Coronavirus Status and Mental Health Worldwide: Selected Country Reports from Students in the "Psychology at the United Nations" Class

by Judy Kuriansky and 2020 Spring class, Columbia University Teachers College* (listed below)

Introduction
During Spring 2020, the COVID-19 pandemic was ravaging countries around the world. Schools at all levels of learning were closed to prevent the spread within the academic community. Students in the class on "Psychology and the United Nations" during the Spring semester at Columbia University Teachers College were given a homework assignment by their Professor, Dr. Judy Kuriansky, first author of this article, to write a report about the state of the pandemic and mental health resources in a country of their choice.

The exercise coincided with the course material relevant to understanding the world from the perspective of mental health, within the context of the United Nations Agenda 2030 for Sustainable Development, and its target 3.4. to "promote mental health and wellbeing" as well as the new focus on mental health

The exploration and discussion was also aligned with ongoing course material considering the nexus of mental health and wellbeing at the heart of the UN Agenda, as well as course modules on impacts and resilience of populations affected by emergencies, such as pandemics and natural disasters.

Some students reported on the country of their origin, as many were international students, from countries like Brazil, Kuwait, Turkey, Ethiopia, Japan, and China. Others reported on countries of their heritage, e.g., Nigeria, and others where they had traveled or to which they felt connected, e.g. New Zealand, Belize.

The global and United Nations' view is an outgrowth of the professor's involvement as a representative of the psychology-related NGOs accredited by the Economic and Social Council at the United Nations, and background in advocating successfully for the inclusion of mental health and wellbeing in important historic global documents like the UN Agenda 2030 for Sustainable Development, the Political Declaration for Universal Health Coverage and other policy instruments, as well as providing psychosocial support in innumerable countries worldwide after natural disasters and epidemics (Kuriansky, 2016, 2020; Kuriansky & Zinsou, 2019; Kuriansky, Magnabosco, & Otto, 2020); Kuriansky, Zinsou & Reichman, 2019). These policies and programs have all recently increasingly highlighted the importance of addressing mental health within the risks and recovery of world populations.

The assignment required a country report in two parts. Part I was the status of the COVID-19 pandemic in that country, and Part II was an overview of mental health resources and references in that country. This article is a collation of their reports in their words, with little

editing. The reports are clustered into regions of the world. They represent a snapshot of what was the status at that point in time, by the due date of May 6, 2020.

The Middle East

Kuwait
by Zainah Ben Essa

Part I: Overview
Kuwait is one of the countries that began having COVID-19 cases early on in the trajectory of the pandemic. This was due to an incoming flight from Iran, where the pandemic was already rampant. As of now, the government has reported over 5,800 confirmed cases, and 38 deaths. This is a large number for a small country like Kuwait. Nevertheless, Kuwait is taking measures that are ensuring that their citizens and people are safe. Our minister of health took it upon himself to ensure strict guidelines for all Kuwaiti residents to follow in order to ensure the stop of the virus.

As of March 11, all non-Kuwaiti citizens are not allowed to enter Kuwait's borders (aside from family members of Kuwaiti citizens). Following this, on March 14th, Kuwait's airport was closed to all commercial flights, and are only allowing specific government authorized flights to arrive. On April 11th, the government reopened the airport for outbound flights online. In terms
of Cargo flights, business still continues as usual. Throughout the end of April and the beginning of May, Kuwait is extraditing it's citizens from other countries, such as the UK and the US. Citizens get the choice of whether or not to leave and come back to Kuwait, but are required to sign a liability form that if they choose to stay and contract the virus that the Kuwaiti government is not liable. My brother and a few friends have chosen to go home, but I have chosen to stay in New York. Kuwaiti citizens returning are expected to quarantine for 28 days, and are forced to wear tracking bracelets in order to make sure that people are not in violation of quarantine. Moreover, they are required to take daily selfies and upload them on the app.

In terms of lockdown and social restrictions, a curfew of 4:00 PM to 8:00 AM has been in effect since mid-March. The punishments for breaking curfews have been very severe; these punishments include up to three years of prison, a fine of 10,000 KD (about $30,000), and have their names displayed in the newspaper as a way of publicly shaming them. If foreign nationals violate curfew, they could be deported. Some neighborhoods and areas that are more heavily populated and infected remain under complete lockdown. Residents from those areas who need
to leave the house need to get governmental permission and need to apply for a permit.

All governmental offices have been closed since mid-March, and are forecasted to remain closed till May 28th. Most private companies have their employees working from home. All schools and universities, public and private, have moved to remote learning and will remain closed till September. All forms of public transportation, which include local busses and taxis, have halted. All shops and malls are closed, except for grocery stores. In terms of grocery stores, a limited number of people are allowed to enter at a time, and the government has ensured that prices of products would not increase. Only one person per family is allowed to shop for the family, and hoarding has been banned. Large social gatherings such as weddings, funerals, parties, and mosque sermons have been banned.

The status of healthcare is one that surpasses that of the US. Kuwait offers citizens and

non-citizens free public healthcare services, which are in great condition. When a person tests positive for COVID-19, they are quarantined in a private room at a public hospital with all meals provided for over two weeks, or until they test negative. In terms of mental health care, Kuwaiti reputable therapists have created dedicated hours of their day to provide free virtual mental health services to those in need. This is a huge step for Kuwait, as mental health is still quite stigmatized.

Part II: Resources for mental health
There have not been many governmental resources regarding mental health and COVID-19. Most of the advances towards mental health have been done on social media, on platforms such as Instagram and Twitter.

On the diagram below, to the right, you can find the phone numbers, hours, and information of mental health professionals who are offering mental health support to those who want it. This was posted on their Instagram.

Ayadi Healthcare, a new teletherapy app, launched during COVID-19. The founder of the app is my cousin, and she is working hard to connect clients with mental health professionals. https://ayadihealth.co/

Abolish153, an organization that is dedicated to women experiencing domestic violence, has been collecting donations and has been putting survivors in apartments they have rented out. There is no shelter in Kuwait, and thus this is the women's only hope. http://abolish153.org/

Generally, the government has launched a website that is dedicated to providing information and updated on COVID-19 in Kuwait. You can also call the Ministry of health using 151 if you have inquiries. The website gives residents day-by-day updates on cases in Kuwait, alongside providing residents with resources and chatrooms to inquire.

https://corona.e.gov.kw/En

Mental Health resources for COVID-19 in Kuwait

Turkey
by Beyza Sahin-Gun

Part 1: Overview

The first case of a COVID-19 patient arrived in Turkey surprisingly late, on the 11th of March 2020. Contradicting the understanding that this delay was due to Turkey`s COVID-19 preparations, Turkey has recorded one of the steepest trajectories of new cases in the world in three weeks. However, Turkey was also one of the countries that took preventive action immediately after the first patient was recorded. On the 12th of March 2020, all primary and secondary schools and universities were closed. As did many other countries, Turkey struggled to maintain the equilibrium in society while taking preventative measures.

One of the first news Turkish people heard in terms of Turkey's position in relation to the COVID-19 crisis was the amount of help Turkey has made to multiple countries. On April 1st, an Airbus A400M Atlas cargo plane of the Turkish Airforce carried aid to Italy and Spain. This was to show support to NATO, as all the other allies tried to do. This aid consisted of 450,000 masks. In March, according to Iran's Ministry of Health, Turkey donated 1,000 diagnostic kits, 4,715 overalls, 20,000 aprons, 4,000 N95 masks, and 75,000 three-ply masks to Iran. In April, Turkey continued these efforts by sending 100,000 protective masks, 2,000 protective suits, and 1,500 COVID-19 testing kits to Serbia and 250,000 protective equipment to the UK. On 22nd of April, Turkey announced that they will provide approximately 85,000 food and other sorts of aid packages to 35 countries and clothes to 11,000 orphans during Ramadan. The biggest supply was promised to China, when China, the biggest face mask producer in the world, ordered 200 million masks from a medical firm. This was found pleasantly surprising by a stakeholder as the medical firm produced only 150 million masks total in a year. While other countries were seeking masks and other protective supplies, Turkey kept announcing the number of aids that they were providing to other countries. This gave the Turkish people the hope that they had enough supplies to deal with COVID-19 once it reached the country. The reality is, doctors had to make their own masks from materials they find at home, starting from the first weeks.

Unfortunately, the virus spread was highest even though Turkey acted immediately with actions listed:
1. *12th of March* - All schools suspended.
2. *20th of March* - All hospitals with at least two specialists in infections, pulmonology, internal medicine, and clinical microbiology, have to declare themselves as coronavirus pandemic hospitals.
3. *21st of March* - People over 65 or chronically ill had to stay at home.

Turkey announced in late March three decisions that clarified the situation of healthcare workers and employees in general. Healthcare workers are to receive an additional fee on their paychecks for 3 months. All works suspended except for those providing basic, compulsory, and urgent goods and services. No worker can be dismissed, and they should all receive paid leave. Loans, debts, and bills should be postponed without future interests. On April 6th, President Erdogan announced that the government was building two new hospitals with a capacity for 2,000 people in Istanbul's airports. The citizens were also granted five face masks per week.

While it seems like Turkey has an abundance of protective supplies and funds for building new hospitals, on March 30th, only a week earlier, Erdogan asked the citizens to donate money to the government. This created an outrage in society. Many politicians from opposing parties, such as Canan Kaftancioglu, Engin Ozkoc, and Tuncay Ozkan, found this approach very far away from social democracy in comparison to all the countries that offered their citizens financial aid. During the COVID-19 crisis, journalists continued to be targeted, as Turkey has the highest number of incarcerated journalists in the world (Figure 1). A criminal complaint filed by President Erdogan himself against Fatih Portakal, an anchor at Turkey's Fox News. Portakal tweeted concern about the possibility that the government might require citizens to give money from their personal savings to contribute to the government's coronavirus fund. In mid-March 19 people were detained over `provocative` coronavirus posts and on the 6th of April at least 7 journalists were detained, 3 channels were fined. One of the biggest channels in Turkey, Haberturk, was penalized after an expert stated that the low level of testing and the high rate of virus transmission could mean that the number of cases is much higher than the number of confirmed cases.
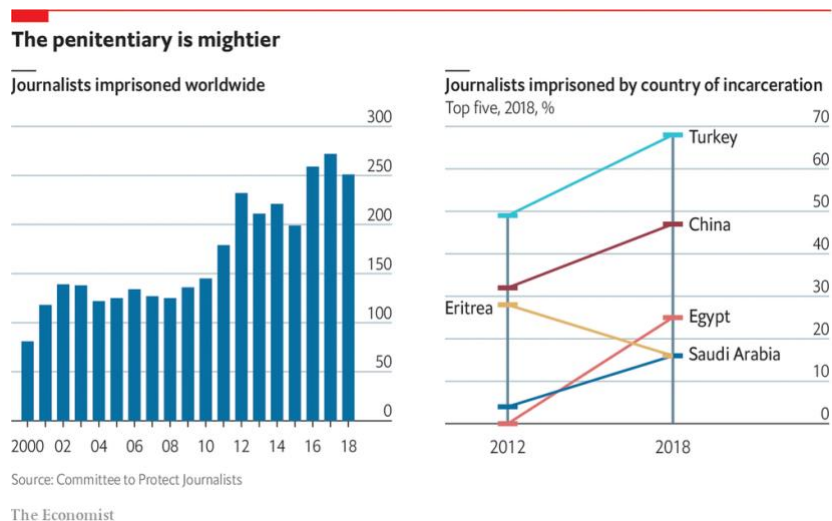

Figure 1: Journalists imprisoned

Perhaps the biggest impact on the virus spread was caused by the way Turkey has dealt with the returning pilgrims from Umrah in mid-March. According to the Ministry of Youth and Sports, only 5,392 out of 10,330 pilgrims were quarantined. Initially, five student dormitories were emptied abruptly, leaving students with nowhere to go and opening up space for 10,000 people to be quarantined. One student reported that they only got the news to move out at 10 pm at night and felt that their lives did not matter while they were also put at risk for contamination. The tweet in Figure 2 says 'In China, they built a hospital in 10 days while we are being kicked out of our dorms at 3 am for pilgrims.' Figure 2 also shows the pilgrims' attempts to escape from the forms.

