

**RESPONSIBILITIES OF THE GENERAL PUBLIC  
TO MINIMIZE THE RAPID SPREAD OF THE  
VIRUS DURING THE CORONA PANDEMIC**



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**DECLARATION**

We declare that this not incorporate, without acknowledgement, any material previously submitted for a degree or a diploma in any university and to the best of our knowledge and belief, it does not contain any material previously published and written by another person or ourselves except where due reference is made in the text. We also hereby give consent for our dissertation, if accepted, to be made available for photocopying and for interlibrary loans, and for the summary to be made available to outside.

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**DEDICATION**

We dedicate this dissertation to our family, friends, officers, instructors and all those who supported us, gave us encouragement and provided insight throughout this study project. We also pay special gratitude to our loving parents without whom we would not be here today. We appreciate all the troop commanders, squadron commanders and all other military officers who were always behind us, guiding us on the right path forward and encouraging and showing us that anything is possible with hard work and integrity.

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**AIM**

The aim of this project is to provide awareness and sufficient education on the responsibilities of the general public to minimize the rapid spread of the virus during the Corona pandemic by interpreting it to the audience using a creative as well as an innovative method.

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## **CHAPTER 1**

### **INTRODUCTION**

1. An ongoing outbreak of infection by severe acute respiratory syndrome - Corona Virus-2 (SARS-CoV-2), termed as COVID-19, aroused the attention of the entire world. The first infected case of coronavirus was reported on December 31, 2019, in Wuhan, China; within few weeks, infections spread across China and to other countries around the world. On January 30, 2020, the World Health Organization (WHO) declared the novel coronavirus outbreak a public health emergency of international concern, which was the 6th declaration of its kind in WHO history. Surprisingly, during the first week of March 2020, devastating numbers of new cases were reported globally, and the WHO declared the COVID-19 outbreak a “pandemic” on March 11.

2. The outbreak has now spread to more than 200 countries, areas, or territories beyond China. SARS-CoV-2 is a novel strain of the coronavirus family that has not been previously identified in humans. The disease spreads through person-to-person contact, and the posed potential public health threat is very high. Coronavirus can last for long durations on different metal surfaces, ranging from hours to days. Recent studies show that the coronavirus can last about three days on a plastic surface as well as on stainless steel surface, it can also sustain for a period of whole one day on cardboard, while it can only sustain only for about four hours on a copper surface.

3. Virus present on contaminated surfaces may be another source of infection if susceptible individuals touch these surfaces and then transfer infectious virus to mucous membranes in the mouth, eyes, or nose. The frequency and relative importance of this type of transmission are uncertain, although contaminated surfaces are not thought to be a major source of transmission. It may be more likely a potential source of infection in settings where there is heavy viral contamination (eg, in an infected individual's household or in health care settings).



4. Extensive SARS-CoV-2 RNA contamination of environmental surfaces in hospital rooms and residential areas of patients with COVID-19 has been described. In a study from Singapore, viral RNA was detected on nearly all surfaces tested (handles, light switches, bed and handrails, interior doors and windows, toilet bowl, sink basin) in the airborne infection isolation room of a patient with symptomatic mild COVID-19 prior to routine cleaning.

5. Viral RNA was not detected on similar surfaces in the rooms of two other symptomatic patients following routine cleaning (with sodium dichloroisocyanurate). Of note, viral RNA detection does not necessarily indicate the presence of infectious virus.

6. It is unknown how long SARS-CoV-2 can persist on surfaces. Other coronaviruses have been tested and may survive on inanimate surfaces for up to six to nine days without disinfection. In a study evaluating the survival of viruses dried on a plastic surface at room temperature, a specimen containing SARS-CoV (a virus closely related to SARS-CoV-2) had detectable infectivity at six but not nine days. However, in a systematic review of similar studies, various disinfectants (including ethanol at concentrations between 62 and 71%) inactivated a number of coronaviruses related to SARS-CoV-2 within one minute. Simulated sunlight has also been shown to inactivate SARS-CoV-2 over the course of 15 to 20 minutes in experimental conditions, with higher levels of ultraviolet-B (UVB) light associated with more rapid inactivation. Based on data concerning other coronaviruses, duration of viral persistence on surfaces also likely depends on the ambient temperature, relative humidity, and the size of the initial inoculum.

