

Updated National Narratives on COVID-19

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The ICAT National Narratives workstream has gathered actuaries from around the globe to collect data and to provide actuarial perspective on events surrounding COVID-19 in the countries they know. One direction we have taken is to gather a collection of case studies in which local actuaries describe the 'national narrative' of their own country and we compare experiences. We first reported on the initial response to COVID-19 for a collection of eight nations as at 30 November 2020. Those articles are available at <https://www.actuaries.org.uk/documents/national-narratives-covid-19>. In April 2020 we presented a live update for the IFoA webinar on Actuarial Innovation in the COVID-19 Era. That presentation and all of the previous work of the National Narratives workstream can be found at <https://www.actuaries.org.uk/practice-areas/ifo-covid-19-action-taskforce-icat-workstreams/icat-workstreams-overseen-other-boards-non-practice-area>.

This set of articles updates the national response from 30 November 2020 to 30 April 2021. COVID-19 has impacted every nation differently and continues to as vaccines begin to succeed in fighting back. The individual national articles that follow describe the progression of the disease and the economic and social toll.

We can begin this overview by examining the factors to consider in different national outcomes.

National Responses

Every nation had a different set of lucky or unlucky characteristics prior to the onset of COVID-19, and outcomes have been driven by the timing and extent of government action. This chart shows some of the easily measured gross characteristics, but there is more to it.

National Characteristics as at 30 April 2021

Nation	Population in millions ¹	Population density per km ² ¹	Median age ¹	Oxford Stringency Index ²	Vaccine doses as a % of population ³
Brazil	213	25	33	63	20.1%
Ghana	31	137	22	51	2.7%
India	1,380	464	28	74	11.0%
Malawi	19	203	18	45	1.6%
New Zealand	5	18	38	22	5.7%
Poland	38	124	42	73	30.3%
Singapore	6	8,358	42	51	46.5%
United Arab Emirates	10	118	33	56	106.6%
Worldwide	7,795	52	31		14.6%

Population density clearly drives transmission of COVID-19, but we have to look beyond the mean. India has a lower population density than Singapore, but there are cities in India with three times the population density of Singapore. In general younger populations have fared better, but within each nation we have to look at the concentration of older ages and how exposed they are to infection. The Oxford Stringency Index² is one clever approach to measure how strenuous each nation's governmental response has been with a single number from 0 to 100, based on actions such as lockdowns, travel restrictions, mask mandates, testing, contact tracing, and income support. It's important to view stringency over time. Some nations have been successful at containing COVID-19 with early intervention and a small number of highly effective measures. The Oxford Stringency Index does not measure how unified and coherent government action has been nor how cooperative each population has been with the balance of mandatory and voluntary measures. There is no simple measure of how isolated a nation is, and those that are naturally isolated (New Zealand) have had success with early border restrictions and testing. Weather has played a part, with less transmission in warmer climates.

Vaccination has created a new dimension of complexity. Nations like Israel, the USA, and the UK have been vaccinating aggressively at the peak of their infections, while UAE and Singapore are able to vaccinate aggressively before reaching high infection rates. Among nations that have been slower to obtain and deliver vaccines, India and Brazil are struggling with rising infections, while New Zealand and Africa are still doing well with natural defences.

National Outcomes

Whatever combination of circumstance and strategy each nation has undergone, the outcomes are widely available. We can report some key measures as reported, knowing that outcomes are driven by the amount of testing and the reliability of reporting. In the end excess deaths will be the best measure of all impacts of COVID-19, but what we are seeing is that there are several patterns. New Zealand, Singapore, and China are nations that have largely kept COVID-19 at bay. Poland and India

¹ <https://www.worldometers.info/world-population/population-by-country/>

² <https://covidtracker.bsg.ox.ac.uk/>

³ <https://ourworldindata.org/explorers/coronavirus-data-explorer>

had early success but surged later. The USA and the UK have been through surges, and Brazil has experienced a steady increase.

National Outcomes as at 30 April 2021

Nation	Population in millions ¹	Cumulative cases ⁴	Cumulative cases as a % of population	Cumulative deaths ⁴	Case fatality ratio	Fatality as a % of population
Brazil	213	14,521,289	6.832%	398,185	2.74%	0.187%
Ghana	31	92,562	0.298%	779	0.84%	0.003%
India	1,380	18,762,976	1.360%	208,330	1.11%	0.015%
Malawi	19	34,062	0.178%	1,148	3.37%	0.006%
New Zealand	5	2,257	0.047%	26	1.15%	0.001%
Poland	38	2,792,142	7.378%	67,502	2.42%	0.178%
Singapore	6	61,121	1.045%	30	0.05%	0.001%
United Arab Emirates	10	518,262	5.240%	1,584	0.31%	0.016%
Worldwide	7,795	150,125,494	1.926%	3,159,498	2.10%	0.041%

Specific reports from each nation follow.

⁴ <https://COVID19.who.int/table>

Brazil has been one of the countries most impacted by COVID-19. Kirsty Howitt, FIA shares her country's challenges. Kirsty is the Head of Actuarial and Modelling, Gallagher Re Latin America, based in Rio de Janeiro, Brazil.

New variant detected in Manaus, Brazil

Following the year-end festivities record numbers of deaths due to COVID-19 were recorded in Brazil. On the 7th January 1,841 deaths were recorded in 24 hours, the highest to date, with Sao Paulo, Rio de Janeiro and Minas Gerais being the states that have contributed the most to the accumulated deaths in the country.

The situation in Manaus made headlines worldwide due to a new variant, named P.1, the suspected cause of the rapid increase in cases and the collapse of the local health care system. Manaus was already a city that suffered during the first wave of COVID-19 and by December 2020 over 75% of the population was estimated⁵ to already have gotten COVID-19. This coupled with discussions in the media about herd immunity led to a general relaxation of restrictions. This appears to have occurred just at the moment that the new variant emerged, leading to the sudden spike of cases and an overloading on the medical infrastructure in January 2021. A reported lack of organization⁶ and delayed response to the crisis led to the sudden collapse of the health system. Oxygen stores ran to zero and the population of Manaus suffered the consequences.

Later in the beginning of May Rio de Janeiro identified a new strain of COVID-19, named P.1.2, developed from the Manaus variant P.1. At time of writing it has not been identified if the new strain is more transmissible or lethal.

Collapse of health system

As the new variant spread through Brazil so did the collapse of state health systems, as can be seen in the Fiocruz graphic below showing the alert level (Low, medium and critical) based on the percentage of Intensive Care Units occupied. Between January and March nearly all states entered into the critical alert level.

[Fiocruz on Twitter: "#COVID19 #fiocruz https://t.co/zoGiFzxZVY" / Twitter](https://twitter.com/Fiocruz/status/1311111111)

⁵ <https://super.abril.com.br/saude/pesquisa-estima-que-76-da-populacao-de-manaus-ja-pode-ter-pegado-o-coronavirus/>

⁶ <https://www.dw.com/pt-br/a-sucess%C3%A3o-de-erros-que-levou-%C3%A0-crise-de-oxig%C3%AAnio-em-manaus/a-56275139>

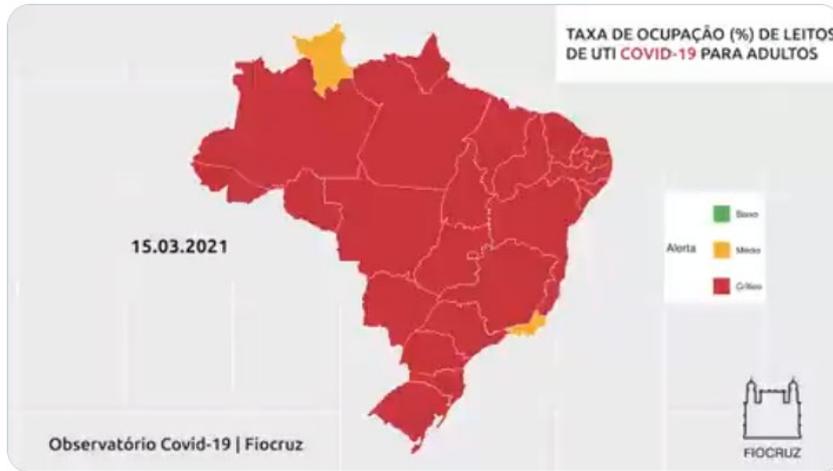


Fiocruz
@fiocruz

...