Figure 2: On the night of March 16, 2020, a group of pilgrims in Konya tried to escape from the dorms and went against police orders.

The rates of daily deaths and daily new cases of COVID-19 decreased gradually until the first week of May, as shown in Figure 3.

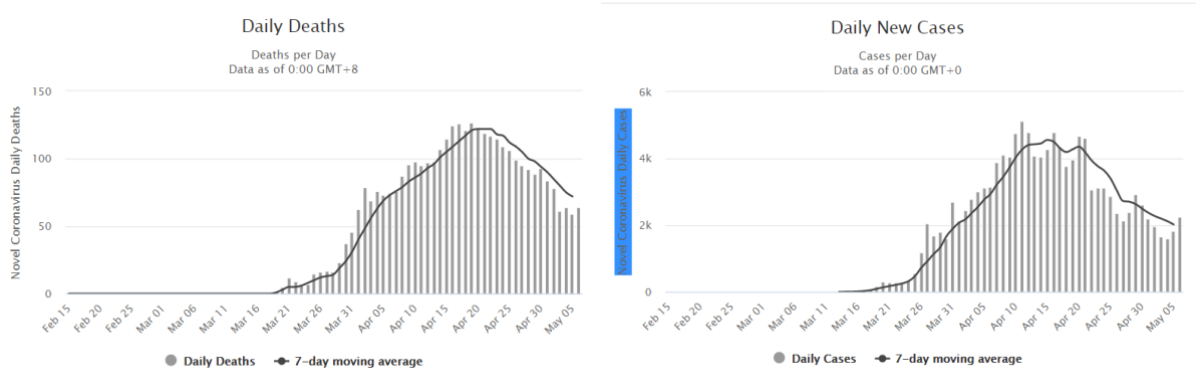*Figure 3: Rates of deaths*

On May 6, Kuwaiti health minister Fatih Koca announced that Turkey has completed the first phase of the COVID-19 crisis. He acknowledged that having the virus spread under control and decreasing numbers should not lead to losing control and a second wave of contamination. The ministry promised to increase the testing capacity, including adding regular scans in the public.

Two days earlier, President Erdogan announced that the normalization period would start by letting people above 65 out 4 hours a day, opening automotive factories, shopping malls and beauty parlors on May 11, letting children above 14 out on May 13 and people between the ages of 15-20 out on May 15 between 11am and 3pm, removing the entry-exit limitation of seven cities and so on. According to Caghan Kizil, associate professor of neuroscience and genetics at the Helmholtz Association of German Research Centres, the initial fast spread of the virus was because mobility was not prevented.

These normalization transitions are being initiated as "the Turkish lira slid to its lowest level in two years Wednesday as investors speculated that its central bank would struggle to stem the currency's decline amid the coronavirus economic crunch", according to the Wall Street Journal. "The Turkish lira dropped 1.1% against the dollar, with one dollar buying 7.15 Turkish lira, which would be its lowest closing level ever, after falling by nearly a fifth this year.", states the article. The challenges that Turkey is going through have many layers, including the refugee crisis and increased domestic violence, and one thing is certain, the COVID-19 crisis is rapidly changing its future.

PART II:

Statistics:
Aas of May 7: 133,721 cases, 3,641 deaths, 82,984 recovered.
[Turkey Coronavirus: 133,721 Cases and 3,641 Deaths](#)

May 4 : Erdogan Begins to Ease Turkey's Coronavirus Restrictions:
[Erdogan Begins to Ease Turkey's Coronavirus Restrictions | World News](#)

[All news about Coronavirus in Turkey](#)

April 23:
The Turkish president is writing the playbook for how to reframe a disastrous coronavirus death toll as a glorious success for the supreme leader
[Turkey's Erdogan has found a cure for coronavirus | Opinion](#)

[Turkey detains 19 people over 'provocative' coronavirus posts](#)

[Turkey evicts students to quarantine thousands of returning pilgrims amid coronavirus pandemic](#)

[Pressure on Turkey's Economy Builds as Lira Nears Record Low](#)

Africa
Ethiopia
by Kidest Fikremamiam

Part 1: Overview: Ethiopia Braces for the Impact

The arrival of COVID-19 could not have come at a more pivotal time for Ethiopia, which finds itself in a period of great political and economic flux. It was only a year ago that 42-year old progressive Abiy Ahmed became prime minister, enacting sweeping reforms that electrified the nation, from releasing political prisoners, to easing restrictions on civil liberties, and negotiating peace with long-time foe Eritrea (Verjee and Knopf). Such political excitement seemed to closely mirror the country's promising economic future, whose rapid growth has been hailed as "one of the greatest stories of the 21st century" (Kopf). In recent weeks, however, the novelty of such developments has dimmed, overshadowed by an impending national crisis. On April 8, only three weeks after confirming its first coronavirus patient, Ethiopia declared a state of emergency (Gebre). Currently, the country has 187 confirmed cases of the coronavirus, and 4 deaths (The Ministry of Health of Ethiopia). As the crisis deepens, the country faces new challenges to its tentative domestic order, as fears arise regarding its fragile health infrastructure, and the inevitability of economic turmoil.

    A.   Democracy Stutters

At the end of March, the Ethiopian Electoral Commission announced its decision to postpone parliamentary and presidential elections, originally scheduled for late August. In a statement to the press, the Commission said, "Because of issues related to the coronavirus, the board has decided it cannot conduct the election as planned... so it has decided to void that calendar and suspend all activities (Agence France Presse). Given the country's recent political changes, many saw the upcoming elections as a test of Prime Minister Abiy's reformist agenda, which significantly opened up the nation's politics within the past year (Al Jazeera). The suspension of such a momentous event has now given rise to questions regarding the country's attempts at a peaceful transition to a multiparty democracy. On one hand, Abiy's liberal platform has garnered international acclaim, inspiring hope at home and abroad; on the other hand, it has also stirred much ethnic strife and internal conflict within the country. October's mass protest in Oromia, for instance, quickly devolved into bloodshed and violence, and inflamed tensions amongst regional leaders in the country (CNN).

Currently, the Electoral Commission has not yet decided on a rescheduled election date. It is also unclear whether Addis Ababa will develop an interim arrangement for governance when parliament's term ends in October (UNPO). As a result, now more than ever, the nation's opposing parties are looking towards Prime Minister Abiy, curious to see how he navigates this disruption. Will this be a moment of solidarity or indifference? In a statement released by the Alliance for Democratic Federalism (ADF), a coalition of opposition groups, ADF members expressed a sentiment of unity, explaining, "It is our view that, in order to collectively and

effectively combat the pandemic while preparing for the election, the best and only option is to seek a national consensus among political parties in order to legitimately fill the looming power vacuum," (Ethiopia Insight). Despite this extension of good will, some speculate that Abiy's ruling party might use this state of emergency and subsequent election postponement to seize more power and "consolidate tactical advantages" (The Africa Report). Thus, until Addis Ababa reaches across the aisle to quell these anxieties, it remains to be seen whether this pandemic will serve as an opportunity to unite the country, or merely exacerbate existing divisions.

B. A Tepid Response to a Burning Problem

The response of the government in Addis Ababa to the COVID-19 has been inconsistent. Officials first confirmed the presence of the virus on March 13 (Reuters), only a couple of days after the WHO declared it a global pandemic. After the announcement of the country's third confirmed case, on March16, the government suspended schools, sporting events, and large gatherings for 15 days (Fanabc). Since then, the number of cases has increased dramatically, spiraling from 52 to over 187 within the past month (The Ministry of Health of Ethiopia). Although the Ethiopian Public Health Institute (EPHI) publishes daily reports on the status of the virus, limited testing capacity would suggest that there are more cases of infection than can be ascertained.

On an international level, Ethiopia's efforts to secure support for the battle against the Coronavirus have not gone unnoticed. On April 2, it was announced that the World Bank would contribute $82.6 million in aid to Ethiopia, as part of the organization's COVID-19 Emergency Response and Health Systems Preparedness Project, which strives to mitigate the effects of the pandemic in high-need countries (World Bank Group). Prime Minister Abiy, a beloved member of the international community, has secured similar victories. His recent initiative with billionaire Jack Ma, for instance, is slated to provide over a million testing kits, face masks, and other PPEs for distribution across the continent (AllAfrica). On April 30, Abiy also penned an impassioned piece in The New York Times, urging G-20 countries to aid low-income countries by cancelling their debts permanently. He wrote, "Do we continue to pay toward debt or redirect resources to save lives and livelihoods? Lives lost during the pandemic cannot be recovered; imperiled livelihoods cost more and take longer to recover" (New York Times).

From his efforts abroad, one can see that Abiy's conviction in fighting COVID-19 is

urgent and straightforward. At home, however, his actions appear rather sluggish in comparison. Over the course of the past month, the Ethiopian government has implemented a variety of public health measures to flatten the spread of the virus, from establishing restrictions on social gatherings, to curbing public transport, and circulating public campaigns on how to prevent infection. Curiously, despite these tactics, officials have shied away from more severe measures, like a comprehensive lockdown (Shaban). While such reluctance may appear irrational and incompatible with concerns to fight off the virus, its source stems from a common fear: economic loss. Given the country's ascent in the past decade, derailing economic progress is a daunting prospect for the country's leaders. Analysts predict a job loss of at least one million (Cepheus Capital, 6) workers this year, against a backdrop of only two million workers entering the market annually (Jobs Creation Committee, 7). Dwindling monetary reserves could also lead to a reduction in vital imports such as food, medicine, and raw materials, which are needed to keep both communities and businesses alive. Even Ethiopian Airlines, a top earner and national treasure, has been significantly impacted by the virus, reporting a loss of $550 million this year (Endeshaw). Prime Minister Abiy's middle ground approach is best exemplified by a comment he made in mid-April, amid international concern for delayed action in Africa, stating, "We can't impose a lockdown like more developed nations, as there are many citizens who don't have homes… even those who have homes have to make ends meet daily" (France24 and Corey-Boulet). Indeed, there are legitimate concerns around the limited resources available to help support civilians, especially when many live in poverty (Onyiego). Furthermore, the majority of the Ethiopian labor force is concentrated in rural areas and engaged in agriculture, where "unpaid labor and self-employment predominate." (Jobs Creation Committee). This, perhaps, reflects one of the many socioeconomic challenges of tackling a problem whose solution would diminish peoples' right to subsistence and the ability to support themselves.

Exercising restraint in the name of economic activity, however, could lead to many more casualties, as an estimated 28 million people are at risk of contracting the virus (Politico). In conjunction with fiscal challenges, Ethiopia's health system is fragile, and a mass influx of patients would also wreak havoc on its infrastructure.

Current data from the World Bank shows that there are only 0.3 hospital beds for every 1,000 people in the country, compared to 2.9 in the United States and even larger numbers in other developed countries who are battling the virus (World Bank). In 2016, only 2% of health centers in Ethiopia had access to fully functional oxygen delivery devices (Stop Pneumonia), which are vital to treating respiratory illness like the coronavirus.

Data also shows that only a handful of hospitals in Ethiopia, located in major cities, such as Addis Ababa and Jimma, have intensive care units (Murphy, Lelicdowicz, and Adhikari). Abiy's comment also raises an important point, namely, that the most vulnerable populations in the country live in areas where physical distancing is challenging, if not impossible. Such populations include multi-generational households, population-dense communities, and crowded settlements. In the throes of this pandemic, people in these areas must navigate issues such as inconsistent access to clean water, proper sanitation, healthcare, and even food security (Verma).

