employees who lost their jobs or whose jobs were threatened. This programme involved a major economic support package with a range of interventions to support these 'at risk' groups including restrictions on rent increases.[10] Māori and Pacific peoples also received targeted investments to mitigate their high risk and build their communities' resilience from COVID-19 https://www.treasury.govt.nz/system/files/2020-05/b20-sum-initiatives-crrf.pdf.

Support included:

a. Financial support for businesses, workers, individuals, whanau and families, stranded foreign nationals, communities and clubs, and help with accommodation was implemented https://covid19.govt.nz/business-work-and-money/financial-support/financial-support-for-businesses/.

b. Health and wellbeing support including how to access health care, mental wellbeing, family and sexual violence prevention and advice for people at risk was communicated https://covid19.govt.nz/health-and-wellbeing/.

c. Other business support including advice on contract tracing in the work place, connecting employers and people looking for work was available https://covid19.govt.nz/business-work-and-money/business/.

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[9] Innovations for Successful Societies (2020) *Global Challenges COVID-19 Captaining A Team of 5 Million: New Zealand Beats Back COVID-19, March – June 2020*

[10] Baker, M. et al. (2020), https://www.treasury.govt.nz/information-and-services/new-zealand-economy/covid-19-economic-response/measures, https://www.treasury.govt.nz/system/files/2020-05/b20-sum-initiatives-crrf.pdf

d. A $195 million package to support Pacific communities' recovery from the COVID-19 pandemic was made available https://www.mpp.govt.nz/news-and-stories/supporting-pacific-peoples-through-a-covid-19-recovery-plan/.

2021 measures

Since 2021 the Government's measures include:

Stricter controls at the border
Requiring all travellers to New Zealand (except those from exempt locations) to:
a. Have a COVID-19 test with a negative result returned within 72 hours of their first scheduled international flight https://covid19.govt.nz/travel-and-the-border/travel-to-new-zealand/pre-departure-testing-for-arrivals-into-new-zealand/who-needs-to-get-a-pre-departure-test/; and
b. Undergo testing at the beginning (day 0/1) of their 14-day managed isolation or quarantine period in addition to the pre-existing requirement for testing at around day 3 and day 12.

From 11 April 2021, temporarily suspending entry from India for all travellers including NZ citizens due to a surge in cases of COVID-19 in returnees https://covid19.govt.nz/travel-and-the-border/travel-to-new-zealand/travel-from-india-suspended-temporarily/.

Opening the boarder to select countries
Quarantine free travel for people from the Cook Islands and Niue, and between New Zealand and more recently from Australia from 19 April https://covid19.govt.nz/travel-and-the-border/.

Vaccine roll out
Implementing a Vaccination Strategy https://covid19.govt.nz/health-and-wellbeing/covid-19-vaccines/getting-a-covid-19-vaccine/, and https://covid19.govt.nz/updates-and-resources/covid-19-vaccine-resources-info-sheets/.

Technology to assist with Alert Level boundaries
The development of a Business Travel Register to assist with travel exemptions for businesses with workers needing to cross an Alert Level boundary in a region where travel is restricted https://www.mbie.govt.nz/about/news/business-travel-register-open/.
An Alert Level Boundary map to help people find out what Alert level applies to an address has been promoted.

Establishing a COVID-19 Response Unit in the Department of Prime Minister and Cabinet for coordination of cross-agency response activities and integration of advice https://covid19.govt.nz/assets/resources/Proactive-release-8-March-2021/2-Establishing-a-COVID-19-Response-Unit-Paper-2-1.pdf.[11]