7. The scientists still have limited information about COVID-19, and as a result, the complete clinical picture of COVID-19 is not fully understood yet. Based on currently available information, COVID-19 is a highly contagious disease, and its primary clinical symptoms include fever, dry cough, difficulty in breathing, fatigue, myalgia, and dyspnea. This coronavirus spreads primarily through respiratory droplets of  $>5-10\ \mu\text{m}$  in diameter, discharge from the mouth or nose, when an infected person coughs or sneezes.

8. Reported illnesses range from very mild (including asymptomatic) to severe including illness resulting to death. However, the information so far suggested the symptoms as mild in almost 80% of the patients with lower death rates. People with co-morbidities, including diabetes and hypertension, who are treated with the drugs such as thiazolidinediones, angiotensin-converting enzyme (ACE) inhibitors, and angiotensin-II receptor blockers (ARBs) have an increased expression of angiotensin- converting enzyme-2 (ACE-2).

9. Since, SARS-CoV-2 binds to their target cells through ACE-2, it was suggested that patients with cardiac disease, hypertension, and diabetes are at the higher risk of developing severe to fatal COVID-19. Moreover, elderly people ( $\geq 65$  years), those and people with chronic lung disease or moderate to severe asthma, who are immunocompromised (due to cancer treatment, bone marrow or organ transplant, AIDS, and prolonged use of corticosteroids or other medications), and those people with severe obesity and chronic liver or kidney disease are at higher risk of developing the COVID- 19 severe illness.

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**CHAPTER 2**

**OVERVIEW OF THE CORONA VIRUS GLOBALLY AND LOCALLY**

10. COVID-19 symptoms might range from inconsequential to life-threatening. Patients who are elderly or who have specific underlying medical issues are more likely to have severe sickness. When people breathe in air contaminated by droplets and small airborne particles, the sickness spreads.

11. When people are close together, the risk of breathing these in is greatest, but they are still present over longer distances. Transmission can also occur if contaminated fluids are splashed or sprayed in the eyes, nose, or mouth, as well as via contaminated surfaces. People can be contagious for up to 20 days after contracting the virus, and they can spread it even if they don't show any symptoms.

12. The pandemic has wreaked havoc on worldwide social and economic systems, resulting in the worst global recession since the 1930s' Great Depression. [8] It has resulted in widespread supply shortages, which have been compounded by panic buying, agricultural disturbance, food shortages, and lower pollution emissions.

13. Several educational institutions and public spaces have been closed in part or whole. Many educational institutions and public locations have been shuttered in part or whole, and many activities have been canceled or rescheduled. Misinformation has spread through social media and the mainstream media, exacerbating political tensions. The epidemic has brought up questions of racial and geographic discrimination, health equity, and the balance between public health and individual rights.

14. The severe acute respiratory syndrome coronavirus 2 is to blame for the ongoing global pandemic of coronavirus illness 2019 (COVID-19) (SARS-CoV-2). In December 2019, the unique virus was discovered in Wuhan, China; a lockdown in Wuhan and other towns in Hubei province failed to stop the outbreak, and it spread to other regions of mainland China and the rest of the world.

The World Health Organization (WHO) is an international organization that promotes (WHO). On January 30, 2020, a Public Health Emergency of International Concern was proclaimed, followed by a pandemic on March 11, 2020.

15. Many countries have seen viral varieties arise or become prevalent since 2021, with the Delta, Alpha, and Beta forms being the most dangerous. More than 208 million cases and 4.38 million deaths had been confirmed as of August 18, 2021, making it one of the deadliest pandemics in history.

16. When people breathe, talk, cough, sneeze, or sing, they inhale droplets and particles that infected people release as they breathe, talk, cough, sneeze, or sing. When infected people are physically close to one other, they are more likely to transfer COVID-19. Infection can, however, spread across longer distances, especially indoors.

17. The Sri Lankan Ministry of Health had instructed personnel at Bandaranaike International Airport to examine travelers for symptoms prior to the 27th of January. In addition, the ministry advised that infants, children, pregnant women, the elderly, and persons suffering from chronic ailments avoid crowded locations whenever possible. To assist prevent the virus's spread, the Ministry of Health formed a 22-member National Action Committee.