A major challenge for Ethiopia in mitigating the effects of COVID-19, thus, lies in how it supports its poor and rural populations. In light of these insecurities, the government's intentions appear promising; in April, it released a COVID-19 response strategy which outlined policies to address disparities in rural areas. The Urban Productive Safety Program, for instance, would scale up existing resources and provide temporary income to the most vulnerable, including daily laborers, self-employed and micro-business owners, and those who recently lost their jobs. Food and emergency supply assistance would also be extended to support up to 15 million people (The Federal Democratic Republic of Ethiopia, 16).

In terms of health infrastructure, the government has highlighted a clear plan: to strengthen the sector by hiring more health professionals and equipping more facilities with the means to detect, isolate, and treat the virus (The Federal Democratic Republic of Ethiopia). What remains ambiguous, however, is whether mental health is included in these efforts. Given that medical experts have warned of the impact of the virus on mental health—such as the global rise in illnesses such as anxiety, obsessive compulsive, and post-traumatic stress disorders (Shuja, Ageel, Jaffar, and Ahmed)—country leaders cannot afford to stay silent on this matter. Incorporating a more holistic approach to health, strategy should encompass initiatives to address the country's mental health gap (Fekadu and Thornicroft) and increase access to mental health services to those in need. This could be achieved by not only mobilizing mental health professionals, but faith leaders, community members, and local organizations as well.

C. "Science without religion is lame, religion without science is blind."

Adjusting to the demands of COVID-19 has proven challenging for Ethiopians, especially as physical distancing guidelines threaten the tight-knit fabric of community and social connection. One man expressed such frustration, exclaiming, "The pandemic had forced on us social distancing. It is a preventive method. But we live in a world of sharing stories, meals, happiness and grief. How long we live like this?" (Tessema).

Church and mosque gatherings, in particular, are a fact of everyday life; approximately 44 million Ethiopians are members of the Eastern Orthodox Church (Diamant), and 30% of Ethiopia's population of 110 million identifies as Muslim (Al Jazeera). Religion plays a key role in shaping public thought and faith leaders hold incredible sway over their constituents. In recognizing this, the Ethiopian government has enlisted the help of Christian and Islam leaders in the fight against the pandemic.

Although Ethiopian law does not allow religious programs to be broadcasted on television, an exception was made to allow believers to practice their faith from home (Tessema). Using prime- time slots on several government-run networks, leaders from both religions are able to deliver meaningful prayers to their constituents, while incorporating important information on COVID- 19 and necessary health precautions.

Cultivating an approach that welcomes both faith and science is particularly crucial in an era of misinformation. Among the devout, myths pertaining to divine deliverance, or the effectiveness of traditional remedies, for instance, can be especially harmful. One example of this is when Protestant prophet Israel Dansa told his thousands of followers that he "saw the virus completely burn into ashes" (Global Voices). While such musings are comforting, they are entirely misleading. People are likely to believe what they hear if it comes from a respected figure, which is precisely why religious and faith leaders hold great power in this time of uncertainty.

Similarly, grassroots organizations, especially faith-based groups are equally powerful, because they, like well-known leaders, possess an invaluable resource: trust. Perhaps this is why Ethiopia has also recruited another key demographic in the fight against COVID-19: women and community organizers. Reuters, for instance, reports that the government has enlisted an army of women to help combat the virus by spreading awareness, improving hygiene practices, and monitoring cases (Wuilbercq). When working with faith leaders and believers, these women do negate their religious beliefs or prayers, but rather, work to reinforce lessons around preventive measures and habits. By embracing both belief systems, community organizers are able to bridge the gap between science and faith, and in turn, demonstrate how both can be utilized in the fight against COVID-19.

Part II: Resources

In response to the rapid spread of the coronavirus and its growing impact on the world economy, the Ethiopian Government released a COVID-19 Economic Impact Assessment and Policy Response Plan. This document provides a comprehensive overview of the projected effects of the virus on economic activity, trade, and development on the global, continental, and national levels. This document also outlines the country's strategies for mitigating financial crisis through a series of interventions, namely by a) strengthening the health sector, b) protecting vulnerable populations by providing temporary income and scaling up existing social safety net programs, c) addressing inevitable job loss, and d) supporting businesses and MSMEs (micro, small, and medium enterprises).
https://mcusercontent.com/312c70b9c8d4a8821b6f344a2/files/6af83e03-994e-43be-85c7-531c34691456/COVID19_Economic_Impact_Assessment_and_Policy_Response_Plan_Revised_April_2020_1_.pdf

The Ethiopian Ethiopian Ministry of Health provides daily updates on confirmed COVID-19 cases, testing, and guidelines, accessible via the Ethiopian Public Health Institute (EPHI):
https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update

Accompanying updates and infographics are also published on the Ministry's official Twitter page:
https://twitter.com/FMoHealth

The Ethiopia Country Office of the World Health Organization (WHO) has published a series of COVID-19 response bulletins with relevant information on coronavirus surveillance, medical

treatment and developments, outgoing public health announcements, and the like: https://www.afro.who.int/countries/publications?country=30

Other resources include:
- Tracking COVID Cases in Ethiopia
- Ethiopian Airlines COVID-19 Travel Updates Page

USAID COVID-19 Resources Page (publications in English, Amharic, and Oromo)

Nigeria

by Nnenne Ogbonnaya

Prior to COVID-19 in Africa, a deadly and widespread virus that was ravaging Africa and quickly mutating each day, was Ebola. Ebola is a virus that causes severe bleeding and organ failure and can lead to death. This wide-spread disease took over most part of the African continent. The ebola epidemic is an important outbreak because it changed the way that countries will handle infectious diseases for the citizens of the affected countries.

Nigeria is a special African nation because it was fast and responsive to the Ebola crisis. Three very important fundamental rules were followed when approaching sick individuals: locate through tracing and potential contacts; ongoing isolation of said persons; rapid isolation and treatment (Courage, 2014).

William Schaffer, chair of the Department of Preventive Medicine and infectious disease at Vanderbilt University stated that what Nigeria did was routine and regular—but vigorous and rigorous—public health practice. Nigerian medical officials identified cases early ensuring low numbers that were able to be surveillance and treated.

Present day issues arise with COVID-19, so all eyes are on Nigerians and other neighboring countries and the rest of the world. So far, the statistics read really well. There are record low numbers compared to the rest of Africa. With over 190 million in population, under two dozen deaths have been reported country-wide in Nigeria.

It must be said that Nigeria does lack medical equipment to track the number of cases precisely, but Nigeria is an advanced country, in that Nigeria holds the 3rd highest economy in Africa, and powers more European countries through light and oil then most countries outside of Africa. Nigeria statistically has the means of reporting cases, but Western media has taken part in continuously questioning Nigeria's low numbers. Factually, most Nigerians dying of COVID-19 have been from Lagos. Lagos is the most populated city Nigeria has because it is a major hub for foreigners and travelers abroad. According to the Nigeria Centre for Disease Control (NCDC), a day-to-day database made to update on COVID-19, has reported that although over 1,000 people are sick, only about 9 of them have actually died from the disease. The NCDC has been investigating this epidemic for the past 3 years (Wight, 2020). Medical

professionals have confirmed they have been in contact with countries outside of the West to test and monitor the disease. Nigeria is a strong country that has been detecting, preventing and monitoring COVID-19 (Campbell & McCaslin, 2020).

The United States and other western countries can learn from Nigeria that coordinating, tracking, and monitoring cases, will help make COVID-19 numbers decrease. An important note to add is that this is not just a government issue but a societal issue. People need to see others as community members and not as just neighbors who live 3 feet away from them. People need to see each other as friends and family. We watch over each other and this makes complying with self-quarantine.

Most Nigerian people who have no access to hospitals have made such a difference in keeping this infectious disease at bay. I believe that Africans Nations will be leading other countries with prevention and treatment.

References
Campbell, J., & McCaslin, J. (2020, April 28). How Nigeria Has Responded to COVID-19 So Far. Retrieved May 3, 2020, from https://www.cfr.org/blog/how-nigeria-has-responded-covid-19-so-far

Courage, K. H. (2014, October 18). How Did Nigeria Quash Its Ebola Outbreak So Quickly? Retrieved May 3, 2020, from https://www.scientificamerican.com/article/how-did-nigeria-quash-its-ebola-outbreak-so-quickly/

Wight, A. (2020, March 24). What The US Could Learn From Nigeria's Response To The COVID-19 Coronavirus Outbreak. Retrieved May 3, 2020, from https://www.forbes.com/sites/andrewwight/2020/03/24/what-the-us-could-learn-from-nigerias-response-to-covid-19/#7f11e0da5637

————————————————————————————————————

South America

Brazil
by Ana deCota

Overview

Brazil, a country with a population of over 212 million people, is a multi-cultural nation with a complex social social-economic structure inherited from the times of its colonization. How can a country be so rich and so poor? For instance, Brazil's six richest men have the same wealth as the poorest 50 percent of the population; around 100 million people (Brazil: extreme inequality in numbers. 2019, October 20). This social-economical inequality unleashes a set of chronic issues. The typical life of the less privileged demographics in Brazil is a reality of hardships that include poor sanitation, high crime rates, and poor access to quality health care. In this context, a crisis with the dimension of the COVD-19 poses a threat of unimaginable consequences, including the risk of a healthcare system collapse.

The Ministry of Health reported the first official Coronavirus case in the country on February 26, 2020. A Brazilian citizen who has just returned from a trip to Italy was the first official case not only in Brazil but in Latin America. As of today, the country has officially 61.888 of confirmed cases, with 4.205 deaths. There is a growing number of reports associated not only with the spread of the virus but with the increase in the quantity of testing available. Currently, Brazil is testing 1.6 thousand citizens per million. São Paulo, the most populated city, is the epicenter, with 32.4% of all confirmed cases.

Paradoxically, Brazil has a Unified Health System, a program operating for over 30 years and used as a model around public health globally. But from its acclaimed design to the execution of its benefits, the program faces many barriers impeding optimal operation, especially around the lack of enough resources, bureaucracy, and corruption. Currently, there is an active articulation between the Unified Health System with the private healthcare sector to join forces and modulate some of the asymmetries of resources available. Nonetheless, it's hard to foresee if these efforts will secure the implementation of effective change in a desirable time.

It's important to note that in Brazil, just like in the USA, the current political scenario is characterized by extreme polarization. The far-right President Jair Bolsonaro — seen globally as one of the worst leaders in regards to the Coronavirus response — has dismissed the risks of the virus, eschewing all the scientific consensus on the required measures. He has called the Coronavirus a "little flu," pushed for the opening of schools, and was spotted at rallies not wearing a mask and exchanging handshakes with supporters.

Mental Health

Amongst the many challenges that resulted from the COVID-19 pandemic, mental health deserves important attention. An increase in alcohol and substance usage, besides the rise of domestic abuse, has been reported. The literature available around the immediate and long-term impact of quarantine reveals the relationship between isolation and negative psychological effects, including PTSD, anger, and confusion (Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. 2020).

Brazil has long pushed for a progressive agenda around mental health concerns. A 2007 World

Health Organization report (WHO-AIMS report Brazil December 2007) describes how the country had experienced benefits over the implementation of policies initiated in the '90s (Mental Health System Reform in Brazil. 2016, April 26) aiming to:
● Change federal funding patters
● Increase access to and developing community-based care for service users through the existing Psychosocial Services Network
● Promote recognition of people with mental disorders as citizens with full rights

During the pandemic, technology is playing a crucial role in the efforts of the Brazilian government in making resources available to the public. Below are some initiatives accessible at the moment in response to the COVID-19:

*Movement "Todos por Todos (All for All)" https://www.gov.br/pt br/todosportodos//tecnologias_para_saude
With the tagline "Innovation against Coronavirus," this initiative was created to foster a collective effort able to provide support to the population during the COVID-19. The action offers tools for distance working, a database of updated important information about the virus,
and more. There is an option displaying all the technology available to help physical and mental
health, including all the partnerships that provide guided mediation, telemedicine, nutritionist, and psychologists for free either for 30 days or during the whole duration of the quarantine.