New Zealand's success to date
New Zealand's pandemic response success in eliminating COVID-19 to date[12] has been attributed to:

a. Rapid science-based risk assessment linked to early, decisive actions from local health authorities, and when necessary from central government;[13]

b. Coherent and consistent risk communication to the public;[14]

c. Interventions at various levels (e.g. the border, active case finding, and robust contact tracing, case and contact management);

d. The Prime Minister Jacinda Arden providing empathic leadership and effectively communicating key messages to the public, framing the response to the pandemic as the work of a unified "team of 5 million" – which resulted in high public confidence and compliance to a suite of relatively burdensome pandemic control measures;[15]

e. New Zealand's centralised political system with a strong central government and limited influence from regional government (beyond a small input from local government) which is conducive to an All-of-Government (AoG) co-ordinated centralised national approach and high levels of inclusiveness;[16]

f. The AoG response with a fast pace response and high levels of innovation;[17] and

g. The use of whole-genome sequencing to inform public health and disease mitigation. The integration of genomics in real time into the toolkit of a public health response was amongst the first in the world, informing the New Zealand government response case by case.[18]

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[11] The Response Unit builds on recommendations from the second rapid review of the COVID-19 All-of-Government response which found that the Unit's predecessor, set up in July 2020 to provide system leadership and coordination across all elements of New Zealand's response, should have a clearer mandated and set up sustainably (Kitteridge, R. et. al (2020) *Second rapid review of the COVID-19 all-of-government response*).

[12] Success is not guaranteed. What is needed is ongoing inclusive discussions to act as a safeguard gains complacency (Broomfield N. & A. McConnell (2020) Two routes to precarious success: Australia, New Zealand, COVID-19 and the politics of crisis governance, *International Review of Administrative Sciences* https://journals.sagepub.com/doi/full/10.1177/0020852320972465).

[13] Robert A. (2020) Lessons from New Zealand's COVID-19 outbreak response, *The Lancet Public Health* Vol 5, Issue 11, https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30237-1/fulltext. Jefferies, S. et al. (2020) COVID-19 In New Zealand and the impact of the national response: a descriptive epidemiological study, THE LANCET, Public Health Vol 5, Issue 11 E569-E570, NOVEMBER 01, 2020E569-E570, NOVEMBER 01, 2020

[14] Kitteridge, R. et. al (2020)

[15] Baker, M. et al. (2020)

[16] Henrickson, M. (2020) Kiwis and COVID-19: The Aotearoa New Zealand Response to the Global Pandemic, The International Journal of Community and Social Development Vol2, Issue 2, 2020 https://journals.sagepub.com/doi/full/10.1177/2516602620932558

[17] Broomfield N. & A. McConnell (2020)

[18]This has been attributed to technology moving forward so dramatically. Now New Zealand labs are turning around genomic sequences of COVID-19 in less than eight hours. Furthermore, the penetration of science into New

How members review and revised their DRR polices and measures based on the one-year experiences of COVID-19

The impact of COVID-19 one year on, and the ongoing threat of emerging and re-emerging infectious diseases will be considered as part of a wider ranging review of our emergency management legislative settings and strategy. An example is Ministry of Health led considerations around Health Security planning, which will also reflect on the 2018 Joint External Evaluation of New Zealand's core capacities under the International Health Regulations (2005) https://www.health.govt.nz/our-work/emergency-management/world-health-organization-joint-external-evaluation.

Zealand's political decision rooms has been supported by the personal interest that Prime Minister has taken in science.

Russia

Practices on the fight against COVID-19
(EMERCOM of Russia)

Within the framework of national efforts aimed at struggle with COVID-19 EMERCOM of Russia as a federal executive body performs a number of specific tasks within the competence.

EMERCOM of Russia is a member of the Governmental Coordination Council to control the incidence of novel coronavirus infection in the Russian Federation headed by Prime Minister.

According to its responsibilities, EMERCOM of Russia provides necessary services to the public, as following:
- deployment of mobile field hospitals,
- disinfection of public places (hospitals, educational institutions and schools, transport infrastructure),
- distributing information on preventive measures through media channels,
- engagement of EMERCOM psychological team for rendering support to compatriots abroad,
- implementation of additional measures to guarantee the preparedness of search-rescue teams for response to emergencies.

Deployment of mobile field hospitals

EMERCOM of Russia provides assistance to the executive branch of the constituent entities of the Russian Federation.

In the Murmansk region, EMERCOM units deployed an airmobile field hospital and a temporary accommodation center (TAC). The forces and means are integrated in the local healthcare care system and provide medical care for the population and take disinfection measures.