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**CHAPTER 3**

**RESPONSIBILITIES OF THE GENERAL PUBLIC TO MINIMIZE  
THE RAPID SPREAD OF VIRUS DURING THE CORONA PANDEMIC**

**DEVELOPMENT OF SELF AWARENESS**

18. In the process of developing self-awareness, it is important to have a detailed knowledge as to what Corona Virus is. So, we must have a clear understanding about it and the ways it spreads, harmful effects as well as the methods to minimize the spreading.

**MAINTAIN CLEANLINES**

19. Simple hygiene measures can help protect your family's health and everyone else's. Don't touch your face. Avoid touching your eyes, nose, and mouth. Don't cough or sneeze into your hands. Cover your mouth and nose with your elbow or tissue when coughing or sneezing. Dispose of used tissue immediately.

20. Keep your distance. Maintain a distance of at least 1 meter (3 feet) from people who are coughing or sneezing. Make sure to wash hands after you blow your nose, sneeze into a tissue, use the restroom, when you leave and return to your home, before preparing or eating food, applying make- up, handling contact lenses etc.

21. If using a hand sanitizer ensure that it contains at least 60 per cent alcohol, ensure coverage on all parts of the hands and rub hands together for 20-30 seconds until hands feel dry. If hands are visibly dirty, always wash hands with soap and water.

22. Cleaning and disinfecting high-touch surfaces in your home regularly is an important precaution to lower the risk of infection. Follow cleaning product instructions for safe and effective use, including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation. Some national authorities have made lists of recommended products for use against the COVID-19 virus.

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23. Every home is different, but common high-touch surfaces include door handles, tables, chairs, handrails, kitchen and bathroom surfaces, taps, toilets, light switches, mobile phones, computers, tablets, keyboards, remote controls, game controllers and favorite toys.

24. If a surface is dirty, first clean it with soap or detergent and water. Then use a disinfectant product containing alcohol (of around 70 per cent) or bleach. Vinegar and other natural products are not recommended.

25. In many places it can be difficult to find disinfectant sprays and wipes. In such cases, continue to clean with soap and water. Diluted household bleach solutions may also be used on some surfaces. It's important not to wipe cleaning solutions off as soon as you've applied it to a surface. Many disinfectant products, such as wipes and sprays, need to stay wet on a surface for several minutes in order to be effective. Always read the directions to make sure you're using the products as recommended and to avoid damaging sensitive items such as mobile phones and other electronic devices. Consider using wipeable covers for electronics. It is currently unclear how long the COVID-19 virus can survive on fabric, but many items of clothing have plastic and metal elements on which it might live for a few hours to several days.

26. Exercise caution and common sense. Good practices to consider include removing your shoes when you enter your home and changing into clean clothes when you return home after being in crowded places and washing your hands with soap and water immediately afterwards. Clean bedsheets, towels, and clothes regularly.

27. Don't shake dirty laundry to minimize the possibility of dispersing the virus through the air. Launder items with soap or detergent, using the warmest appropriate water setting and dry items completely — both steps help to kill the virus.

28. If you need to use laundry facilities outside of your home, take sensible precautions. Prepare laundry before leaving your home to help minimize the amount of time you spend and try to go at a time when there are fewer people. Maintain physical distance to other people.

29. Wear disposable gloves if available, disinfect the surfaces of all machines you use and don't touch your face. For indoor laundry facilities, wait outside for your laundry to finish.

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30. Fold your laundry at home. Wash your hands with soap and water, or use an alcohol-based hand rub, immediately afterwards. Wash or disinfect your laundry bag/ hamper as well. Consider storing laundry in disposable bags.

31. If you don't have access to laundry facilities, hand wash your clothes at home with soap or detergent and the warmest appropriate water. While at present there is no evidence of people catching the COVID-19 virus from food or food packaging, it may be possible that people can become infected by touching a surface or object contaminated by the virus and then touching their face. The greater risk comes from being in close contact with other people while outside food shopping or receiving a food delivery (as receiving any delivery in areas with local transmission). As always, good hygiene is important when handling food to prevent any food-borne illnesses.

32. At the same time we must remove any unnecessary packaging and dispose into a waste bin with a lid. Remove food from take-out containers, place on a clean plate and dispose of the container. Packaging like cans can be wiped clean with a disinfectant before being opened or stored. Wash unpackaged produce, such as fruit and vegetables, thoroughly under running water. Wash your hands with soap and water, or use an alcohol-based hand rub, immediately afterwards.