#COVID19

#fiocruz



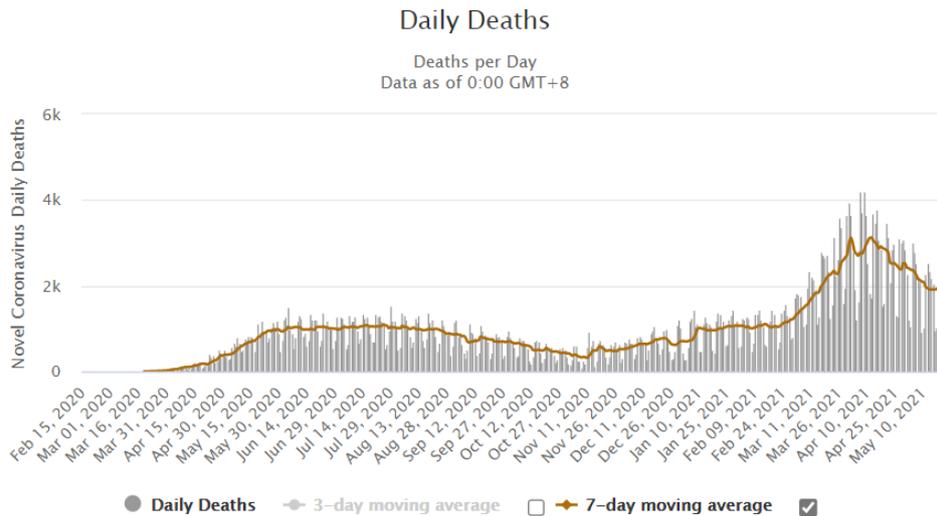
8:03 AM · Mar 17, 2021 · TweetDeck

Lockdown measures

At the end of March both Rio de Janeiro and Sao Paulo states bring forward public holidays in attempts to control the spread of the virus. Just a short period of lockdown occurs (between 1 and 2 weeks) before commerce is reopened albeit with more restricted opening times and capacities over a short period. Daily number of deaths countrywide continue to increase until the beginning of April where the peak appears to have been surpassed. On the 5th March Brazil becomes the country with the highest number of daily deaths.⁷

⁷ <https://www.sanarmed.com/linha-do-tempo-do-coronavirus-no-brasil>

Daily New Deaths in Brazil



Source: <https://www.worldometers.info/coronavirus/country/brazil/>

Vaccine roll-out

In the beginning of December, 2020 the Brazilian government announced its vaccination plan that would be completed in 4 stages.

Stage 1 – Health professionals, individuals older than 75 years, indigeneous population, individuals older than 60 years if living in a long-term nursing institution.

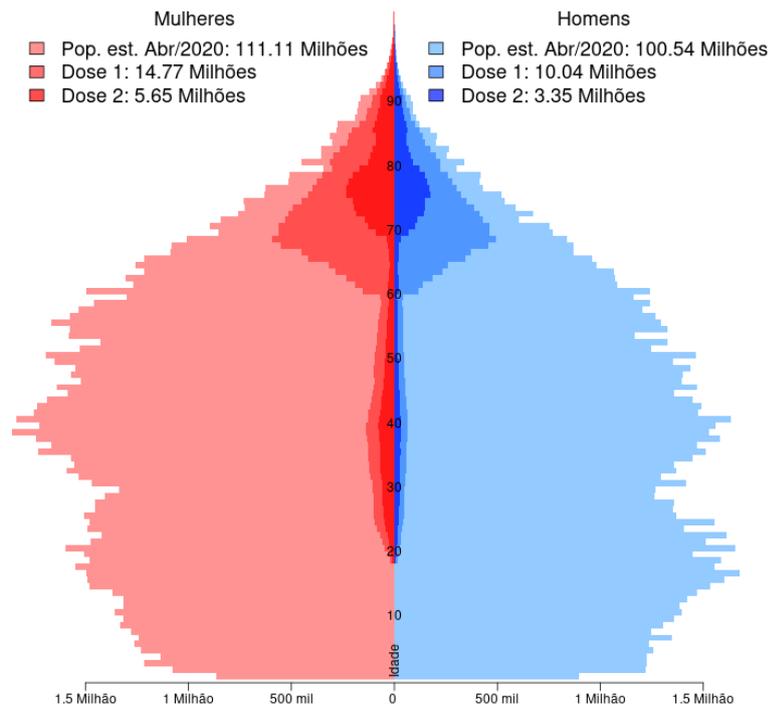
Stage 2 – Individuals between the age of 60 and 74.

Stage 3 – Individuals at risk of serious disease, such as patients with cardiovascular or kidney diseases

Stage 4 - Teachers, rescue professionals, security forces, prison system employees as well as prisoners.

At time of writing (May 22nd 2021) 57.6M vaccinations have been administered, 18.5M (8.7%) of the population being fully vaccinated against COVID-19 and 20.6M (9.7%) of the population partly vaccinated.

The below chart shows the population vaccinated by age group as at 21st April.



Atualizado em 21 de abril de 2021

Fonte 1: <https://www.ibge.gov.br/estatisticas/sociais/trabalho/17270-pnad-continua.html> (expansão amostral por idade e sexo)

Fonte 2: <https://opendatasus.saude.gov.br/dataset/covid-19-vacinacao>

@eliaskrainski

<https://t.co/w6YrQR3XMO> / Twitter

Latest developments

On 27th of April the Brazilian senate opened an investigation into the government's handling of the pandemic and an extra focus is made on the collapse in Manaus and how the city came to run out of oxygen. The inquiry covers delays to procure vaccines, lack of response to proposals of large pharmacy companies such as Pfizer, and the federal government's promotion of Hidroxicloriquin and Arizitromicin (unproved drugs for treatment of COVID-19). The inquiry could increase political pressure for the president's impeachment though this is seen as unlikely for the moment. The investigation is however creating a stage to highlight the lack of organization and competence in the different areas of government.

Ghana has experienced two low peaks in COVID-19 cases and has returned to steady management of cases. John Abonongo shares the latest on his country's response. John is a Lecturer in Actuarial Science in the Department of Statistics at C.K. Tedam University of Technology and Applied Sciences, Navrongo.