On May 1, Ilyushin 76 aircraft of EMERCOM delivered to the Republic of Sakha (Yakutia) a group of medical personnel and technical specialists to provide medical care and priority life support for the population. A mobile hospital and TAC are deployed near the Chayandinskoye oil and gas condensate field, where quarantine has been declared due to the outbreak of coronavirus infection.

In the Dagestan region a TAC(capacity up to 210 pers.) was deployed for providing assistance to foreign citizens and stateless persons who cannot leave the Russian Federation during the period of action to combat the spread of infection. Foreign citizens are provided with PPE and the infrastructure is being disinfected.

Remarks on disaster management –related work in the post-COVID-19 era

The following organizational management structure continues to operate in the Russian Federation:

- **Coordination Council for the fight against the spread of the new coronavirus infection**
  The work is headed by the Coordination Council under the leadership of the Chairman of the Government of the Russian Federation Mikhail Mishustin. On a regular basis, Mikhail Mishustin and First Deputy Chairman of the Council, Mayor of Moscow Sergei Sobyanin, hold meetings of the Presidium of the Coordination Council, which deals with current issues.

- **Operational headquarters**
  The operational headquarters under the leadership of the head of the headquarters, Deputy Chairman of the Government of the Russian Federation Tatyana Golikova is responsible for preventing the spread of the new coronavirus infection and organizing the treatment of the sick.

- **Commission to improve the sustainability of the development of the Russian economy**
  The economic consequences of the pandemic are under the jurisdiction of the government commission headed by the chairman of the commission, First Deputy Chairman of the Government of the Russian Federation Andrei Belousov.

- **Working group of the State Council**
  The State Council Working Group, created by the President of the Russian Federation, headed by Moscow Mayor Sergei Sobyanin, is responsible for interaction with the regions.

- **Center for monitoring the situation with coronavirus**
  Information support is provided by the CMS, whose work is supervised by Dmitry Chernyshenko, Deputy Chairman of the Government of the Russian Federation.

- Departmental operational headquarters have been created to take the necessary organizational and administrative measures through the federal executive authorities.

As of April 21, 2021, 16 million sets of Sputnik V vaccine doses were released into civil circulation in Russia, 3.8 million people were fully vaccinated against coronavirus with two doses of the drug.

The effectiveness of the Sputnik V vaccine was 97.6% based on the analysis of data on 3.8 million vaccinated Russians.

For its part, the forces and means of the EMERCOM of Russia continue to provide assistance to the executive authorities of the constituent entities of the Russian Federation and local governments.

Assistance cannot be provided to those in need if personnel is not protected.

To do so a lot of attention is paid to self-protection of our personnel:
- Self-protection of fire and rescue personnel in their home bases on duty shifts
- Maximum possible minimization of daily workers in office buildings, as well as remote work from homes
- Health control and regular disinfection measures, use of PPE (masks, gloves, etc.)
- More active use of videoconference platforms for meetings, briefings, reports, etc.

Of course, the greater part of work in COVID-19 response lays on shoulders of medical personnel. Military are involved in construction of specialized COVID-19 hospitals in addition to existing medical facilities operated by both the Ministry of Health and private sector.

Civil protection, fire & rescue services besides their everyday duties are actively involved in **unprecedented scale of disinfection works in public places.**

Hospitals, transport infrastructure (airports, railway and bus stations), educational facilities, shopping malls, etc.
- **6 000+** hospitals and clinics
- **8 000+** schools, colleges and high education institutions
- **22 000+** social objects
- **45 000+** transport infrastructure sites
- 214 000+ EMERCOM's sites (fire brigades, rescue and civil defense units, office buildings, educational institutions, etc.)
- **9 000+** km of roads
- **288 000+** vehicles and items of machinery (incl. **236 000+** operated by EMERCOM)

Another important area of work in pandemic is social work.

EMERCOM personnel is involved in rendering psychological support, managing the "hotline", anti-COVID information campaign as well as providing support to senior citizens including EMERCOM retired workers.