*The Ministry of education in partnership with the Brazilian Company of Hospital Services (EBSERH) are providing psychological services to healthcare professionals
https://www.gov.br/ebserh/pt-br/comunicacao/noticias/hospitais-da-rede-ebserh-oferecem-apoio-psicologico-a-profissionais-de-saude

*The Ministry of Women, Family, and Human Rights is campaigning for the importance of the use of social media and technology as instruments in the maintenance of social connections. "isolation doesn't mean to be alone." The initiative is directed primarily to the youth and uses their own social media as a way to spread the message.
Instagram: file://localhost/www.instagram.com:snjuventude
Facebook/www.facebook.com:snjuventude

*The Ministry of Health developed an App designed to spread accurate information around COVID-19. The content includes symptoms, required actions, mapping of nearby health unities,
and more.
For Android: https://play.google.com/store/apps/details?id=br.gov.datasus.guardioes
For IOS: https://apps.apple.com/br/app/coronavírus-sus/id1408008382

*The Ministry of Women, Family, and Human Rights developed an App that enables citizens to report on the case of domestic and child abuse, with the capacity for pictures and videos. The idea is that technology provides a safer and more private platform for the victims. It is available for
Android / iOS

References

Brazil: extreme inequality in numbers. (2019, October 20).
https://www.oxfam.org/en/brazil-extreme-inequality-numbers

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. SSRN Electronic Journal. doi: 10.2139/ssrn.3532534

Mental Health System Reform in Brazil. (2016, April 26). https://www.mhinnovation.net/innovations/mental-health-system-reform-brazil

WHO-AIMS report Brazil December 2007. (n.d.). https://www.who.int/mental_health/evidence/who_aims_report_brazil.pdf

ASIA

Japan
by Emi Shimizu

Part I: Overview: How Japan is dealing with COVID-19

As of May 1, 2020, there have been 14,281 COVID-19 cases confirmed in Japan based on the number
of PCR tested positive patients. According to the report issued by the Ministry of Health, Labor and Welfare (MHLW) total number of people who tested for PCR was 174,150. Approximately, the number of people who received PCR test has increased by 8,541 per day and who was PCR test positive has increased by 150-200 in April and May.
Among the 14,281 cases tested as positive, 8,642 were cases with no symptoms, 1,031 were cased without symptoms, and 4.608 were under confirmation of the symptom.
11,568 cases need inpatient treatment, including 3.981 recoveries that have already been discharged from hospital, and 432 death.

Impact on mental health

With the spread of COVID-19 infection, more and more people are feeling depressed and complaining of symptoms, such as anxiety, impatience, and depression. This has become so-called "Corona Depression."

Citizens who have been living a normal life have complained of symptoms such as "afraid to go out", "suffocating", "cannot sleep" especially in urban areas such as Tokyo and Osaka.

Similar symptoms and cases occurred during the Great Hanshin Earthquake and the Great East Japan Earthquake. As a result of being withdrawn from work and losing work, and losing their home and being forced to live living in temporary housing, many people have been diagnosed with depression, and their symptoms have worsened.

Due to the spread of the COVID-19 infection, an emergency declaration is being issued to all prefectures during the month of May.

It is easy for people to develop these symptoms of depression, when the majority of the people cannot move due to the orders from the government to refrain from going out or taking leave.

In order to ameliorate the progress of "Corona Depression", many mental health counseling services have been developed to be offered online. According to the report from MHLW, 1,739 people were received the mental health counseling offered by the local government in Japan from February 7 to March 31, a number which has increased by more than 30% in April.

What brings people to the counseling are: anxiety about morbidity such as afraid of infection and

not going out, anxiety about life, fatigue including stress from the care for children, financial uneasiness, acute insomnia and suicidal thoughts, and fatigue/ shock to news coverage and countermeasures including short of mask and medical resources.

Another problem is suicide. Due to the Corona recession, the cumulative number of suicides is reported to have increased from 140,000 to 270,000. The Kyoto University research group "Resilience Research Unit" (led by Professor Satoshi Fuji) announced a shocking estimate on April 30. According to trial calculations, past data demonstrate a correlation between a decline in real GDP growth and an increase in unemployment and suicide. Assuming that the actual GDP in 2020 will be minus 14.2% due to the economic recession caused by COVID-19, referring to private sector calculations, the number of suicide could drastically increase. At the peak of the unemployment rate reaching 6.0-8.4%, the number of suicides per year is 34,449-39,870 (up 14,280-19,701 from 2019). After the peak, the economy will recover and the unemployment rate will decline, but it will take 19 to 27 years for the annual number of suicides to return to the level of 19 years ago, and the cumulative number of suicides will shockingly increase from 140,000 to 270,000.

In the future
Some people insist that economic activity should be resumed where the local infection rate is low. However, as mentioned at the beginning of this reoprt, the period during which emergency measures should be taken under the declaration had been extended one month to the end of May. There seems to be misunderstanding and miscommunication between the people in government and people who live their "real" life, running their own business, caring for their children all day long with doing their work at home, and even suffering from domestic violence. It may be difficult to have a solution to prevent the public health infections such as the pandemic, while also enforcing measures to prevent the viral spread such as lockdowns and also to prevent the deterioration of economic activities at the same time, so there is no perfect solution.

Importantly, two factors must be kept in mind -- preventing the number of deaths due to people's desperation over the economic downturn, and addressing depression symptoms due to the pandemic – while giving priority to controlling the number of Covid-19 infections and deaths.

Part II Resources
* Information for economic measure, mental health care service flyer issued by the
Ministry of Health, Labor and Welfare
https://www.mhlw.go.jp/content/10900000/000622924.pdf

* Information about Coronavirus Disease (COVID-19)
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html

*Government measures: The Basic Policies Latest, Revised on April 16,2020
Basic Policies for Novel Coronavirus Disease Control by the Government of Japan
https://www.mhlw.go.jp/content/10900000/000620734.pdf

* 【Press Conference The case of the coronavirus April 23,202

YouTube video

6. Figure 1: [COVID-19] Declaration of a State of Emergency in response to the Novel Coronavirus Disease [22KB]

7. Figure 2: Basic Policies for Novel Coronavirus Disease Control by the Government of Japan (Summary) [114KB]

8. Figure 3: Updates on COVID-19 in Japan [2,172KB]

9. Figure 4: Emergency Economic Measures for Response to COVID-19 [48KB]

10. Figure 5: Changes in the number of passengers going through ticket gates of major stations [396KB]

11. Figure 6: Analysis of demographic changes in designated prefectures under special caution (as of 15:00, April 22)

12. Preventing outbreaks
Preventing Outbreaks of the Novel Coronavirus

13. METI's Support Measures for Companies Concerning the impacts of the Novel Coronavirus Disease (Ministry of Economic, Trade and Industry, METI)
https://www.meti.go.jp/covid-19/

China
by Xiya Li

Overview
Currently, there are 84,338 confirmed cases; 4,642 deaths; and 77,474 recovered cases regarding the Covid-19 in China.

In late February as coronavirus infections fermented in Wuhan, China, the government required people to shelter in place, and only one of the family members could go outside to buy daily necessities. Caretakers were ubiquitous and they took responsibility as security guards. In the beginning of the pandemic, people were afraid and wary in fighting this illness. Then, as many restrictions were published, people's caution had changed to habitual behavior. People were more vigilant and serious in handling this challenging moment, such as they wore facemasks every day and they did not attend social activities, even though this time period was Spring festival when families and people congregate and celebrate. People were adjusting to the new life and they realized there would be a long battle.

The government responded quickly to suspend and close all the entertainment places, such as theater and restaurants. Domestic travel organizations required quarantine upon arrival at destination for at least 14 days; currently, as the pandemic was globally spread, the government reduced international flights which fly to China. When overseas population returned back to China, they would be directly sent to quarantine facilities and quarantine for at least 14 days.

Moreover, in China, patients who were confirmed to have the coronavirus were sent to an isolation center or hospital; and the government provided free testing for the Covid-19. In order to provide effective medical services, China built new hospitals which provided 1,000-1,300 beds to fight the Covid-19. Those hospitals were created in only one week.

Resources
The Government of China provided up to date statistics regarding COVID-19, at
https://voice.baidu.com/act/newpneumonia/newpneumonia/?from=osari_pc_3The Government of

China has elaborated guidelines on monitoring and checking through the Coronavirus (National Health Commission of the People's Republic of China): http://www.nhc.gov.cn/xcs/nwwd/202003/5101a70947fa424c878c6fe0c30b9534.shtml

Central China Normal University provided psychological assistance through a 24/7 hotline.
http://www.moe.gov.cn/jyb_xwfb/s5147/202002/t20200227_424692.html

Other China resources available include:

CDC China: https://chinese.cdc.gov/coronavirus/2019-ncov/index.html

National Health Commission of the People's Republic of China---Mental Health Handbook (COVID-19)：
http://www.nhc.gov.cn/xcs/kpzs/202002/ce2207e7ac39419293c510f6900434fc.shtml

Ministry of Education---Guiding the Education Community Through the COVID-19 Pandemic:
http://www.gov.cn/zhengce/zhengceku/2020-03/31/content_5497514.htm

Taiwan
by Amanda Vazquez

Overview

In late January, 2020, the novel coronavirus spread quickly out of central China. Taiwan, an island state in East Asia, was one of the first countries to respond efficiently and effectively. With a population of about 24 million inhabitants, Taiwan was one of the first countries to impose strict border control, due to their strong ties with mainland China. As of Sunday, April 5, Taiwan had less than 400 cases, while Australia, an island of similar population size and border ties had over 5,000 confirmed cases (Griffiths, 2020).

Taiwan's rapid response to the outbreak was a direct result of the many lessons learned from the Severe Acute Respiratory Syndrome (SARS) outbreak of 2003, as they were struck hardest alongside Hong Kong and southern China. Approximately 150,000 people were quarantined, and 181 passed during the SARS crisis (Griffiths, 2020). While the novel Coronavirus is far deadlier than the SARS outbreak, Taiwan was still able to react quickly by taking the danger of the virus more seriously at a governmental and societal level. In early January, before the virus had begun to spread, Taiwan had already begun implementing border control and requiring facemasks to become a routine (Griffiths, 2020).

While other countries were debating taking action, Taiwan had produced a list of 124 action items to protect public health that included policies and actions stemming far beyond border control regulations. Almost instantly, Taiwan banned travel from various parts of China, prohibited all cruise ships from docking at the island's ports, and introduced punishments for any persons violating stay-at-home orders (Griffiths, 2020).

Additionally, Taiwan increased domestic face-mask production and implemented island-wide testing for the virus. During their control phase, Taiwan banned exporting domestic facemasks to ensure a solid supply for their own people. As of April 1, Taiwan pledged to donate 10 million face masks to countries in need, increase their production of quinine, and share their use of technology to trace and investigate outbreaks (Griffiths, 2020). Despite its proximity to China, as of Friday, April 24, Taiwan has remained with fewer than 500 cases and only six deaths among its 24 million residents. Another contributing factor to the diligent response provided by Taiwan's officials is their open and transparent epidemic information platform. Through this platform, daily press conferences were held to provide explanations, information, and updates from relevant government departments, medical institutions and private social media accounts (Tu, 2020). To prevent disinformation from being spread across Taiwan, the government created "epidemic prevention for dummies" which includes simple graphic descriptions designed to share knowledge of epidemic prevention in large-scale networks and to disseminate appropriate guidance on prevention and control across the island (Tu, 2020).