Latest status

In April, Ghana saw a lower infection rate than in recent months. However, the need for public health and safety measures remains high. As of the 30th of April, the number of cases stood at 92,683 with 1,584 active cases and 779 reported deaths.⁸

The COVID-19 vaccination campaign began on 1st March, 2021, starting with 600,000 doses of the CoviShield vaccine received through the COVAX facility (WHO, CEPI, GAVI, UNICEF).⁹ H.E. the President of the Republic of Ghana, Nana Akufo-Addo, was the first in the country to take the initial dose of the AstraZeneca vaccine. The national launch also saw the First Lady of Ghana, the Vice-President and the Second Lady take the vaccine that day, contributing to the campaign to instill vaccine confidence. The regional campaigns in the Greater Accra, Central and Ashanti regions were launched on 2nd March, 2021. The vaccination of the Asantehene Otumfuo Osei Tutu II, the Ashanti King, also contributed to a subsequent successful participation of the population in the Ashanti region.

Starting on March 1st, the first phase of the vaccine rollout focused on three most affected regions: Greater Accra, Ashanti and Central. It prioritized health care workers and front line workers, adults over 60 years of age and persons with known underlying co-morbidities. Others have included essential service providers and the general population (excluding children below 18 years and pregnant women), including students. On 21st March, 2021, a second round of vaccination targeted health workers in all regions of the country. According to the Ghana Health Service online dashboard, as of 30th April, 849,520 doses of vaccines had been administered.

On vaccination, Ghana aims to vaccinate 20 million of its 32 million residents by the end of October 2021, and will source the required doses through multilateral agreements and bilateral deals.¹⁰ Ghana was the first country to receive a vaccine shipment from the COVAX facility; some 600 000 Oxford-AstraZeneca vaccine doses were delivered on 24th February, 2021. From 1st March, 2021, doses were administered to a priority group comprised of frontline healthcare workers and security personnel, persons over 60 years old, those with comorbidities and some government officials. This was one of four population segments that were vaccinated in priority order. It was unclear when people in the other three segments will receive their first shots. For now, pregnant women and children under 16 years are excluded, due to limited data from vaccine trials.

⁸<https://reliefweb.int/report/ghana/unicef-ghana-covid-19-situation-report-no17-1st-30th-april-2021>

⁹<https://www.unicef.org/media/96251/file/Ghana%20COVID19%20StiRep%20no.%2016,%2031%20March%202021.pdf>

¹⁰ <https://gh.bmj.com/content/6/3/e005569>

The progression of COVID-19 in Ghana is most easily viewed through selected graphs and tables available from the Ghana Health Service. That information is shown here as at 30 April, 2021 (tables and figures numbered according to Ghana Health Service web site).¹¹

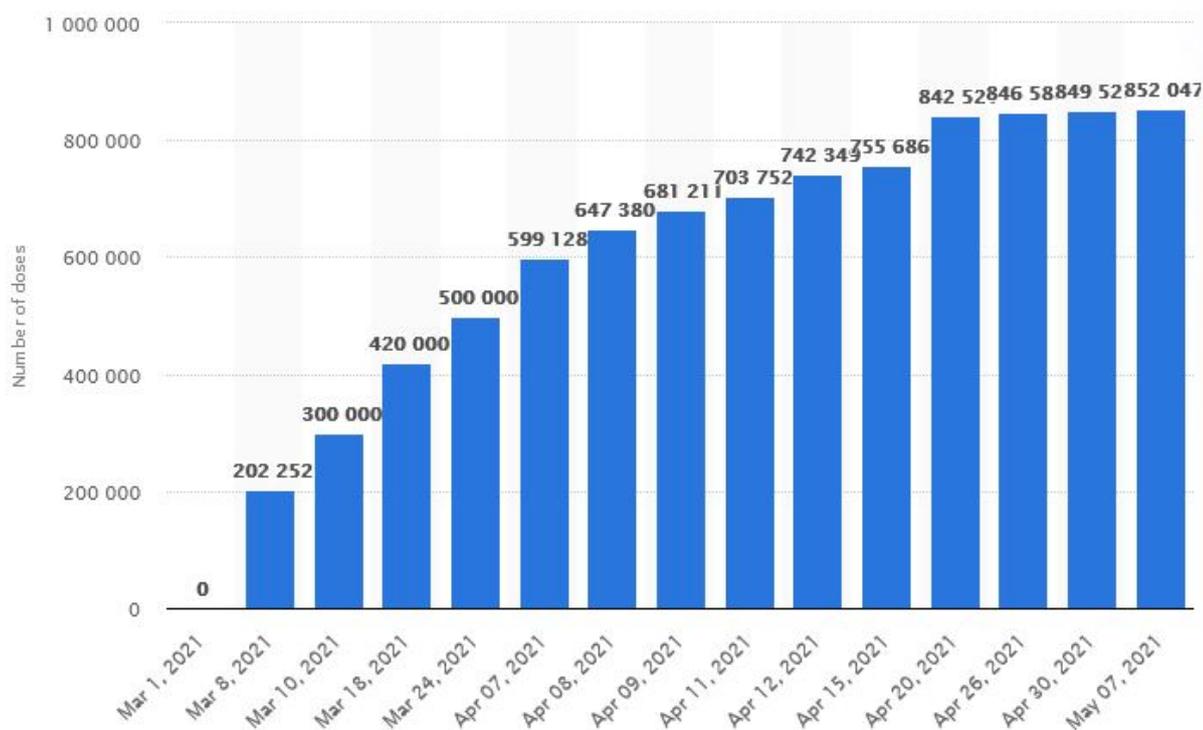
Table 1: Confirmed cases of COVID-19 and Treatment Outcomes, Ghana as at 30th April 2021.

Category	Number of cases	Recovered/ Discharged	Severe	Critical	Dead	Active
Routine Surveillance	32,186	88,948	24	6	780	1,584
Enhanced Contact Tracing	58,913					
International travelers (KIA)	1,641					
Total	92,740	90,376	24	6	780	1,584

****Severe-24, Critical 6**

Table 2: Positivity rate by Surveillance type for samples tested in Ghana Mar 2020- Apr 2021

Surveillance Type	Total no. Tested	Total no. positive	Positivity rate
Routine Surveillance	330,297	32,186	9.7
Enhanced Contact Tracing	535,227	58,913	11.0
International travellers (KIA)	243,239	1,641	0.7
Total	1,108,763	92,740	8.4



Total number of coronavirus (COVID-19) vaccine doses administered in Ghana as of May 07, 2021

¹¹ <https://ghanahealthservice.org/covid19/latest.php>

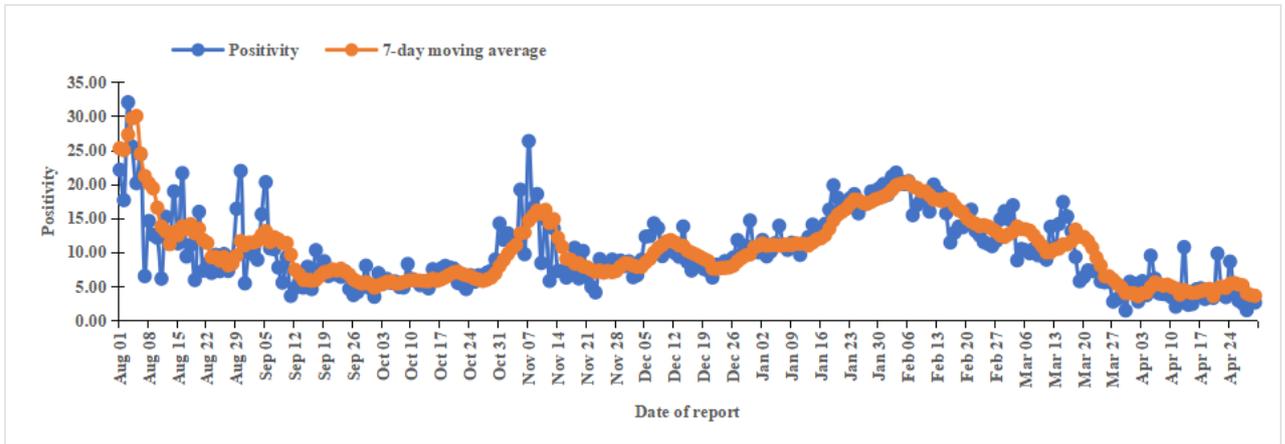


Figure 1: COVID-19 positivity rate in Ghana by date of report taken, Aug 1, 2020 –30 Apr 2021