33. General food hygiene tips are washing your hands thoroughly with soap and water for at least 20 seconds before preparing any food. Use separate chopping boards to prepare uncooked meat and fish. Cook food to the recommended temperature. Where possible, keep perishable items refrigerated or frozen, and pay attention to product expiry dates.

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**MAINTAIN SOCIAL DISTANCE**

34. Social distancing refers to a host of public health measures aimed at reducing social interaction between people based on touch or physical proximity. This can include ‘remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible. It is a non-pharmaceutical intervention to slow down the spread of infectious diseases in the communities. It becomes particularly important as a community mitigation strategy before vaccines or drugs become widely available.

35. It is estimated that without social distancing measures in place, a COVID-19 positive person can infect 406 persons in 30 days. If social distancing measures are in place and social exposure is reduced by 75 per cent, then an infected person can spread the infection to only 2.5 more persons at the end of 30 days.

36. Avoid close contact with people who are sick.

37. If possible, maintain 6 feet between the person who is sick and other household members.

38. Outside your home: Put 6 feet of distance between yourself and people who don’t live in your household.

a. Remember that some people without symptoms may be able to spread virus.

b. Stay at least 6 feet (about 2 arm lengths) from other people.

c. Keeping distance from others is especially important for people who are at higher risk of getting very sick.

**WEARING MASKS**

39. Using face masks correctly in public settings helps reduce the spread of COVID-19. COVID- 19 spreads to people within close contact via small droplets sprayed into the air by someone with the disease who coughs, sneezes, sings, talks, or breathes. Wearing face masks or



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cloth face coverings that cover the nose, mouth, and chin and fit snugly across your cheeks helps reduce the spray of respiratory droplets from the nose and mouth. Wearing a face mask may also protect you from infection.

40. Masks should be used as part of a comprehensive strategy of measures to suppress transmission and save lives; the use of a mask alone is not sufficient to provide an adequate level of protection against COVID-19.

41. If COVID-19 is spreading in your community, stay safe by taking some simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning your hands, and coughing into a bent elbow or tissue. Check local advice where you live and work. Do it all!

42. Make wearing a mask a normal part of being around other people. The appropriate use, storage and cleaning or disposal of masks are essential to make them as effective as possible. Here are the basics of mask: Clean your hands before you put your mask on, as well as before and after you take it off, and after you touch it at any time.

43. Make sure it covers both your nose, mouth and chin. When you take off a mask, store it in a clean plastic bag, and every day either wash it if it's a fabric mask, or dispose of a medical mask in a trash bin Don't use masks with valves.

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**CHAPTER 4**

**MISCONCEPTIONS ABOUT COVID-19**

44. There are several myths and misconceptions built up within the society regarding the current Covid 19 pandemic.

45. Some say that natural immunity is better than vaccine immunity. Vaccines allow your body to build immunity without the damaging effects the actual diseases can have. COVID-19 can cause serious complications and can be deadly. There are no specific treatments for COVID-19. It is far smarter to avoid the risk. COVID-19 vaccines produce protection against the disease, as a result of developing an immune response to the SARS-Cov-2 virus.

46. Developing immunity through vaccination means there is a reduced risk of developing the illness and its consequences. This immunity helps you fight the virus if exposed. Getting vaccinated may also protect people around you, because if you are protected from getting infected and from disease, you are less likely to infect someone else. This is particularly important to protect people at increased risk for severe illness from COVID-19, such as healthcare providers, older or elderly adults, and people with other medical conditions.

47. People also think that the vaccine was developed too quickly without proper research. There are strict protections in place to help ensure the safety of all COVID-19 vaccines. Before receiving validation from WHO and national regulatory agencies, COVID-19 vaccines must undergo rigorous testing in clinical trials to prove that they meet internationally agreed benchmarks for safety and effectiveness.

48. Unprecedented scientific collaborations have allowed COVID-19 vaccine research, development, and authorizations to be completed in record time – to meet the urgent need for COVID-19 vaccines while maintaining high safety standards. As with all vaccines, WHO and regulatory authorities will continuously monitor the use of COVID-19 vaccines to confirm that they remain safe for all who receive them.

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49. Some even think that the vaccines compromise with the fertility. WHO has stated that if you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you. There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta.

50. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines. Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

51. People think that after vaccination they can avoid precautions and go back to the Pre COVID lifestyle. Vaccination protects you from getting seriously ill and dying from COVID-19. For the first fourteen days after getting a vaccination, you do not have significant levels of protection. For a single dose vaccine, immunity will generally occur two weeks after vaccination.

52. For two-dose vaccines, both doses are needed to achieve are required to provide the highest level of best immunity possible. While a COVID-19 vaccine will protect you from serious illness and death, the extent to which it keeps you from being infected and passing the virus on to others is unknown although preliminary data suggests there are protective effects.

53. To help keep others safe, continue to maintain at least a 1-2 meter distance from others, cover a cough or sneeze in your elbow, clean your hands frequently and wear a mask, particularly in enclosed, crowded or poorly ventilated spaces. Always follow guidance from local authorities based on the situation and risk where you live.

54. Many people believe that the side effects of the vaccine are really bad. WHO has stated that like any vaccine, COVID-19 vaccines can cause mild side effects, such as a low-grade fever or pain or redness at the injection site. [Most reactions to vaccines are mild and go away within a few days on their own. More serious or long-lasting side effects to vaccines are possible but rare].

55. Vaccine side effects are continually monitored by local authorities to detect rare adverse events. Reported side effects to COVID-19 vaccines have mostly been mild to moderate and

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short- lasting. They include fever, fatigue, headache, muscle pain, chills, diarrhea, and pain at the injection site. The chances of any of these side effects following vaccination differ according to the specific COVID-19 vaccine.

56. Many believe that the COVID-19 vaccine will give COVID-19. COVID-19 vaccine do not cause COVID-19 infection. Vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. Typical side effects include pain at the injection site, fever, fatigue, headache, muscle pain, chills, and diarrhea.

57. These symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19. It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection. If symptoms are persistent and prolonged, they should not be attributed to COVID-19 vaccine side effects and testing for COVID-19 should occur.

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**CHAPTER 5**

**PROBLEMS ARISING REGARDING MINIMIZE THE RAPID  
SPREAD OF VIRUS DURING CORONA PANDEMIC**

58. We are facing a global health crisis unlike any in the 75-year history of the United Nations one that is killing people, spreading human suffering, and upending people's lives. But this is much more than a health crisis. It is a human, economic and social crisis. The coronavirus disease (COVID-19), which has been characterized as a pandemic by the World Health Organization (WHO), is attacking societies at their core.

59. The COVID-19 outbreak affects all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples.

60. Early evidence indicates that that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus. People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath – whether due to limited movement, fewer employment opportunities, increased xenophobia etc.

61. If not properly addressed through policy the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination and global unemployment in the medium and long term. Comprehensive, universal social protection systems, when in place, play a much durable role in protecting workers and in reducing the prevalence of poverty, since they act as automatic stabilizers. That is, they provide basic income security at all times, thereby enhancing people's capacity to manage and overcome shocks.

**ELDERLY PEOPLE**

62. Older persons are particularly susceptible to the risk of infection from COVID-19, especially those with chronic health conditions such as hypertension, cardiovascular disease and diabetes.

63. Older persons are not just struggling with greater health risks but are also likely to be less capable of supporting themselves in isolation. Although social distancing is necessary to reduce the spread of the disease, if not implemented correctly, such measures can also lead to increased social isolation of older persons at a time when they may be at most need of support.

64. The discourse around COVID-19, in which it is perceived as a disease of older people, exacerbates negative stereotypes about older persons who may be viewed as weak, unimportant and a burden on society. Such age-based discrimination may manifest in the provision of services because the treatment of older persons may be perceived to have less value than the treatment of younger generations. International human rights law guarantees everyone the right to the highest attainable standard of health and obligates Governments to take steps to provide medical care to those who need it.

65. Age-discrimination can have a direct and often disastrous impact on the ability of older persons to access services and goods. Policies on physical distance that overlook the needs and circumstances of many older persons, can result in increased social isolation and food insecurity, among others. Where medical decisions on who receives scarce resources discriminate against older persons, mortality among this group will be higher. Governments need to ensure that older persons are consulted and participate in policy decisions that affect their lives and must put in place supportive measures that guarantee their inclusion.