Taiwan has a plethora of response teams such as non-profit organizations and advocates working to provide resources for mental health, and support for frontline health workers and institutions working to fight the spread of the virus. Below are some resources available right now in Taiwan.

Taiwan's unique universal access to public health services range from hospitals, community health centers, primary care clinics to outreach services including but not limited to mental health services. There are nearly 800 mental health service centers in Taiwan (Rosenberg, 2020).

The types and numbers of mental health services are shown in the Table. The most available service is clinics with mental health units (298), followed by general hospitals with mental health united (201).

Mental Health Service Type	No. of Services	No. of beds or patient capacity
Psychiatric Teaching Hospital	35	
Psychiatric Non-Teaching Hospital	10	
General Hospital with Mental Health Unit	201	21,114
Clinic with Mental Health Unit	298	
Day Rehab Unit	68	3208
Residential Rehab Unit	149	6299
Psychiatric Nursing Home	44	4104

Types and capacity of mental health services in Taiwan

According to sources in Taiwan, four particular issues of concern existed within the realms of mental health:
1. Case identification: fear of being diagnosed
2. Isolation of suspected and diagnosed people with a mental illness - causing distress, anxiety, depression, insomnia, stigma, etc.
3. Contact tracing/monitoring: stress/fear/panic of being monitored, life uncertainty - this affects the general public as well as people with mental illness.
4. The impact of quarantine policy: social isolation, loneliness, helplessness, hopelessness, depression and suicidal feelings/thoughts

To ameliorate the mental health crisis in Taiwan, free information is available through the various health clinics mentioned above, and a national phone help line. A mood thermometer is also available to help people self-monitor their moods and feelings. The mood device is based on the Brief Symptom Rating Scale (BSRS) which is utilized on a national level (Rosenberg, 2020).

Furthermore, Taiwan's Ministry of Health and Welfare recommended that people limit their

consumption of virus-related news to 30 minutes per day to minimize feelings of concern, and despair.

Evidently, Taiwan is a model country during the pandemic that other countries can learn from.

References

Lessons from Taiwan's experience with COVID-19. (2020, April 9). https://atlanticcouncil.org/blogs/new-atlanticist/lessons-from-taiwans-experience-with-covid-19/

McInerney, M. (2020, May 5). The impact of COVID-19 on mental health: foundations for success in Taiwan. https://croakey.org/the-impact-of-covid-19-on-mental-health-foundations-for-success-in-taiwan/

Support COVID-19 Coronavirus Response in Taiwan. (2020, May 4). https://give2asia.org/covid-19-pandemic-response-taiwan/

Nepal
by Sadikchhyna (Meera) Khanal

Overview

According to the Government of Nepal Ministry of Home Affairs, as of May 6, there are 101 confirmed cases of COVID-19 infections. In a country of 28.09 million people, a total of 14,508 have been tested for COVID-19. The majority of the cases are around the capital of the country,
Kathmandu. As of May 6, 2020, there have been no deaths associated with COVID-19, which is somewhat reassuring for people of the country. However, it is unclear if the lack of adequate testing is attributed to the possibility that some people might have died to COVID-19 but were not diagnosed of it.

The first case of coronavirus was a 32-year-old Nepalese student who had returned home for winter vacation from Wuhan, China. Since he was aware of the outbreak of Coronavirus in Wuhan, on January 13, 2020, he went to seek medical help at Sukraraj Tropical and Infectious Disease Hospital after exhibiting COVID-19 symptoms (Shrestha et. al, 2019). His throat swab was collected and mailed to a WHO laboratory in Hong Kong, and the test came out to be positive.

The attention around the possibility of outbreak and danger associated with COVID-19 changed after WHO Director labeled the disease as a pandemic on March 11, 2020. The second incident of COVID-19 was also present in late March in Kathmandu. On March 24, the country entered a lockdown in order to minimize the spread of COVID-19, specially as the resources for healthcare was scarce. The lockdown is expected to end on May 18, 2020.

This year Nepal had created a campaign called "Visit Nepal 2020" with an exuberance of attracting tourists and domestic travel. However, due to COVID-19 international travel has been banned and the tourism sector has encountered a deep loss. The impact of the lockdown is also prevalent in those who had 'daily wage' jobs like driving rikshaws or taxis.

The police force has been utilized by the government to enforce strict 'stay-at-home' order unless the circumstances are essential. People who violate the order have been punished by the police force.

The number of healthcare facilities that can provide COVID-19 testing are extremely scarce and can be located using the government's website that has interactive maps with information about testing centers.

In some cases, there are no COVID-19 tests available in an entire city. In addition, there is scarcity of PPEs for healthcare workers as well as masks for the general public.

The mental health aspect of COVID-19 was emphasized by the Prime Minister of the country as an important aspect of wellbeing. There have been nonprofits that provide psychosocial

through hotlines and the surveys taken by them indicate that the lockdown and fear of COVID-19 is seriously impacting the wellbeing of numerous households.

The rise of lockdown has caused an increase in domestic violence. Actors and celebrities have taken to sharing the message on social media websites to increase an awareness of domestic violence. Nonprofits like Saathi, which addresses violence against women and children, provide housing and psychosocial support for survivors of domestic violence. Since there is a risk of COVID-19 transmission in the admission of new survivors into the shelter and the COVID-19 testing is inadequate, the organization created new shelters with additional beds for those affected by domestic violence. Saathi is currently providing psychosocial support through their phones as well. In addition, they have collaborated with actors, musicians, and sportspeople in order to create awareness around domestic violence during COVID-19.

The government has agreed to increase spending on COVID-19 response. Organizations like the International Monetary Fund (IMF) have stated that they would cancel the impending loan from Nepal for six months. On May 6, 2020, the IMF also approved a $214 million loan to Nepal in order to support the country with tools to assist the citizens with the needs of the pandemic. However, there is a concern that the funds may not be channeled to provide relief for the citizen to combat COVID-19 by investing in psychological and mental health infrastructure and could instead end up in the wrong hands through corruption.

One of the biggest risks the country faces right now is by opening the borders for international travel which could potentially increase the number of COVID-19 cases in the country. It's crucial for the country to reopen the lockdown slowly and with caution to ensure that citizens have access to testing, health care, and mental health services if there is a second wave of COVID-19.

Resources:

Mental Health Support:

- **Koshish** is non-profit organization that provides advocacy, awareness, and support on mental health issues. It currently provides free online counseling services as well as psychological support through the phone**:**
  Free Psychosocial Support First Aid and Counseling Services for COVID Response
  Toll free Number: 16600122322 (10 am to 4 pm Nepal time) everyday
  https://www.koshishnepal.org

- ***Trans-cultural Psychosocial Organization Nepal (TPO Nepal)** is a nonprofit organization that advocates for psychosocial wellbeing by supporting communities by providing conflict resolution, psychological support, and psychosocial empowerment. It currently provides free psychosocial support through the phone:
  Psychosocial support during COVID crisis
  Toll free number: 1660 010 2005 (8 am to 6 pm) everyday
  https://tponepal.org

Domestic Violence

Saathi is a non-profit that addresses violence against women and children, by providing housing and psychosocial support. telephone: 9801038482
https://saathi.org.np ,

Food Assistance:

- Sano Paila
  The organization provides free meals and medicine for people who are underprivileged in Birgunj, Janakpur, Siraha
  People can contact the Integrated Help Desk number for support: 9844982790 / 9845551011 / 9808690392   www.sanopaila.org
- Zonta Club of Kathmandu
  https://www.zonta.org/Local-Action/Local-Service-Advocacy/Detail/zonta-club-of-kathmandu-celebrates-zonta-rose-day-by-recognizing-inspirational-women

Information about COVID 19:

- Nepal Department Health and Population Department
  Provides information about testing labs, health facilities, quarantine centers, and other facilities through user-friendly maps. It also fives an indicative map of the location of coronavirus infections along different districts of the country:
  https://covid19.mohp.gov.np/#/covidMap

- COVID-19 Hotline for information about COVID -19 symptoms, precautions, treatments, and testing centers provide by the government:
  Hotline: 1133 24/7, 1115 (6 am – 10 pm), Viber (MOHP Nepal COVID-19)
  https://heoc.mohp.gov.np

- The hotline, coordinated by Ministry of Health and Population, provides information about COVID-19 and is available from 6AM - 10PM. Or dial 9851255839, 9851255837, or 9851255834. These three numbers are available from 8AM - 8PM. Or send WHO a WhatsApp text. Text "hi" to +41 79 8931892
  https://www.who.int/nepal/covid-19-nepal-iec

Central, Northern, Eastern Europe, and Northern Asia

Russian Federation
by Svetlana Kiseleva

Part 1: Overview
The problems of COVID-19 in Russia are vast and systemic. Information is scant, and much remains to be learned, particularly as the crisis unfolds. But what is known so far proves to be rather shocking. As of May 4, 2020, Russia has seen a dramatic increase in the numbers of new coronavirus cases, with 10,581 known cases being confirmed, signifying a more than 70% increase from the number of daily cases, seen the week prior (Odynova, 2020). This brings the total number of cases (as of May 4) to just over 145,000 confirmed cases with around 14,000 deaths, bringing Russia into seventh-place, globally, in terms of its actual confirmed cases and deaths (Odynova, 2020).

The vast majority of cases are in the capital city of Moscow; with the significant number of cases being attributed more to the number of tests being carried out in the region (from 20,000 per day the prior week to 40,000 this week) (Odynova, 2020). This has been the general rule for countries throughout the world that the number of actual cases is far greater than the number of known cases due to lack of testing.

The impact on the social and economic life of Russia, of course, has been staggering. Odynova (2020) notes that the Kremlin has mandated shutdowns of businesses and other lockdown measures, at the moment, until May 11. Whether or when the country will ease such restrictions depends a great deal on the number of new cases to appear in each region of the country (Odynova, 2020). In addition, Russia is taking measures to restrict the travel of citizens to and from different regions of the country. And in order to ensure these measures are obeyed, the country's police departments have made use of helicopters and drones to monitor areas for any signs of social gatherings in public places (Odynova, 2020).

The economic situation, in these early stages of the pandemic, is also dire. According to Margues (2020), the country is dealing with "record-low crude oil prices." Furthermore, the Russian economy, like many major economies around the globe, is falling into a great recession; the deepest the country has seen since the breakup of the Soviet Union (Margues, 2020). Russia's Higher School of Economics conducted a survey which discovered that within the month March almost 60% of Russians noted their general level of income remained the same, but by April, only 20% maintained the same amount of income as unemployment rates continued to soar (Margues, 2020). The nation's $165 billion dollar injection into the Russian market has so far done very little to help the nation avert its catastrophic economic woes, with many homeowners as well as small business owners enduring the brunt of the economic and social fallout (Margues, 2020).

To make matters far worse, the status of the clinical and mental health systems in Russia

is atrocious. To put the matter generally, a severe lack of resources, funding, and support for care workers intensifies the country's struggles due to the outbreak of COVID-19. The capacity of the Russian nation to be able to handle the massive influx of COVID-19 patients is certainly being tested to a massive degree.

According to Odynova (2020), Moscow, itself, is repurposing multiple facilities and buildings, and over 10,000 hospital beds in order to account for the massive influx of patients. But this is a far cry from what the country is projected to require. And all of this follows a period of several weeks where, as the virus was spreading across Europe and the United States, the numbers of reported cases in the nation remained possibly due to a lack of testing and/or underreporting rather low (Luxmoore, 2020). To make matters worse, whole hospitals are being forced to lockdown as frontline health workers fall victim to the virus in staggering numbers, due to a lack of protective equipment and adequate safety measures to ensure the safe, sanitary handling of COVID-19 patients (Luxmoore, 2020; Ilyushina, 2020).