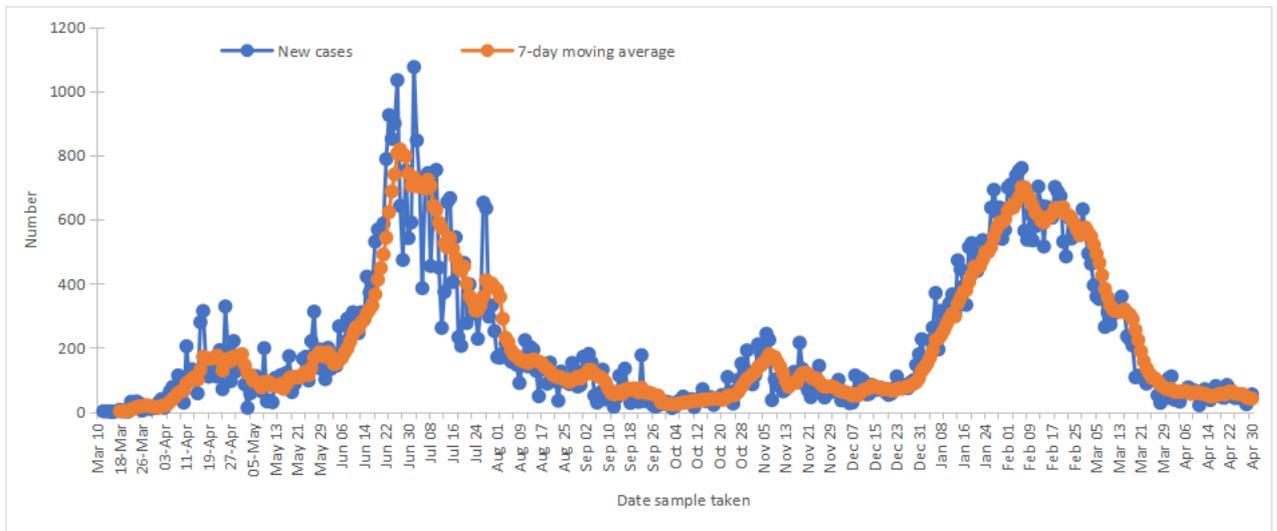


Figure 4: Distribution of COVID-19 cases and 7-day moving average in Ghana by date sample taken, Mar 2020- Apr 2021

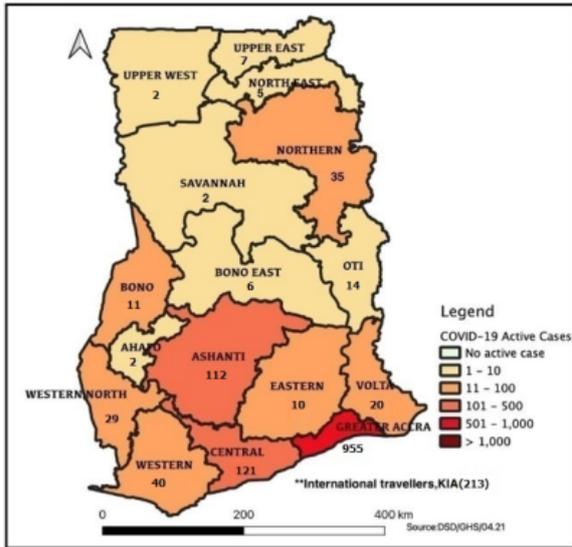


Figure 6: Active COVID-19 cases in Ghana by region, 30 Apr 2021

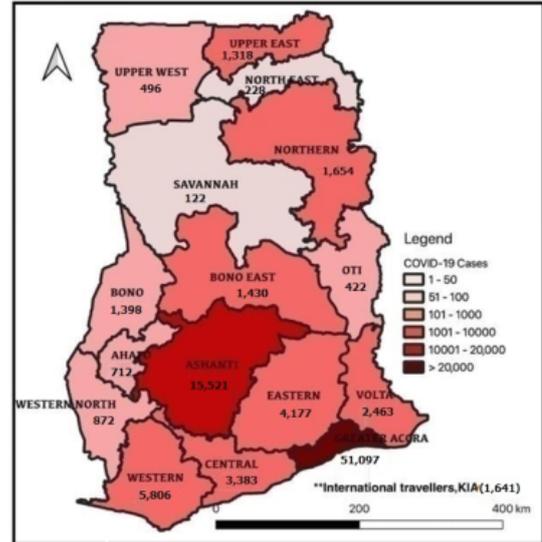


Figure 7: Cumulative cases of COVID-19 in Ghana by region, 30 Apr 2021

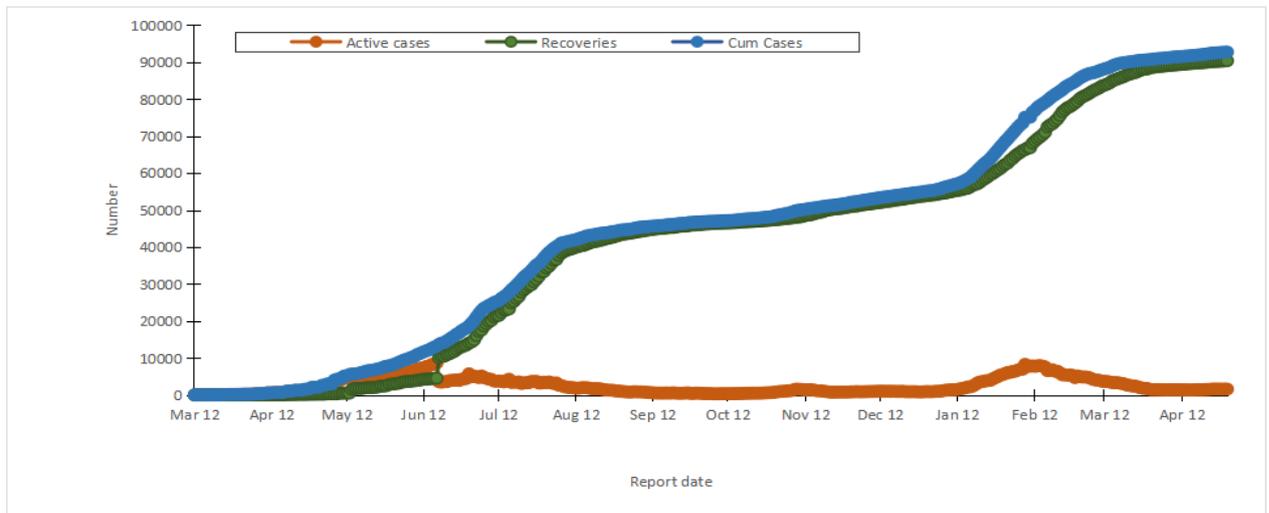


Figure 11: Active COVID-19 case and recoveries, Ghana, Mar 2020- Apr 2021

Table 3: Summary of Recoveries by Region, Mar 2020 – Apr 30, 2021

Region	Cases	Recovered/ Discharged	% Recovered/ Discharged	Active Cases
Ahafo	712	690	96.9	2
Ashanti	15,521	15,262	98.3	112
Bono	1,398	1,350	96.6	11
Bono East	1,430	1,400	97.9	6
Central	3,383	3,213	95.0	121
Eastern	4,177	4,095	98.0	10
Greater Accra	51,097	49,893	97.6	955
North East	228	214	93.9	5
Northern	1,654	1,590	96.1	35
Oti	422	402	95.3	14
Savannah	122	118	96.7	2
Upper East	1,318	1,268	96.2	7
Upper West	496	475	95.8	2
Volta	2,463	2,417	98.1	20
Western	5,806	5,726	98.6	40
Western North	872	835	95.8	29
International travellers(KIA)	1,641	1,428	87.0	213
TOTAL	92,740	90,376	97.5	1,584