66. Even at the best of times, persons with disabilities face challenges in accessing health-care services, due to lack of availability, accessibility, affordability, as well as stigma and discrimination. The risks of infection from COVID-19 for persons with disabilities are compounded by other issues, which warrant specific action: disruption of services and support, pre-existing health conditions in some cases which leave them more at risk of developing serious illness or dying, being excluded from health information and mainstream health provision, living in a world where accessibility is often limited and where barriers to goods and services

are a challenge, and being disproportionately more likely to live in institutional settings.

67. General individual self-care and other preventive measures against the COVID-19 outbreak can entail challenges for persons with disabilities. For instance, some persons with disabilities may have difficulties in implementing measures to keep the virus at bay, including personal hygiene and recommended frequent cleaning of surfaces and homes. Cleaning homes and washing hands frequently can be challenging, due to physical impairments, environmental barriers, or interrupted services. Others may not be able to practice social distancing or cannot isolate themselves as thoroughly as other people, because they require regular help and support from other people for every day self-care tasks.

## **YOUTH**

68. Many governments have called on youth to embrace the effort to protect themselves and the overall population. Youth are also in a position to help those who are most vulnerable, and to aid in increasing public health social awareness campaigns among their communities. Thus, youth are critical to limiting the virus's spread and its impact on public health, society, and the economy at large.

69. In terms of employment, youth are disproportionately unemployed, and those who are employed often work in the informal economy or gig economy, on precarious contracts or in the service sectors of the economy, that are likely to be severely affected by COVID-19.

70. More than one billion youth are now no longer physically in school after the closure of schools and universities across many jurisdictions. The disruption in education and learning could have medium and long-term consequences on the quality of education, though the efforts made by teachers, school administrations, local and national governments to cope with the unprecedented circumstances to the best of their ability should be recognized.

71. Many vulnerable youth such as migrants or homeless youth are in precarious situations. They are the ones who can easily be overlooked if governments do not pay specific attention, as they tend to be already in a situation without even their minimum requirements being met on health, education, employment and well-being.

## **INDIGENIOUS PEOPLE**

72. Indigenous peoples are particularly vulnerable at this time due to significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, absence of culturally appropriate healthcare, and if any, under-equipped and under-staffed local medical facilities.

73. The first point of prevention is the dissemination of information in indigenous languages, thus ensuring that services and facilities are appropriate to the specific situation of indigenous peoples, and all are reached.

74. The large number of indigenous peoples who are outside of the social protection system further contributes to vulnerability, particularly if they are dependent on income from the broader economy – produce, tourism, handicrafts and employment in urban areas. In this regard, Governments should ensure that interim financial support measures include indigenous peoples and other vulnerable groups.

75. Indigenous peoples are also seeking their own solutions to this pandemic. They are taking action and using traditional knowledge and practices as well as preventive measures – in their languages.

## **ATHLETES**

76. Sport is a major contributor to economic and social development. Its role is well recognized by Governments, including in the Political Declaration of the 2030 Agenda, which reflects on “the contribution sports make to the empowerment of women and of young people, individuals and communities, as well as to health, education and social inclusion objectives.”

77. Since its onset, the COVID-19 pandemic has spread to almost all countries of the world. Social and physical distancing measures, lockdowns of businesses, schools and overall social life, which have become commonplace to curtail the spread of the disease, have also disrupted many regular aspects of life, including sport and physical activity. This policy brief highlights the challenges COVID-19 has posed to both the sporting world and to physical activity and



well-being, including for marginalized or vulnerable groups. It further provides recommendations for Governments and other stakeholders, as well as for the UN system, to support the safe reopening of sporting events, as well as to support physical activity during the pandemic and beyond.

78. To safeguard the health of athletes and others involved, most major sporting events at international, regional and national levels have been cancelled or postponed – from marathons to football tournaments, athletics championships to basketball games, handball to ice hockey, rugby, cricket, sailing, skiing, weightlifting to wrestling and more. The Olympics and Paralympics, for the first time in the history of the modern games, have been postponed, and will be held in 2021.

79. Countries must work together; this will result in a much faster recovery than if each country acts alone. The multilateral system and institutions provide a framework for this to happen, as they were designed to respond to complex, multifaceted, global emergencies such as the one brought on by the COVID-19 pandemic.