To say such problems in the medical system were "unforeseeable," of course, would be misleading. Indeed, according to the Center for Economic and Political Reforms back in 2017, the number of hospitals and clinics available in Russia decreased by almost 50% between the years 2000 and 2015 (Luxmoore, 2016). The strain imposed on lower-income communities in Russia, which depended very heavily on affordable, accessible care options, was already great before the pandemic struck the nation and will only magnify to extreme levels as the disease spreads through the country (Luxmoore, 2016). Russia's mental health system is also underfunded to the degree where the WHO recommends (among many things) that the nation needs to remove and replace policies that give economic incentives that lead to the rapid discharge of patients and lack of necessary supports to mental health patients (Atun, Bobylova, et al., 2007).

In conclusion, the threat of COVID-19 in Russia seems even more severe than can be predicted. Coupled with the severe social and economic fallout to ensue and intensify over time- the nation is severely unprepared to handle the massive influx of patients entering into its healthcare system. While a great deal remains to be learned in order to surmise the full extent of the damage, it is abundantly clear, based on the limited amount that is known, that the situation in which COVID-19 in Russia is dire to a degree words cannot describe.

Part 2: Resources/ References

Atun, R., Bobylova, S., Gafurov, D., Goldberg, Y., Green, S., Huxley, J., Jenkins, A., Lancashire, A., Lucas, Z., McDaid, V., Potasheva, D., Purchase, P., Nikiforov, J., Samyshkin, N., & Watkins, R. (2007). Mental health reform in the Russian Federation: An integrated approach to achieve social inclusion and recovery. Bulletin of the World Health Organization, 85(11), 858-866. https://doi.org/10.2471/blt.06.039156

Ilyushina, M. (2020, April 30). Anger rises among Russia's doctors as coronavirus hospitals get put on lockdown. CNN. https://www.cnn.com/2020/04/30/europe/russia-

coronavirus-
hospitals-lockdown-anger-intl/index.html

Luxmoore, M. (2019, October 18). As its staff faces intimidation, a rural TB clinic's demise
exposes Russia's provincial decline. RadioFreeEurope/RadioLiberty. https://www.
rferl.org/a/rural-tb-clinic-russia/30224020.html
Luxmoore, M. (2020, April 19). 'All the hospitals are full': Russia's health-care
system scrambles as COVID-19 cases rise. RadioFreeEurope/RadioLiberty.
https://www.rferl.org/a/all-the-hospitals-are-full-russia-s-health-care-system-scrambles-as-
covid-19
-cases-rise/30563990.html

Margues, C. (2020, May 4). Coronavirus has exposed Putin's brittle regime. Bloomberg.
https://www.bloomberg.com/opinion/articles/2020-05-04/coronavirus-has-exposed-
Vladimir-putin-s-brittle-regime

Odynova, A. (2020, May 4). Russia sees 2 days of surging COVID-19 cases as testing ramps
up. CBS News - Breaking news, 24/7 live streaming news & top stories.
https://www.cbsnews.com/news/ coronavirus-in-russia-2-days-surging
-covid-19-cases-as-testing-ramps-up-2020-05-4/

Europe

Germany
by Yang Jiao

Overview
Cases and deaths Germany has the fifth highest Covid-19 caseload behind the United States, Spain, Italy and France, but has kept fatalities down after early and extensive testing. So far, Germany has reported 169,812 confirmed cases, with 7,449 deaths.

Social impact: Since March 22, public gatherings of more than two people were banned, with the exception of families and people who live in the same apartment or house. Residents have also been called on to keep at least a 1.5 (4.9 foot) distance to others when out in public. At the end of April, Germany was gradually easing restrictions but still keep social distancing rules and wearing masks. Schools started opening from May 4, with priority for final-year students. Hairdressers can also reopen. Retailers whose shops are at least 800 square meters are now allowed to open, along with car and bicycle dealers, and bookstores, though they must practice strict social distancing and hygiene rules.

Economic impact: Economic crisis might have effect on people who have a low socioeconomic status. Employees who fall ill or are unable to work due to the virus will be compensated from the Federal Institute of Employment in Germany in order to level off the income losses they see. The state development bank (KfW) is to provide €500bn in loans to aid companies affected by the pandemic, dubbed the 'biggest post-war aid package'. Germany is in a severe recession, according to the central bank, the Bundesbank. The government has responded with measures including a 750-billion-euro stimulus package.

Health system: Germany has a robust public health care system. Germany's fatality rate stood at 1.6 percent, compared with 12 percent in Italy, around 10 percent in Spain, France and Britain. Early and widespread testing and treatment, plenty of intensive care beds, transparent communication, a well-prepared health IT infrastructure and digital health differentiated Germany's approach from that of other countries. Hospitals have expanded intensive care beds equipped with ventilators. Covid-19 tests are carried out in university clinics, private laboratories, doctor's offices, large hospitals and other institutions. Telemedicine platforms, bots and IT systems help secure medical care remotely operated systems enable efficient crisis management and accurate resource planning.

Mental Health system: Mental heath helplines and services have been created for people to support their mental health during Covid-19 crisis.

Resources
- The nationwide hotline for out-of-hours care (which can be reached under the number 116117) is currently serving as a central coronavirus hotline. The call

center is available around the clock with a network of on- call doctors and hopes to relieve pressure on family doctors and general practitioners.

- Mental Health hotline: BDP e.V. (COVID-19)BDP-Corona-Hotline 8007772244 https://www.bdp-verband.de/presse/pm/2020/bdp-corona-hotline-psychologische-beratung-in-corona-krisenzeiten.html

- Mental Health service: Die TelefonSeelsorge Deutschland KrisenKompass 8001110111 https://www.telefonseelsorge.de/

- Germany Robert Koch Institute:

United Kingdom
by Sydney Starkweather

Part 1: Overview

Number of Cases and Deaths. As of April 26th, there are currently 153,000+ confirmed cases of COVID-19 in the United Kingdom and 20,732 deaths. The majority of cases (18,000) are in the London area, but high rates of the virus are occurring in the Midlands (11,368) and North West (10,027) regions.

The UK's Response compared to other countries. The decision of the government of the UK to implement mandated social distancing measures and closures was delayed. On March 12, when other countries such as Germany, France, and Spain were already taking social distancing measures seriously, UK Prime Minister Boris Johnson chose not to provide any recommendations or instructions for social distancing, self-isolation, or temporary closures of non-essential businesses. However, government officials did instruct manufacturers to produce more ventilators and the government made an effort to purchase more ventilators where possible.

On March 16, the Prime Minister decided to implement more tangible self-isolation guidelines for citizens who were experiencing symptoms: anyone with a persistent cough should isolate for 7 days, and anyone who lives with someone who has symptoms should self-isolate for 14 days. Plus, he encouraged people over 70 years old to avoid "non-essential" contact with other people. However, mass gatherings were not technically banned. He also provided (somewhat vague) social distancing guidelines: everyone should, "avoid pubs, clubs, theatres, and other such social venues". The Prime Minister also didn't provide very tangible guidelines for businesses and employees. He encouraged people to work from home if possible, but allowed individual employers to decide what is best for their employees and businesses.

Schools were closed for the majority of students, except for vulnerable children or children of NHS workers, on March 23rd. Finally, on March 24, the Prime Minister ordered a lockdown of the UK and ordered citizens to stay home and only leave their homes for essentials, to exercise, for medical purposes, or to travel to and from work. All non-essential businesses have been closed, and non-essential gatherings (with the exception of funerals) are also forbidden. People found in violation of the stay-at-home orders are at risk of being fined. There is also discussion about giving the police the power to detain and isolate people who are in violation of the stay-at-home order for the sake of public health.

Impact on Social and Economic Life. Since there was a delay in implementing social distancing measures and non-essential business closures, social and economic life in the UK was not immediately impacted. There were even large sporting events held throughout March, even though public health officials warned that many could contract COVID-19.

However, that soon changed once the warnings of public health officials made their way into the public and the Prime Minister shifted his advice. Citizens started preparing for shelter-in-place orders and stores quickly ran out of essentials like toilet paper and meat. Along with many other countries, the UK is also bracing itself for an economic recession, including high unemployment rates and decreased earnings. While the scope of the complete social and economic effects of the COVID-19 crisis is still to be determined, officials are expecting the crisis to have different impacts between communities. Self-employed citizens, as well as members of marginalized racial, ethnic, and gender groups, are particularly vulnerable to economic impact. Plus, not only are elderly citizens more likely to experience a more severe form of COVID-19, but they are also more vulnerable to experiencing intense loneliness and isolation due to social distancing practices. Experts predict that more vulnerable communities will be hit the hardest economically and socially, and support should be specifically targeted to fit arising needs.

Status of the health and mental health system.
Type of Infrastructure. The healthcare system in the UK is advanced, including free healthcare for all. Even so, statistical models by Imperial College, London show that the number of predicted COVID-19 cases that will need ICU-level care will greatly exceed the capacity of the National Health Service (NHS). These models are complicated due to the decentralized- nature of the healthcare system throughout the UK. There are sometimes inconsistent policies and competition for resources across medical facilities.

Level of Resources. According to NHS, the UK only had about 3,000 ventilators before the beginning of the COVID-19 crisis. However, with increased production and purchasing, the country now has 12,000 ventilators. Many medical universities throughout the UK have also decided to allow their final-year medical students to graduate early so that they can work in hospitals as soon as possible.

What is Needed? As practitioners in the UK begin to battle COVID-19, it is becoming apparent that there is a scarcity of essential resources. Like many other countries, there is a shortage of general practitioners, updated equipment, hospital beds, ventilators, COVID-19 tests, and protective gear for essential hospital staff.

Part 2: Resources with Links
● NHS created an online resource for people wondering if they have COVID-19 symptoms. This resource also has helpful advice for people at high risk, self-isolation, if you are living with someone who has symptoms, and for people living in various regions throughout the UK: https://111.nhs.uk/service/covid-19
● CarersUK has a database where people can search for helpful resources in their area: https://www.carersuk.org/help-and-advice/get-support/local-support
● Mutual Aid UK also has a database of locally organized community resources. Their resources are expansive and tailored to specific communities, including migrants, members of the LGBTQ+ community, survivors of domestic violence, and people living with disabilities:https://covidmutualaid.org/

● The British Geriatric Society has helpful tips and resources for coping with stress and fostering resilience throughout the crisis: https://www.bgs.org.uk/resources/covid-19-stress-coping-and-resilience

● Mental Health UK has many helpful resources for people to manage their mental health throughout the crisis: https://mentalhealth-uk.org/help-and-information/covid-19-and-your-mental-health/

Sweden
by Kylie Curtain

Overview

As of 2019, Sweden was considered to be one of the 'most prepared' countries in the world for a pandemic or epidemic, ranking 7th overall. Sweden saw their first official case of COVID-19 on December 1, 2019. As of Monday, April 27, Sweden has reported a total of 18,640 confirmed cases and 2,194 deaths tied to COVID-19.

Sweden made the decision to not shut down society, allowing for public transportation, restaurant visits, and gyms to remain open, essentially allowing each business to make their own informed decision on how to handle the virus. Colleges and universities, however, are closed as well as gatherings of 50 or more people. Sweden's decision has elicited much criticism from other countries, claiming that Sweden is deciding to "let people die" and calling the country "a black hole".

Sweden has put in place a "work under responsibility" concept, which means individuals will have more flexible working hours as long as they do their job. This implementation isn't surprising, as Sweden has always had a long history of maintaining trust in their authority.

A few claims made by Sweden residents state that more than half of Sweden's household population are single-person, making social distancing much easier for them to manage than other countries. Also, more people work from home in Sweden than anywhere else in the Europe, which has helped residents remain productive while working from home.