It's more than a year since the first cases of COVID-19 were reported in India and nearly six months since our last update. Rajeshwarie VS, FIA, Head of Reserving at Chubb Business Services India takes a look at what has happened since.

Calm Before the Storm

In the last few months of 2020, the Indian population heaved a collective sigh of relief as cases were steadily declining almost everywhere and a semblance of normalcy seemed to be returning in the country. The year's major festivals and the holiday season were fairly uneventful with the daily cases dipping to around 11,000, although the country reached the 10-million mark on 19-Dec-2020. That was perhaps the calm before the storm. Trouble began brewing down south in the state of Kerala, the same state that reported the country's first three cases. Soon other states began reporting rising number of cases. In the last few days of 2020, the then new UK strain began to be reported among returnees. The nation's tally stood at 15,500 new cases reported on 1-March-2021 and by the time of writing this article, the number of cases reported each day is nearly 20 times that number. While last year it took 25 days for active cases to double and 59 days to triple it has happened this year just 12 days and 18 days respectively¹². Other statistics are equally frightening, daily deaths are 800, test positivity rate of 10.2% and the R number 1.32.

Contributing Factors for the Rapid Spread

For the country that had imposed one of the strictest lockdowns in the world last year it appeared that things were getting well under control. A number of reasons are believed to have caused or exacerbated the second wave. Local governments began opening up places and relaxing curbs. The reducing cases in the end of 2020 led to people being lax and flouting Covid-19 protocol. Mask wearing reduced drastically and a number of events – social, religious and political were allowed. Elections to state legislatures in six states were held all through April. Since they were announced early in the year, the ensuing election campaigns drew large crowds where social distancing was impossible. With all restrictions eased and life almost back to normal, infections again began to rise. The government is reluctant to announce a complete national lockdown for fear of economic losses and criticism from the political opposition.

Vaccination Drive

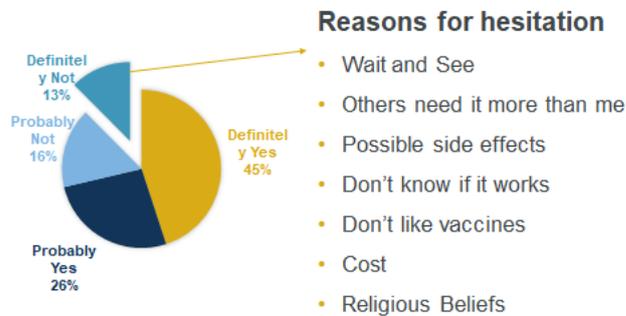
India began vaccinating its population towards the end of January 2021. Starting with health care and frontline workers and senior citizens above 60 years, the current eligibility criteria is all those above 45 years. Starting in May the entire adult population become eligible to get the vaccine. The Oxford- AstraZeneca was the earliest approved vaccine soon followed by the indigenous Covaxin. Other vaccine candidates are in the pipeline waiting for approval by the government. A survey conducted in February revealed 13% of respondents did not want to get vaccinated, 45% wanted to while 42% were unsure.¹³ The initial reluctance among the population to get vaccinated was mostly because of the low case count, possible side effects, reports of people who got ill despite

¹² <https://theprint.in/health/this-covid-wave-in-india-steeper-than-the-first-one-positivity-rate-over-10/636388/>

¹³ <https://www.ideasforindia.in/topics/human-development/covid-19-vaccine-hesitancy-trends-across-states-over-time.html>

vaccination, vaccine efficacy and cost if they would have to get it at private hospitals. ¹⁴. Others believed there were people who needed it more than them! Some didn't believe in vaccines at all, and a few mentioned that their religion forbade vaccination.

Reasons for Vaccine Hesitation



The sweeping second wave has helped coax and convince more people to get vaccinated and on 11-April-2021, India has become the fastest country to vaccinate 100 million people¹⁵. Now the national mood is in favour of vaccines for all adults since the majority of the population is young. The effort is now to increase capacity to vaccinate. As part of COVAX, the international vaccine alliance lead by the WHO that aims to ensure global equitable access to the COVID-19 vaccines, India has managed to supply 28 million doses of vaccines to eligible countries. Amid the rising new cases and along with these international obligations, we can only wait and watch if there might soon emerge a vaccine shortage for the local population.

¹⁴ <https://timesofindia.indiatimes.com/city/chandigarh/health-workers-reluctant-to-get-covid-vaccine-experts/articleshow/81166348.cms>

¹⁵ <https://www.hindustantimes.com/opinion/indias-vaccine-strategy-is-based-on-science-101618151672725.html>

Malawi has managed to contain levels of COVID-19 infections. Dziwana Shawa shares her country's response. Dziwana is an Interim Actuarial Specialist with Old Mutual Malawi.

Malawi's cases from 30th November 2020

By 30th November 2020 the country had 6,028 total cases which then increased rapidly to 26,963 by the end of January with the cumulative deaths reaching 702 – up from 185 in November. A national state of emergency was introduced by the government. The government increased the country's laboratory testing capacity which has greatly improved to over 68,000 COVID-19 testing reagents.

A public health programme response, with the help of UNICEF, was initiated to reduce coronavirus transmission and mortality. UNICEF and the Ministry of Health (MoH) distributed more than 1.2 million locally made cloth masks to vulnerable communities and children in 22 districts. These were provided with informative materials in the form of leaflets produced by the Foreign Commonwealth and Development Office (FCDO).

Screening of travellers was also intensified in all ports of entry and the country made it mandatory for travellers to present negative covid tests. However, it was discovered that travellers produced faked negative results - when tested at port of entry many tested positive. This contributed to the rising numbers of COVID-19 cases.

Malawi declared a State of National Disaster on the 12th January 2021. During this time weekly tests rose to 17,000 with average new cases of between 100 to 400 per day, with the worst day being 21st January, a day that saw 1198 new cases. During this time, the Government opened four field hospitals to ease congestion in treatment units, all land borders were closed and public gatherings – previously limited to 100 people - were reduced to a maximum of 50 people. However, airports remained open as the Government indicated that tracking people arriving through the airports was easier.

Schools also remained open as this was viewed as being crucial for child development. However new COVID-19 safety measures had to be in place in all schools before opening for the new term.

On 8th February, the Government announced that they were acquiring 5 million doses of the Astra Zeneca vaccine amid concerns of its efficacy and minimal protection against the COVID-19 variant that was circulating in the country at the time. The aim was to vaccinate half of the population by the end of the year so as to reduce the spread of the COVID-19.