Singapore

Practices in Responding to Covid-19

National Task Force

Multi-Ministry Taskforce (MTF) on COVID-19. The MTF was set up on 22 January 2020, prior to the discovery of our first confirmed case of infection. Co-chaired by Minister for Health and Minister for National Development and Second Minister for Finance.

Health Related Measures

- Expanded version of WHO's recommended suspect case definition

- Surveillance for COVID19 by testing individuals in the community with prolonged acute respiratory illness (ARI) [>37.5 ⁰C and ARI symptoms with duration for > 4 days] and on all individuals with pneumonia at our public hospitals, polyclinics and private clinics.

- Expanded laboratory testing capacity.

- Isolation and treatment of confirmed cases.

- Rigorous contact tracing to identify and quarantine close contacts of the confirmed cases.

- Rigorous epidemiological investigations to establish chain of infection.

- Activation of Public Health Preparedness Clinics to provide subsidized care for patients in the community with respiratory symptoms in order to enhance and tighten disease surveillance.

- Joint clinical guidance on the management of COVID19 suspect cases.

- Tighter measures for healthcare institutions such as segregating patients with pneumonia from the other patients, and limiting number of visitors entering healthcare institutions as part of infection prevention and control practices.

Movement Restrictions and Border Control

- Stepped up border control measures to limit the risk that affected regions and countries may pose to Singaporeans.

- **20 March 2020, 2359hrs**: all travellers entering Singapore will be issued with a 14day Stay Home Notice (SHN). They will be required to provide proof of the place where they will serve the 14-day SHN, for example a hotel booking covering the entire period, or a place of residence they or their family members own. All new and existing work pass holders (including dependents)

planning to enter/return to Singapore from any country are also required to obtain MOM's approval before commencing the journey. Upon arrival, all affected work pass holders will be placed on a mandatory 14-day SHN.

- **20 March 2020**: the Singapore-Malaysia Special Working Committee agreed that Malaysians with Singapore work permits will continue to work in Singapore during this period, with appropriate health screening and suitable accommodation arrangements. Likewise, the transport of all types of goods between Malaysia and Singapore will also be facilitated.

- **23 March 2020, 2359hrs**: all short-term visitors will not be allowed to enter or transit through Singapore. The Ministry of Manpower (MOM) in Singapore will only allow the entry / return of work pass holders, including their dependents, for those providing essential services, such as in healthcare and transport. All Singapore Citizens, Permanent Residents, Long Term Pass holders returning to Singapore will be issued a 14-day SHN. Persons under SHN must remain in their place of residence dedicated SHN facilities (for those returning from 8 April, 2359hrs) at all times. SHN will not apply to Singapore Citizens, Permanent Residents and Long Term Pass holders transiting in Singapore without leaving the transit area.

- **25 March 2020**: All returning residents, with travel history to USA or United Kingdom in the last 14 days, are required to serve out their mandatory 14-day SHN at dedicated hotels.

- **27 March 2020, 0900hrs**: all travellers arriving in Singapore must submit a health declaration via the SG Arrival Card e-Service before proceeding with immigration clearance.

- **29 March 2020, 2359hrs**: All holders of Long-Term Visit Passes (LTVP) issued by the Immigration and Checkpoints Authority (ICA), and those who have been granted InPrinciple Approval (IPA) by ICA for LTVP, will require an approval letter of entry by ICA to gain entry into Singapore. All Student Pass (STP) holders, and those who have been granted IPA by ICA for STP, will require an approval letter of entry by the Ministry of Education (MOE) to gain entry into Singapore.

- Implementation of Circuit Breaker from **7 April 2020 to 4 May 2020**: All workplace premises and retail outlets except for those necessary to support the daily living needs of the population will be closed. Members of the public are strongly advised to stay at home and avoid going out unnecessarily, except to purchase daily necessities, essential services, exercise, or for urgent medical needs. There should be no social gatherings. Social contact should be confined to immediate family members living in the same household during this period. All recreation venues, attractions and places of worships will be closed. Schools and institutes of higher learning have moved to full home-based learning, while preschool and student care services have suspended services.