Sweden's government claims to be adapting a balanced approach, keeping both the pandemic and economy in check. Sweden officials admit that although they are approaching COVID-19 slightly differently than others countries, Sweden records having one of the "fittest populations in the world with the average life expectancy being over 70 years of age". This is in contrast to the U.S. where the population struggles significantly with obesity and overall poorer health than other countries.

Information on the psychological resources for Swedes during this time is not available, however, I would imagine that they are not suffering from the psychological effects of the pandemic in the same way as other countries. In general, because Sweden is a country that did not enforce severe lockdowns, putting the people in isolation, as did other countries, the pandemic has not had a significant impact on everyday life as in other parts of the world.

References

Sweden's Controversial Strategy to COVID-19
https://www.bloomberg.com/news/articles/2020-04-19/sweden-says-controversial-covid-19-strategy-is-proving-effective

The Herd Immunity In Sweden. The idea that if enough people in the community are immune, you could be immune as well due to having overcome the infection already or having been vaccinated against it.

https://gulfnews.com/world/europe/covid-19-living-the-herd-immunity-in-sweden-1.70955976

Sweden's trust in government put to test as coronavirus deaths spike:

https://www.cbc.ca/news/world/sweden-coronavirus-change-1.5522852

South Pacific
New Zealand
by Lily Dukich

Praise for New Zealand has been trending globally as their Prime Minister, Jacinda Ardern, announces the country is nearing an elimination of COVID-19. Although one might mention that an elimination would naturally be easier for a centrally-governed country that is relatively remote from other nations, their continued success in reducing new cases and easing negative impact is undoubtedly due in part to the government's clear, swift, and wide response to the pandemic.

The National Health Coordination Centre in New Zealand was established to address the outbreak on January 28[1], a month before the first case was even confirmed. Official decisions were not only made quickly, but have also been some of the strictest worldwide. Before confirmed cases hit double digits, the Prime Minster had already enacted tough border restrictions, a two-week quarantine requirement for anyone entering the country, a ban against public gatherings of 500+ people, and a phone line specifically for corona-related calls. A 600-person poll by Colmar Brunton recorded that as of early April, 88% of respondents were satisfied with how the government was handling the situation [2], suggesting that praise is not only international but domestic as well.

Debatably the most impactful element of the government's response is their communication tactics. On March 21, Prime Minister Ardern announced a 4-level national alert system, with each level including a virus-containment status and enacted restrictions [3]. The Prime Minister has continued to communicate when the level is expected to change days in advance.

The NZ government established a website specifically on coronavirus-related information where anyone can access not only updates on the alert level system, but also details on access to essential services and community resources, guidelines for businesses, daily media conferences, and much more [4]. Furthermore, billions in aid has provided for relief for New Zealanders, NZ$87.7 million for distance learning [5], NZ$130 million support package for tertiary students[6], NZ$56 million for Māori communities & businesses [7], NZ$50 million into media relief [8], and NZ$27 million to social service providers such as Salvation Army and Women's Refuge to help vulnerable populations[9]. One of the biggest investments though, was for the health sector: NZ$500 million to supply ICU capacity and hospital equipment, GP support and primary care, videoconference improvements, the phone line mentioned earlier, campaigns & apps for mental health, and more [10,11].

Although approval of the New Zealand government's efforts has been wide, it has not been without criticism. One of the biggest disagreements is of the predicted economic state of the country post-elimination. The treasury produced figures estimating that unemployment will reach ~13% with a 4-week lockdown, and as high as 26% if the lockdown is extended [12]. Minister Grant Robertson vowed that the Government will keep the unemployment rate below 10%. Simon Bridges, leader of the Opposition Party, criticized the Prime Minister for extensive lockdown, which he had supported previously, saying, "I now worry that the harm of staying in lockdown will be greater than if we were to come out [2]."

Some Kiwi's fear the lockdown will result in the demise of their businesses as they're being treated like "sacrificial lambs." Minister Bridges criticized the figures produced by government, claiming they haven't properly researched the business-loss and unemployment effects of the pandemic. However, ministers are determined that the health-benefits of an extended lockdown outweigh their foreseen cost. Further, Stuart Nash, the Minister for small businesses, claims that an extra week of a lockdown may actually reduce the loss of small businesses "because we can be even surer that we have COVID-19 under control."

References

[1] Novel coronavirus update - 27th January 2020. (2020, January 27). Retrieved from https://www.health.govt.nz/news-media/news-items/novel-coronavirus-update-27th-january-2020

[2] Graham-McLay, C. (2020, April 21). Ardern accused of making New Zealand businesses 'sacrificial lambs' in Covid-19 lockdown. https://www.theguardian.com/world/2020/apr/21/ardern-accused-of-making-new-zealand-businesses-sacrificial-lambs-in-covid-19-lockdown

[3] Cheng, D. (2020, March 23). Coronavirus: PM Jacinda Ardern outlines NZ's new alert system, over-70s should stay at home. https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12318673

[4] New Zealand Government. (2020, March). Unite Against COVID-19. https://covid19.govt.nz/

[5] Devlin, C. (2020, April 8). Covid-19: PM Jacinda Ardern urges parents not to feel teaching pressure about $88m learning from home package. Retrieved from https://www.stuff.co.nz/national/education/120897089/coronavirus-government-reveals-88m-learning-from-home-package-for-all-students?cid=app-iPhone

[6] Pāpāho, P. (2020, April 14). COVID-19: Tertiary student support package. https://www.scoop.co.nz/stories/PA2004/S00075/covid-19-tertiary-student-support-package.htm

[7] 1 News. (2020, March 21). Over $56 million prioritised for Māori communities in coronavirus support package. https://www.tvnz.co.nz/one-news/new-zealand/over-56-million-prioritised-m-ori-communities-in-coronavirus-support-package

[8] RNZ News. (2020, April 23). Covid-19: Government announces support package for media sector. https://www.rnz.co.nz/news/political/414946/covid-19-government-announces-support-package-for-media-sector

[9] Manch, T., Cooke, H., & Coughlan, T. (2020, March 26). Coronavirus: Government to give $27m to social service agencies for vulnerable amid lockdown. https://www.stuff.co.nz/national/health/coronavirus/120590463/coronavirus-prime-minister-jacinda-ardern-to-update-lockeddown-new-zealand

[10] Whyte, A. (2020, March 16). 'We will get through this crisis' - Govt announces $12.1 billion coronavirus rescue package. https://www.tvnz.co.nz/one-news/new-zealand/we-get-through-crisis-govt-announces-12-1-billion-coronavirus-rescue-package

[11] Fyfe, J. (2020). Government releases apps to help support Kiwis' mental health during COVID-19 crisis. https://www.msn.com/en-nz/news/national/government-releases-apps-to-help-support-kiwis-mental-health-during-covid-19-crisis/ar-BB12zsSP

[12] Walls, J. (2020, April 14). Jobless rate could reach 26% if lockdown extended, according to the Treasury. https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12324544

Country: New Zealand
by Shelby Parks

Part I: Overview

Cases:
As of April 27, 2020, New Zealand has recorded 1,469 confirmed cases of COVID-19 and 1,180 people who have recovered from the virus. Based on these numbers. New Zealand is experiencing 222.53 cases per 1 million people. New Zealand's total population is approximately 5 million people.

Deaths:
As of April 27, 2020, New Zealand has recorded 19 deaths from COVID-19.

Impact on social and economic life:
New Zealand's first confirmed case was on February 28, 2020. Just two weeks later on March 14, when the country had 6 total cases, Prime Minister Arden declared that anyone traveling into the country would be required to self-isolate for 2-weeks. At the time of this announcement, New Zealand had implemented one of the most stringent border restrictions in the world. In fact, on March 20, foreign nationals were banned from entering the country as well.

Following this timeline, three days later on March 23. Prime Minister Arden announced a level 3 lockdown in which all non-essential businesses were closed, all event and group gatherings canceled, all schools closed down, public transport was restricted to essential workers and domestic air travel between regions was banned. It is of importance to note that on March 23 the country had recorded 102 confirmed cases and no deaths.

Just two days later, New Zealand announced a level 4 lockdown in which people were asked to not leave their homes unless it was for exercise near their homes while also remaining 2 meters apart.

On April 9, despite the downward trend of cases, New Zealand required that anyone arriving in New Zealand, including all citizens and permanent residents, would be required to quarantine for two weeks in an approved facility rather than at home.

It is critical to note that New Zealand has one of the highest testing rates per capita in the world having tested approximately 124,000 people in a population of under 5 million.

As of April 27, 2020, Prime Minister Arden downgraded COVID-19 to a level three alert, allowing most but not all businesses to reopen. These businesses include any professions that require face-to-face contact such as hairdressers, gyms, and masseuses.

For all businesses that are allowed to open must follow the "contactless" protocol which

allows consumers to pay over the phone, online, or by other means that would not require contact.

While some businesses are opening, the previous way of life is not the same. People are required to remain 1 meter of social distancing.

Although these changes all have an impact on social and emotional well-being, New Zealand has proven to be a leader in putting aside politics to focus on the virus. In fact, Prime Minister Arden has gone out of her way to commiserate with everyone who is isolating. Prime Minister Arden is a mother and has taken the time to appear on Facebook Live Chats in her sweats, and has even spoken directly to the children ensuring them of normalcy such as that the tooth fairy and Easter Bunny is still on the job.

Moreover, despite this change in lifestyle, New Zealand's economy has remained relatively intact. Only 1.6% of its workforce has filed for unemployment during this time. Moreover, New Zealand has created novel business relief programs such as their "job seeker" benefit that provides people cash if they are unemployed or look for work as well as anyone who is working part-time while also looking for full-time work.

In addition, employers and self-employed workers who have experienced a revenue loss of at least 30% receive $585 NZD for each full-time employee for 12 weeks. By doing this, employers are required to pay 80% of their workers' incomes during the pandemic.

Status of the health system:
New Zealand's Prime Minister, Jacinda Arden announced on April 27, 2020, that the island nation has beat the virus and has lifted most restrictions that were put in place to halt the spread of COVID-19. However, Prime Minister Arden also made it clear that "beating" the virus does not mean that there will be no new cases, but rather that the cases would be manageable.

This statement was backed up by New Zealand's Director General of Health who has said that the low case numbers New Zealand is experiencing is giving confidence that New Zealand has achieved its elimination goal.

Since April 5, New Zealand has recorded a downward trend of the virus. In fact, on April 26, 2020, the country announced that there were no new cases. However, that next day, April 27, 5 new cases were recorded.

New Zealand was able to achieve this status by implementing various restrictions and tools such as through contact tracing.

Status of the mental health system:
New Zealand has gone above and beyond to address and aid the mental health of people residing in the country. The Mental Health Foundation of New Zealand has offered free and confidential sessions with trained counselors and has also leaned on social media to help share

information, resources, and material to help with wellbeing during this time.

New Zealand's abundance of mental health resources includes the following:
- [Getting Through Together](): a mental wellbeing campaign focused on how to maintain mental health and wellbeing during the COVID-19 pandemic supported by All Right? and the Mental Health Foundation)
- Connecting to others through [Stories of people's journeys to wellness and ideas to help you find your own way to better wellbeing]() supported by Depression.org.nz

New Zealand has also offered self-help tools both for Adults and for Children:
(Adults)
- [Melon](): an app full of resources and self-awareness tools to help manage emotional wellbeing. People can also join their online community to connect with and support others and watch daily webinars about health and wellbeing
- [Mentemia](): an app to monitor, manage and improve mental wellbeing by setting daily goals and tracking your progress
- [Staying on Track](): an e-therapy course that teaches practical strategies to cope with the stress and disruption of day-to-day life

(Children)
- [Feeling down, worried or stressed]() (SPARX)
- [Learn more about mental health issues]() (Mental Wealth)
- [Recognizing and understanding depression and anxiety]() (The Lowdown)

Prime Minister Arden has also taken a different approach from many of the world's leaders when it comes to addressing the mental health of those in New Zealand. The empathetic ways in which she has communicated with the public have created trust had lent her an 80% public approval rating.