By 20th February campaigns by the government encouraging people to undergo vaccinations were aired on all media outlets and there were no restrictions on who could get vaccinated. The key focus of the media campaign was the benefits of the vaccine versus not getting it.

On 26th February, 360,000 syringes and 3,625 safety boxes for safe disposal of syringes were received from COVAX to support vaccinations. By 5th March 360,000 doses were received from COVAX. By the middle of March 2.1 million syringes and 21,600 safety boxes had arrived.

The national vaccination roll out started on 21st March and there was a very good response in all areas, so much so that by end of the month 134,289 people were vaccinated. Priority was given to vulnerable members of the population, but anyone willing to be vaccinated was not turned away. This also assisted in the high vaccine uptake. During the same period COVID-19 Urban Cash Intervention had started in cities with 63,624 beneficiaries receiving these cash transfers out of a planned 199,413.

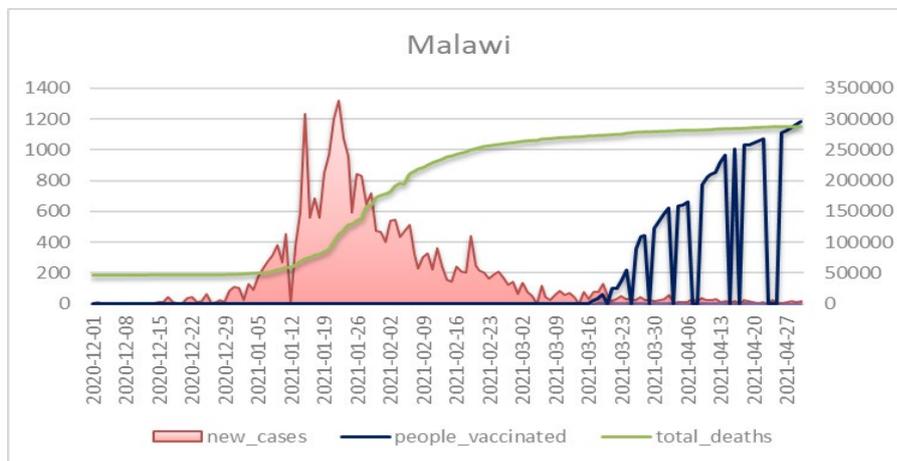
Medical personnel also benefited from free medical cover against COVID-19 death during this time, offered as an initiative by the insurance industry to support health care workers.

At the end of March, Malawi received 102,000 doses of the Astra Zeneca vaccine from the African Union (AU) which were rejected by South Africa. These vaccines were to expire by end of April so as a result, the country lowered the age requirement to 18 years plus, in order to allow more people to get the vaccine. More centres were opened as well to allow people to access the vaccine. One of the most effective new centres were bus depots, shopping malls and markets which overnight became vaccine centres.

By 14th April Malawi had managed to administer almost of the vaccines received except for 16,000 doses that had expired and the country decided to destroy them despite WHO indicating they could still be used. This decision was made as the Government noted that the public's acceptance level of the vaccine had dropped amid rumours of vaccine expiration.

By 30th April, 269,127 people had been vaccinated and this assisted in new cases dropping to just 16 people and daily averages ranging from 0-12 new cases. Malawi's aim is to vaccinate 3.8 million people (20% of population) under the COVAX Facility and a further 6 million thereafter.

COVID-19 Progression in Malawi



New Zealand continues to “go hard and go early” in an attempt to eliminate COVID-19, and Kate Dron shares her country’s experience. Kate is an Appointed Actuary with Suncorp New Zealand.

Update Since 30th November

On 12 November¹⁶ there were 2 cases of community transmission, one a Defence Force worker and the second a student who lives and works in Auckland Central Business District (CBD). Auckland remained at Alert Level 1 but CBD workers were asked to work from home.

The first case of community spread since November was identified on 25 January 2021¹⁷ when a woman tested positive after leaving her two-week mandatory isolation following a work trip to Europe.

On 14 February¹⁸ three community transmission cases were reported from an Auckland family. In response¹⁹ Auckland went to Alert Level 3 and the rest of the country went to Alert Level 2 until 17 February when they moved Alert Level 2 and 1, respectively. Auckland moved to Alert Level 1 on 22 February. However, following new community cases that were connected to the Auckland family, on 28 February²⁰ Auckland moved to Alert Level 3 and the rest of the country moved to Alert Level 2 for seven days.

On 19 April²¹, due to insignificant, and well controlled, community transmission of COVID-19, a travel bubble with Australia came into effect allowing quarantine free travel between the two countries. In contrast, due to the high proportion of border cases originating from travellers from India, a temporary travel ban on India was put into effect between 11 and 28 April²².

¹⁶ <https://www.nzherald.co.nz/nz/politics/covid-19-coronavirus-two-new-community-cases-say-chris-hipkins-and-ashley-bloomfield/55ZLD4ETLFGY3YUQRHV6>

¹⁷ <https://www.aljazeera.com/news/2021/1/25/new-zealands-new-covid-case-is-the-south-african-variant>

¹⁸ <https://www.nzherald.co.nz/nz/covid-19-coronavirus-three-new-and-active-covid-cases-in-south-auckland/HEXC5WD7LWDNGE2XYA64BJGOUY/>

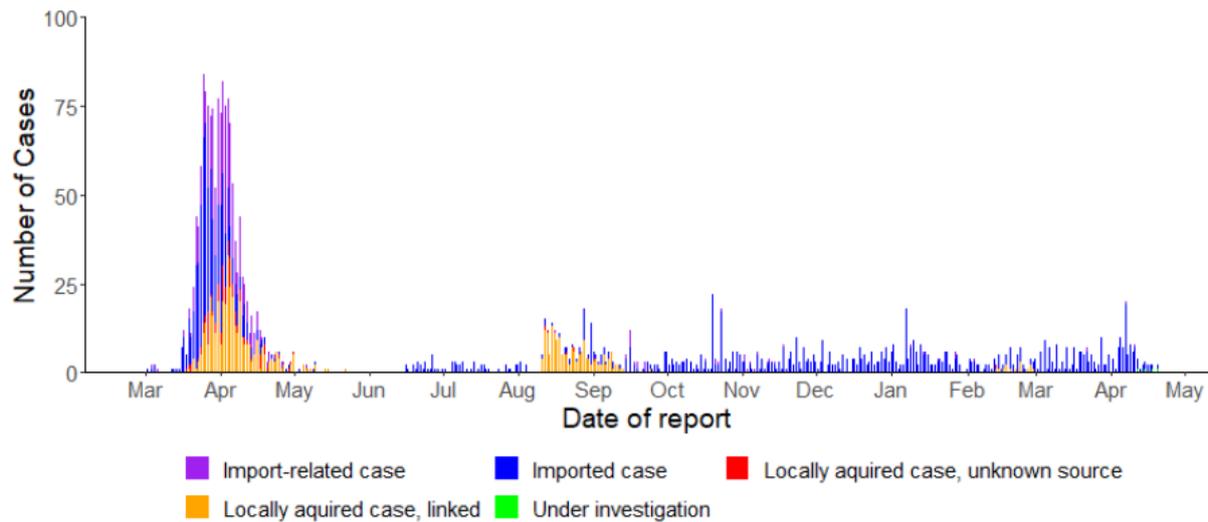
¹⁹ <https://www.nzherald.co.nz/nz/covid-19-coronavirus-auckland-in-level-3-lockdown-rest-of-country-at-level-2/XIHDKTK57ZKASTIEZNOLQZUUGY/>

²⁰ <https://www.nzherald.co.nz/nz/covid-19-coronavirus-auckland-in-alert-level-3-lockdown-for-a-week-rest-of-nz-at-level-2-jacinda-ardern/OWBIIIXGYZQIPJL36WZYKSEWH4/>

²¹ <https://www.nzherald.co.nz/nz/new-zealand-and-australia-travel-bubble-to-begin-on-april-19/CE5FN7UHT23NEY2VVKQZWANFQI/>

²² https://en.wikipedia.org/wiki/COVID-19_pandemic_in_New_Zealand#cite_ref-81

Daily confirmed and probable cases by source²³



Vaccination Progress

On 3 February 2021²⁴ the Government authorised a COVID-19 vaccine for use. The vaccination programme commenced on 20 February²⁵ with the first priority being Border and Managed Isolation workers and their families. The second group to be prioritised are frontline healthcare workers and at-risk people living in areas with a high risk of exposure and/or transmission. The general population, starting with those aged 65 or older and people with underlying health conditions, will be vaccinated in the second half of the year.