- **9 April 2020**: All Singapore Citizens, Permanent Residents, and Long-Term Pass holders entering Singapore will be required to serve a 14-day self-isolation at dedicated SHN facilities. - In response to cases of COVID-19 infection in foreign worker dormitories, Singapore's Multi-

Ministry Task Force undertook further measures to curb further spread of COVID-19 in these areas:

- o 5 April 2020: issuance of advisories to dormitory operators, with provisions including: prohibiting movement within blocks; advising workers to cease social interactions with others who do not reside in the same room or floor; and ensuring social distancing in communal areas.
- o 7 April 2020: In view of the Circuit Breaker measures, foreign workers are not able to go to work. The Singapore Government set up an inter-agency task force to support foreign workers and dormitory operators during this period. Senior Minister and Coordinating Minister for National Security Teo Chee Hean is advising the ministers on the issue.

1. The Task Force has since deployed Forward Assurance and Support Teams in all the dormitories, to enable them to respond quickly to these worker's essential needs. These include setting up medical facilities and triage clinics; bringing in supplies and food; managing the logistics and housekeeping; and making sure the workers have food and water, and Wifi to keep in touch with their families back home and friends in Singapore, and for entertainment. Based on their medical assessment, foreign workers will also be accorded COVID-19 testing and treatment as appropriate – no different from Singaporeans.

2. The Singapore Government has also set up temporary accommodations for some of our workers, including at used public housing blocks' void decks and multi-storey car parks. These are completed structures that are safe and liveable. These temporary arrangements will help to improve safe distancing by spreading out the workers. All premises are checked to ensure that the living conditions are airy and comfortable, and meals have been catered for the workers according to their dietary requirements.

3. Employers must continue paying these workers, even for workers who cannot go to work during the month-long "circuit-breaker". Under our laws, employers are also required to provide for their workers' upkeep or repatriation to their home countries. For foreign workers whose Work Passes have been cancelled, employers are still responsible for their foreign workers' upkeep, including the provision for their accommodation, until they are repatriated. MOM takes firm action against employers who do not fulfil these obligations. To enable their employers to meet these obligations, the Singapore Government has waived their employers' levy payments and also provided a one-off rebate of S$750 for each foreign worker employed.

4. The Singapore Government is working with the Migrant Workers' Centre and Healthserve, which are NGOs, to provide counselling sessions to the workers in dormitories who require them.

Information Sharing and Public Awareness

- Introduce calibrated safe distancing measures and step up public education efforts to encourage Singaporeans to uphold safe distancing principles and practice good personal hygiene and social responsibility. These are critical factors in slowing the transmission of the virus.

- Development of sector-specific health advisories.

- Latest information of the disease and local situation can be found on the Singapore Ministry of Health website (www.moh.gov.sg/covd19), or by signing up at the Gov.sg WhatsApp channel (go.gov.sg/whatsapp).

Chinese Taipei's Advanced Deployments of Quarantine and Dynamic Allocation of Societal Resources

The 2003 SARS outbreak did give Chinese Taipei learned lessons about how to contain and control the pandemic by paying huge social capitals and exposing insufficiency of public health system. Then after a series review and improvements, Chinese Taipei has comprehensively amended the Communicable Disease Control Act. Besides amendments of the laws to meet real demands, the match-up measures were enforced to ensure a better health safety shield against threats of pandemic.

The nine major reinforcing measures include:

1. To establish a better disease control command system;
2. To strengthen the capacity to conduct border quarantine;
3. To set up diversified and multiple surveillance systems on most communicable disease;
4. To reinforce the surveillance of populous institutes;
5. To thoroughly implement nosocomial infection control policies;
6. To formulate response plans for emerging infectious diseases and routine drills;
7. To build up reference laboratories to improve infectious disease testing technology and capacity;
8. To initiate the "Infectious Disease Prevention Medical Network"; and
9. To set up the mechanism for operating the "Central Epidemic Command Center".