Prime Minister Arden has been praised by political sociologists and scientists as well as other world leaders for creating a remarkable level of unity during this time of crisis.

Part II: Resources

[New Zealand's Prime Minister Announces that they have won the battle against COVID-19]()

[New Zealand's Prime Minister Brings Normalcy for Children]()

[New Zealand Claims Elimination of Virus]()

[COVID-19 Impact on New Zealand's Economy]()

[Prime Minister Arden Praised for Empathetic Communication]()

[Ministry of Health Case Count]()

New Zealand's Mental Health Foundation and Free Support during COVID-19

A comprehensive and extensive list of resources to help those in New Zealand during the pandemic

Additional mental health support can be found with the following resources:
- Free Mental Health Services Roll Out to More Districts
- Looking After Your Mental Well-being

The Caribbean

Belize
by JJ Anderson-Gutiérrez

Part 1. Overview
On January 12, 2020, the World Health Organization (WHO) confirmed that the novel Corona Virus (COVID-19) was the cause of a respiratory illness in a group of people in Wuhan City, Hubei Province, China. This was originally reported to the WHO on December 31, 2019. Although the case fatality ratio for COVID-19 has been much lower than the outbreak of SARS in 2003, the transmission is what should be noted as it is significantly greater, with a significant total death toll.

Timeline
In Belize, the country's first case was announced on March 23, 2020. The first case was a Belizean woman who returned to San Pedro Town from Los Angeles, California, USA. The second case was announced two days later on March 25, 2020. This individual had immediate contact with the first case. The third case in March 2020 was announced on the 29th, who was a traveler returning to Belize City from New York City, New York, USA.The 5th confirmed case of COVID-19 was confirmed in early April from a Belizean student who returned from Florida in the United States and is currently in self-isolation at a quarantine facility and has no symptoms. The country has not released data on additional confirmed cases in later April and May 2020.

Government Actions and Prevention Measures
Given the severe impact COVID-19 is having on the world, and now the country of Belize, Prime Minister Dean Barrow declared a State of Emergency for San Pedro. In Ambergris Caye, the residents are being placed under mandatory and strict quarantine. Only essential workers will be allowed to traverse the streets.

A statement from the Government soon followed: "Unauthorized vessels will be banned from leaving or arriving on the island." The Ministry of Health of Belize is attempting to trace all individuals that may have been in contact with the Belizean woman who was the first person to test positive for the COVID-19. Belize has now established an isolation unit for Belizeans who test positive for COVID-19 and has self-isolation quarantine measures for potential cases.

Prime Minister Dean Barrow closed schools on March 20, 2020, and planned to resume on April 20, pending any changes in the situation. He also has banned public gathering of more than 25 people and he has closed all borders. All flights have been grounded effective March 23, however, cargo would be able to cross the borders and docked by sea. Belizeans are still allowed to return to Belize, but residents will not be allowed to leave the country unless it is an
emergency. The Minister of Health asked that all individuals who are experiencing flu-like symptoms to stay home, self-isolate, and call the Minister of Health hotline at 0-800-MOH-CARE for more information and further guidance. No mental health or psychiatric care has been promoted or increased throughout the country.

On March 30, 2020, there was an announcement that the State of Emergency had been extended across the country, as well as a countrywide curfew from 8PM to 5AM. In early April, the government announced that the borders will continue to be closed to all travelers, which included Belizean nationals except for emergency situations. In addition, the curfew was set from April 1, to April 30 th . On April 24, 2020, Belize released a report that stated it closed its ports of entry except for Santa Elena Border and Philip Goldson International Airport which has remained opened per the direction of Belize's Ministry of Health. Cargo vessels continue

to be allowed to use all ports of entry. Lastly, foreigners who have traveled to European countries, Hong Kong, China, Iran, Japan, South Korea in the past 30 days will not be allowed to enter the country. It is uncertain of when commercial flights will be available out and into Belize.

COVID-19 Unemployment Relief Program
This program offers financial assistance to meet the needs of workers who, having been terminated or laid off, cannot earn all of their work income and are not eligible for another financial assistance program. This Program is guided by the need to ensure transparency and fairness in operations and proper accountability mechanisms.

A significantly large number of workers in the tourism industry are now unemployed as a result
of the travel restrictions and border closures. The government is developing this program with the support and collaboration of the Ministry of Finance, the Social Security Board, Belize Tourism Board, Government's Central Information Technology Office and the Economic Oversight Team.

Cases Overview as of May 7, 2020
COVID-19 Tests Done: 1364
Under Investigation: 33
Negative Tests: 1131
Confirmed Cases: 18 (9 male/9 female)
Recovered Cases: 16
Deaths: 2
CURRENTLY NO ACTIVE CASES, as of May 7, 2020

Resources:
- Center for Disease Control and Prevention: Traveler Information and Recommendations
- Ministry of Health Belize: Providing information through social media
- Current Headlines and Updated Information: The Ministry of Health Website
- Information on the Covid-19 Unemployment Relief Program

North America

The United States: Hawaii
by Victoria Bui

Part I: Overview

The outbreak of the new Coronavirus disease (also known as COVID-19) has been spreading, reportedly since December 2019, impacting hundreds of thousands of people across the globe.

The outbreak was first identified in Wuhan, China. In response to the disease, 3 major airports in the United States started to screen travelers on January 17. Despite efforts to prevent the virus from entering the country, the first case of COVID-19 was identified in the United States on January 21. By January 31, the Hubei Province in China had already surpassed 5,000 cases. 204 people had died from the disease.

The names "COVID-19" and "SARS-CoV-2" were being used for referral. On January 30, the World Health Organization (WHO) declared that the Coronavirus was officially a Public Health Emergency of International Concern.

Starting to become aware of the fatal nature of the virus, the United States closed its borders to nationals returning from China on February 2. Unfortunately, this presented many international students with the inconvenient predicament of not being able to return to their schools following winter break. Classes at Teachers College, Columbia University were suddenly half vacant, as international students who had flown home to their countries were prohibited from re-entering the USA and were forced to attend classes virtually.

On February 13, cases in China surpassed 50,000, and 1,369 deaths were reported at this time. In efforts to protect its people from the virus, on March 3, Italy and Iran were added to a list of countries with restrictions on entering the United States.

In this report, I focus on the state of Hawai'i in the U.S., where I live. On March 5, Governor Ige declared a state of emergency for Hawai'i. The next day, on March 6, the first case of COVID-19 was identified in Hawai'i. Numbers started to rise quickly.

On March 10, Italy reported 631 deaths and Iran reported 291. The WHO declared that COVID-19 was a "global pandemic" on March 11, which led to a U.S. decision to close its borders completely to foreign nationals returning from (most of) Europe. On March 14, global cases surpassed 150,000. 5,819 deaths were reported.

Trying to stop the exponential growth and spread of the virus, Governor Ige announced a mandatory 14-day quarantine for all arrivals to Hawai'i on March 21st. The Department of State issued a Global level 4 Health Advisory, which advises U.S. citizens to avoid all international travel due to the global impact of COVID-19. People who come into the state but do not have a place to self-quarantine are sent back to where they came from.

As of May 6, 2020, there have been 981,246 total cases of COVID-19 and 55,259 deaths in the United States. There have been 609 total cases of COVID-19 and 16 deaths in Hawai'i. The majority of cases identified in Hawai'i have been introduced into our state by travelers, which emphasizes the importance of self-isolation, mandatory quarantine, and safe social distancing.

Healthcare providers and laboratories are required to report all cases of COVID-19 to the

Hawai'I Department of Health, which is currently monitoring trends and patterns in disease occurrence using disease surveillance programs. In addition, experienced disease investigators interview cases to figure out if individuals got infected in Hawai'i or while visiting another area. They reinforce laws by making sure people testing positive for COVID-19 are isolated from others while they are contagious. Investigators also make sure that people the infected have been in close contact with remain at home and self-quarantine for 14 days, checking in on them daily for COVID-19 symptoms. Weekly advisories are put out into the medical community to advise hospitals and providers on COVID-19 infection control recommendations. Local partners in travel industries and schools are regularly updated on guidance in navigating through this crisis.

Governor Ige has extended a mandatory "Stay-At Home, Work From Home" order that requires people in Hawai'i to stay inside and only venture out for essential work, grocery shopping, or exercise. The order is to last until May 31 or until further notice. A freeze on evictions in the state is also in effect until this date. Although strictness of enforcement and penalty vary by county, general laws in Hawai'i require you to wear a mask outside and stay at least 6 feet away from others. People who do not adhere to the rules can be faced with a fine up to $5,000 or even jail time.

Drive-through centers are also offering free masks and food to those who cannot afford it, and computer centers run by volunteers exist for those who need help filing for unemployment. Residents of Hawai'i are also working in collaboration with Central Pacific Bank (CPB) to support local hospitals and businesses through donations and food takeout. You can visit https://www.keephawaiicooking.com/for updates and tips on how you can support families and keep Hawai'i's economy alive. Currently, CPB is encouraging patrons to pay it forward and help buy meals for frontline heros. If you are bored of staying at home, you can also watch Kauai mayor Kawakami's videos on Instagram at https://www.instagram.com/mr._mrs.kawakami/ for a fun and productive time.

Keep the Aloha Spirit alive!

Part II: Resources

Cases in the U.S.:
https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

Current Situation in Hawai'i:
https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/

What the Hawai'i Department of Health is Doing:
https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/what-hdoh-is-doing/

Hawai'i Travel Information:
https://health.hawaii.gov/coronavirusdisease2019/travel/travelers-returning-to-hawaii/

Community Resources:
https://health.hawaii.gov/coronavirusdisease2019/community-resources/

Hawaii governor extending stay-at-home order, easing restrictions on surgeries, beaches:
https://thehill.com/homenews/state-watch/494694-hawaii-governor-extending-stay-at-home-order-easing-restrictions-on

References

Kuriansky (Ed.), (2016). *The psychosocial aspects of a deadly epidemic: What Ebola has taught us about holistic healing.* Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J. (2020, March 3). Sounding the Alarm about Coronavirus in Africa. *Black Star News.* Access at: https://www.blackstarnews.com/global-politics/africa/sounding-the-alarm-about-coronavirus-in-africa-by-diaspora

Kuriansky, J. & Zinsou, J. (2019) Mental Health and Well-being at the United Nations: Activities, Achievements and Contributions of the IAAP New York Team. *Applied Psychology Around the World, 1(3)*, 16-28. Retrieved from https://iaapsy.org/site/assets/files/1082/apaw_vol1i3.pdf

Kuriansky, J., Magnabosco, J. & Otto, J. (2020). Climate Change, Mental Health and Wellbeing: A New Policy Statement for Advocacy. *Applied Psychology Around the World*. 2:*3.* 27-32. Access at: https://iaapsy.org/site/assets/files/1082/apaw_2020_sep_vol2_3.pdf

Kuriansky, J. Reichman, W. & Zinsou, J. (2019). Activities and Achievements of the IAAP Team at the United Nations. *Applied Psychology Around the World, 1 (3)*, 5-15. Retrieved from https://iaapsy.org/site/assets/files/1082/apaw_vol1i3.pdf

Authors: Zainah Ben Essa, Beyza Sahin-Gun, Kidest Fikremamiam, Nnenne Ogbonnaya, Ana deCota, Emi Shimizu, Xiya Li, Amanda Vazquez, Sadikchhyna (Meera) Khanal, Svetlana Kiseleva, Yang Jiao, Sydney Starkweather, Lily Dukich, Shelby Parks, JJ Anderson-Gutiérrez