Current Situation

As at 30 April¹¹ there has been a total of 2,613 cases (2,257 confirmed, 356 probable) of which 23 were active, 2,564 have recovered and 26 people have died. There have not been any cases of community transmission since 14 February. All people entering New Zealand from anywhere other than Australia are still required to be isolated in a government-controlled facility for at least 14 days on arrival.

New Zealand's overall COVID-19 strategy is elimination. This does not mean eradicating COVID-19 permanently from New Zealand but being confident that community transmission has been eliminated and that future imported cases are effectively contained.

In comparison to many countries New Zealand has, so far, fared relatively well in respect of COVID-19, and as an added bonus, early data suggests that overall mortality decreased over the lockdown period compared to the previous 5 years. It is likely that the reduction is due to fewer deaths from traffic accidents, workplace injuries, respiratory related illnesses and elective surgery.

²³ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-source-cases>

²⁴ <https://www.tvnz.co.nz/one-news/new-zealand/pfizer-vaccine-signed-off-government-rules-get>

²⁵ <https://www.nzherald.co.nz/nz/covid-19-coronavirus-no-new-community-cases-ashley-bloomfield-and-health-officials-give-press-conference-as-first-kiwis-receive-vaccinations/2XJC2X6QDHAZULRSJIAH3HHLE/>

Poland had contained COVID-19 until late in 2020, and Maciej Zaboj shares his country's experience. Maciej works as a manager at KPMG Poland, CEE Risk & Actuarial Services.

Poland's Experience Since 30th November 2020

Since Saturday, 28 November, the government introduced new rules and restrictions. With strict sanitary procedures, shops and services in galleries and shopping parks were allowed to open. At the same time the government imposed restrictions limiting the number of people who could meet during Christmas to 5 people in the place of residence of the person organising the event.

Up to 28th of December 2020, the number of new cases increased to 1,261,010 and the number of COVID-19 deaths increased to 27,147.

Just before Christmas²⁶ the Government set additional conditions to apply from New Year to 17th of January 2021. New restrictions were placed for shopping malls to remain open. These restrictions were applied to grocery stores, book and newspaper stores, drugstores, hairdressers and beauty salons, and furniture stores. The government limited hotels to uniformed services, doctors, and patients of specialized hospitals. Employee hotels were also allowed. The government also decided to close ski slopes and imposed a 10-day quarantine for visitors to Poland by organized transport.

Poland began vaccinating on 27 December 2020, when 72 so-called nodal hospitals opened. Vaccination has been performed in stages:

Stage zero: the first doses are given to people who are most at risk of infection. These are: employees of the health protection sector (including those performing individual practice), employees of social assistance houses and employees of urban social assistance centres, auxiliary and administrative personnel in medical institutions, including sanitary and epidemiological stations, parents of premature babies. On 31 December the government also included people with disabilities and their caregivers in the priority group.

Stage one: includes persons over 60 (oldest first), guest houses of social assistance and care, uniformed services including the Polish army, and teachers.

Stage two: persons under the age of 60 with chronic diseases that increase the risk of severe COVID-19, or persons in the course of diagnosis and treatment requiring repeated or continuous contact with health care facilities, persons directly ensuring the functioning of the basic activities of the state and at risk of infection due to frequent social contacts.

Stage three: entrepreneurs and workers in sectors closed under the regulations on the establishment of specific restrictions, orders and prohibitions in connection with the outbreak will be vaccinated. General vaccination of the rest of the adult population will also be carried out.

Small adjustments were made during the vaccination process. Up to 30 April 2021 vaccine doses equivalent to 30.3% of the population have been given.

Due to a very high increase in the number of cases the government²⁷ introduced new restrictions on the 27th of March 2021. Limitations are similar to those of last year, i.e. primary schools, all grades of

²⁶ <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200002316>

²⁷ <https://www.gov.pl/web/coronavirus/temporary-limitations>

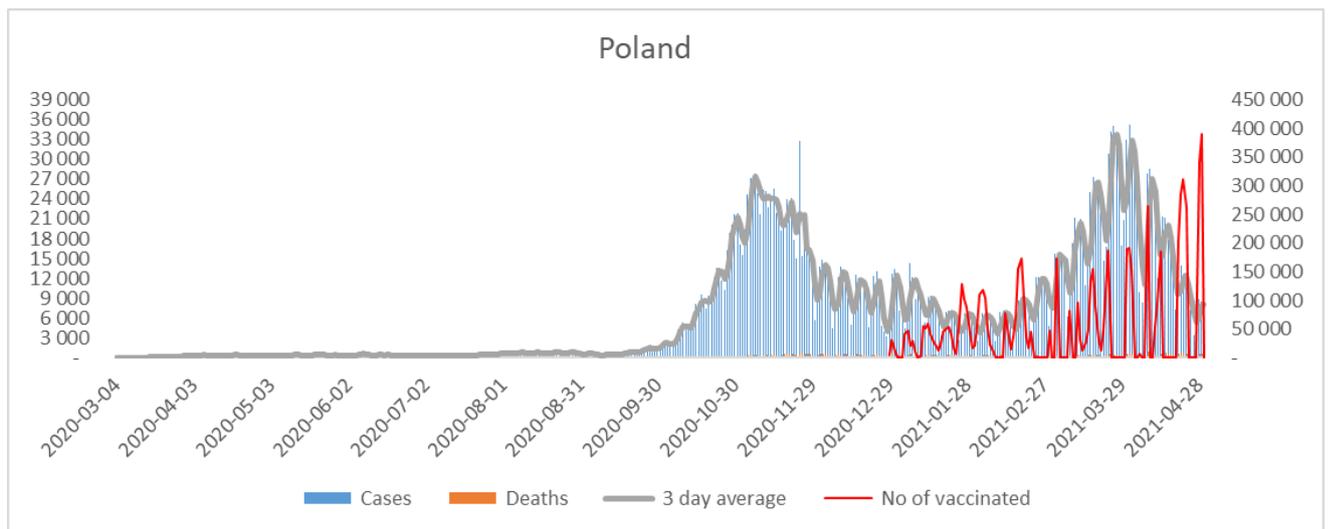
post-primary schools, students of continuing education institutions and vocational training centres, still learn remotely. The functioning of shopping malls and retail parks was restricted.

Due to a large number of occupied respirators and beds in hospitals, as well as deaths due to COVID-19, most of the restrictions have been extended until 25 April. For hotels and accommodation, the applicable security rules will be in force until 3 May inclusive. Nurseries and kindergartens for all children were open from 19 April.