After practical tests by and operations against other infectious diseases such as avian influenza and novel H1N1 influenza, **"prudent action"**, **"rapid response"** and **"early deployment"** are the basic guidance for handling public health events in Chinese Taipei. To cope with COVID-19, all the mentioned measures do follow the plans and procedures with rotational updates to identify the most appropriate and effective approaches to contain all possible spreading channels. In summary, the Prevention Strategies are:

1. **Boarder Control:** From December 31, 2019 to January 23, 2020, Chinese Taipei implemented onboard quarantine inspection, and elevated related prevention measures to travelers from other member economies.

2. **Control on Community Transmission:** 14-day home quarantine or home isolation have been enforced to all travelers after their arrivals. If develop symptoms reported by quarantined travelers, health agencies will place them in the hospital in isolation and electronic fencing helps to locate all quarantined travelers.

3. **Surveillance and Laboratory Diagnosis:** To ensure safety for all medical staff, through on-line integration of medical insurance records and travel history, doctors can know required information of patients. At the same time, rapid increasing capacity are deployed

to meet rising demands.

4. **Medical System Response and Preparedness**: 52 regional hospitals or medical centers have been designated for treatment of confirmed severe cases. Furthermore 165 medical facilities are designated for taking specimens and for treatment of confirmed mild cases.

5. **Stockpile and Allocation of PPE:** To provide enough surgical masks for medical staff, the government has accumulated stockpile of surgical masks and other materials.

6. **Health Education and Fighting Disinformation:** To seek public awareness and collaboration on person hygiene and social distancing, CDC has been regularly updating information through multiple media channels. Meanwhile, quick actions against disinformation help to answer all questions raised by the public.

United States

This is a selected list of U.S. practices and guidance related to emergency management for COVID-19 and is not all-inclusive:

U.S. Department of Homeland Security Federal Emergency Management Agency

Compilation of Coronavirus Emergency Management Best Practices:
https://www.fema.gov/coronavirus/best-practices

Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemic:
https://www.fema.gov/news-release/2020/04/30/planning-considerations-organizations-reconstituting-operations-during-covid

Prioritization and Allocation of Certain Scarce or Threatened Health and Medical Resources for Domestic Use - A Rule by the Federal Emergency Management Agency on 04/10/2020:
https://www.federalregister.gov/documents/2020/04/10/2020-07659/prioritization-and-allocation-of-certain-scarce-or-threatened-health-and-medical-resources-for

Coronavirus (COVID-19) Pandemic: National Resource Prioritization Cell:
https://www.fema.gov/news-release/2020/04/18/coronavirus-covid-19-pandemic-national-resource-prioritization-cell

Supply Chain Stabilization Task Force:
https://www.fema.gov/news-release/2020/04/08/fema-covid-19-supply-chain-task-force-supply-chain-stabilization

COVID-19 Best Practice Information - Supply Chain:
https://www.fema.gov/media-library-data/1586011228351-ee9dd63af03bc879168c827bf922cb90/COVID19SupplyChain.pdf

Coronavirus Rumor Control:
https://www.fema.gov/coronavirus/rumor-control

Public Assistance Disaster-Specific Guidance - COVID-19 Declarations:
https://www.fema.gov/media-library/assets/documents/187108

Fiscal Year 2020 Emergency Management Performance Grant Program – COVID-19 Supplemental:
https://www.fema.gov/media-library/assets/documents/187029

Supplemental Funding Through CARES Act:
https://www.fema.gov/news-release/2020/05/04/fema-announces-supplemental-funding-through-cares-act

FY 2020 Assistance to Firefighters Grant Program - COVID-19 Supplemental (AFG-S): https://www.fema.gov/media-library/assets/documents/187460

U.S. Department of Homeland Security

Indoor Predictive Modeling Tool for Coronavirus Stability: https://www.dhs.gov/science-and-technology/news/2020/05/13/news-release-st-launches-indoor-predictive-modeling-tool-coronavirus-stability

Countering COVID-19 Related Fraud: https://www.dhs.gov/news/2020/04/24/fact-sheet-dhs-taking-covid-19-related-fraud?utm_source=hp_slideshow&utm_medium=web&utm_campaign=dhsgov

U.S. Department of Health and Human Services

Health-related practices may be found in the U.S. response to the related Health Working Group request.