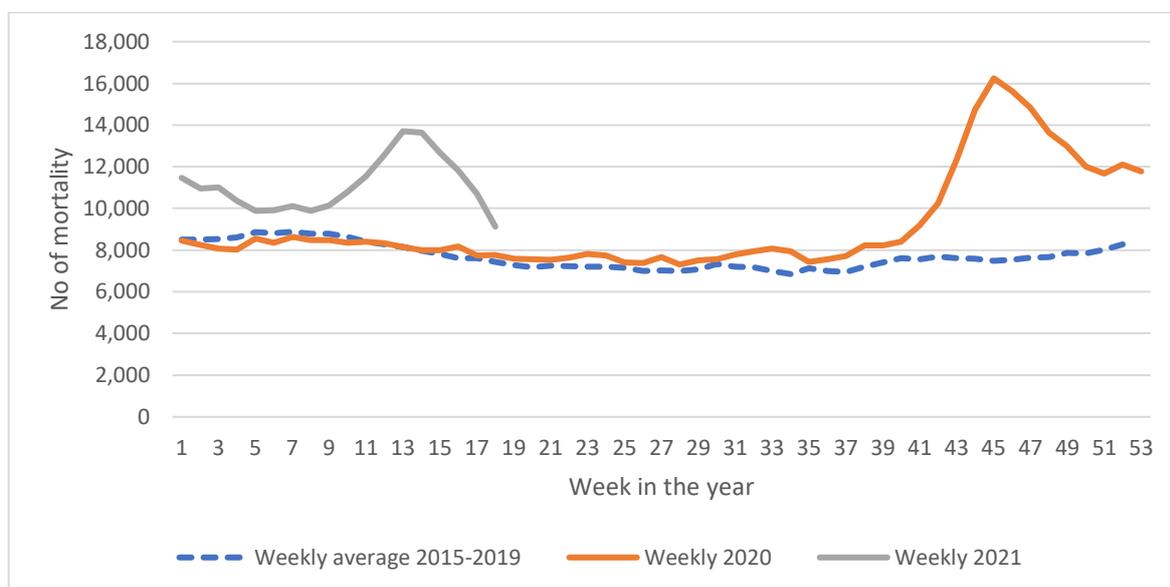
All of these factors have had a substantial direct (COVID-19) and indirect (inefficiency of the healthcare system) impact on mortality. Right now, the number of total deaths (for 12 months in 2020) and for the first three months in 2021 is the highest since 1945.

By 30 April 2021, more than 2,792,142 people had fallen ill due to COVID-19 and 67,502 people had died.²⁸

COVID-19 Progression in Poland



Weekly mortality rate for 2015-2021



²⁸ <https://COVID19.who.int/table>

Singapore has made good progress in containing COVID-19, and Alvin Fu, FIA shares how a populous city brings the virus under control. Alvin heads up AIA Corporate Solutions which is the largest employee benefits insurer in Singapore.

Update Since 30th November

As at 15th October 2020, Singapore appeared to have wrestled the infection within control with only 1 new case of a dormitory resident and no community cases. Between 11th November and 30th November 2020, there were only 4 new cases²⁹ of community infection. The rest of the cases were imported cases from citizens returning to Singapore.

Given the well-controlled situation, Phase 3 re-opening was declared on 28 December 2020, and social gatherings were increased from 5 to 8 persons. Religious gatherings and live performances of up to 250 persons were allowed.

24th March 2021³⁰, Singapore announced the resumption of business activities with working from home being declared as no longer the default means of working. Offices are allowed to have up to 75% of their workforce in the office provided they are able to observe a safe 1 metre working distance. Social gathering continues to be limited to 8 persons.

Vaccination Progress

Since 30 Dec 2020, Singapore started its vaccination drive for priority groups such as healthcare and transport workers. This was followed by the seniors above 60 and presently for adults above 45 years old. As at 10 May 2021, 1.85 million residents have received the first dose of vaccination and 1.28 million (22.5% of population) have completed the full vaccination program. Through strong education and persuasive measures, the take up of the voluntary vaccination has been strong.

Three Steps Forward, One Step Back

On 4 May 2021, new variants of the virus emerged. These more infectious variants created new clusters at Tan Tock Seng Hospital, Changi Airport Terminal 1 and Tuas South. Even vaccinated workers were infected by the new variants, and this leaked into the wider community.

On 16th May, Singapore had 49 new cases, of which 38 were from the local community. With effect from 16 May 2021, Singapore reverted from Phase 3 to Phase 2 in terms of heightened alert with social gatherings limited to 2 persons and dining in restaurants disallowed.

Singapore has recorded a total of 61,121 cases resulting in 30 deaths with over 99% fully recovered. Despite the decisive actions taken by the government, together with the cooperation of its residents, new variants of the virus have made it evident that our situation is protracted.

²⁹ <https://www.moh.gov.sg/news-highlights/details/no-new-cases-of-locally-transmitted-COVID-19-infection-18nov-update>

³⁰ <https://www.moh.gov.sg/news-highlights/details/expansion-of-vaccination-programme-further-easing-of-community-measures>

United Arab Emirates continues to work aggressively to contain COVID-19, and Memona Ali, FIA shares her nation's progress. Memona is an actuary with Union Insurance in Dubai.

Updated events

In September 2020, UAE largely opened to travel and tourism and schools returned to face-to-face learning (distance learning continues to be made available for anyone with this preference). There appeared to be little impact of schools returning to face-to-face learning, however, there were an increase in daily cases as a direct result of increased travel and tourism. During the months of October to December 2020, daily there were around 1,200 positive cases and 2 to 3 deaths.

At the beginning of January 2021, cases started to rise rapidly, to over 3,000 per day by the end of January. Vaccinations were made available at around the same time (more information on vaccinations in the UAE below). From February onwards, cases decreased again and by the end of April, are just over 1,000 to 1,500 per day. Daily deaths are generally less than 5.

As at 30 April 2021, around 43 million tests have been performed, 1.2% resulting in a positive result. The case fatality rate is 0.3%, (in comparison with the global case fatality rate of 2.1%). The recovery rate in the UAE is 95% (the global recovery rate is around 86%).

As at 30 April 2021, there have been 518,262 positive cases (0.3% of the total worldwide), around 490,000 recoveries, and 1,584 deaths (0.05% of COVID-19 deaths worldwide).

In terms of the country's response, very little changed since September 2020, as the severity of cases have generally been mild to moderate, which is confirmed by the healthcare data available.

The rules with regards to facemasks, social distancing and limits for gatherings have remained unchanged. This includes schools, malls and social events.

Vaccinations

COVID-19 vaccinations were first rolled out on 5th January. The vaccine by Sinopharm was the first to be approved by the UAE. Within the next month, other vaccinations such as Pfizer and Sputnik V became available. Vaccinations were made available to all adults, except those with health issues prohibiting them from taking the vaccine. By the end of April 2021, 10.4 million vaccinations were administered, around 1.07 doses per person living in the UAE. The UAE is currently manufacturing its own vaccination named the Hayat-Vax.

It is difficult to confirm how effective the vaccinations have been. The cases in the UAE have largely been mild so it is difficult to assess whether the vaccinations are impacting severity of symptoms. The increased level of travel and tourism is affecting the number of cases day-to-day, as expected. Similarly, as travel has opened across most countries to the UAE, more expats arriving or returning may also have an impact on the trends in the number of cases.

COVID-19 in the UAE: 2020-2021