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## **CHAPTER 6**

### **ACTIONS TAKEN TO MINIMIZE THE SPREAD OF CORONA VIRUS**

#### **VACCINATION**

80. A COVID-19 pandemic is sweeping the globe. WHO and partners are scrambling to develop and deploy safe and effective vaccines while they work together on the response — tracking the epidemic, advising on essential measures, and sending important medical supplies to individuals in need?

81. Every year, vaccines save millions of lives. Vaccines function by teaching and preparing the body's natural defenses, the immune system, to recognize and combat the viruses and bacteria they are designed to combat. If the body is later exposed to those disease-causing microorganisms after vaccination, the body is ready to kill them right away, preventing illness. As of 3 June 2021, WHO has evaluated that the following vaccines against COVID-19 have met the necessary criteria for safety and efficiency.

- a. AstraZeneca/Oxford vaccine.
- b. Moderna.
- c. The Janssen.
- d. Sinopharm.

#### **WHO SHOULD GET VACCINATED?**

82. The COVID-19 vaccination is safe for most persons aged 18 and up, including those with any type of pre-existing ailment, including auto-immune illnesses. Hypertension, diabetes, asthma, lung, liver, and kidney illness, as well as stable and treated chronic infections, are among these conditions. If supplies are limited in your area, discuss your situation with your care

provider if you:

- a. Have a compromised immune system
- b. Are pregnant (if you are already breastfeeding, you should continue after vaccination).
- c. Have a history of severe allergies, particularly to a vaccine (or any of the ingredients in the vaccine).
- d. Are severely frail.
- e. Because children and adolescents have milder disease than adults, it is less necessary to vaccinate them than older persons, those with chronic health issues, and health workers unless they are part of a population at increased risk of severe COVID-19 infection.

83. To be able to offer broad recommendations on vaccinating children against COVID-19, further evidence on the usage of the different COVID-19 vaccines in children is needed.

84. The WHO's Strategic Advisory Group of Experts (SAGE) determined that the Pfizer/BioNTech vaccine is safe for people aged 12 and up. This vaccine may be administered to children aged 12 to 15 who are at high risk, as well as other priority groups for vaccination. Vaccine trials for children are currently underway, and WHO will update its recommendations as evidence, or the epidemiological situation warranted. It is critical that children receive the recommended childhood immunizations.

### **WHAT SHOULD I DO AND EXPECT AFTER GETTING VACCINATED**

85. If you have an unexpected reaction, stay at the location where you were vaccinated for at least 15 minutes following so that health workers can assist you.

86. Check with your doctor to see when you should return for a second dose if one is required. Most vaccines are two-dose immunizations. Check with your doctor to see if you need

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a second dose and when you should take it. Second doses help to enhance immunity and boost the immunological response.

87. In most cases, minor side effects are normal. Common side effects after vaccination, which indicate that a person's body is building protection to COVID-19 infection include:

- a. Mild fever.
- b. Tiredness.
- c. Headaches.
- d. Muscle or joint aches.

88. If you see redness or soreness (pain) where you had the shot after 24 hours, or if side effects do not go away after a few days, contact your healthcare provider.

89. You should not take additional doses of the COVID-19 vaccination if you have an acute severe allergic reaction to the initial dose. Severe health responses are relatively rare when immunizations are directly responsible.

90. It is not recommended to take pain relievers like paracetamol before getting the COVID-19 vaccine to avoid negative effects.

### **QUARANTINE**

91. Unless you have been fully vaccinated, quarantine if you have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19. Unless they exhibit symptoms, people who are completely vaccinated do not need to quarantine after contact with someone who has COVID-19.

92. Fully vaccinated people, on the other hand, should get tested 3-5 days after exposure, even if they have no symptoms, and wear a mask inside in public for 14 days after exposure or

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until their test result is negative. What to do,

- a. Stay home for 14 days after your last contact with a person who has COVID-19.
- b. Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID19.
- c. If possible, stay away from people you live with, especially people who are at higher risk for getting very sick from COVID-19.

### **AFTER QUARANTINE**

93. Watch for symptoms until 14 days after exposure.
94. If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
95. Based on local conditions and needs, your local public health authorities make the final decisions regarding how long the quarantine should last. If you need to quarantine, follow the advice of your local public health agency. Stopping the quarantine is one of the options they'll evaluate.
  - a. After day 10 without testing.
  - b. After day 7 after receiving a negative test result (test must occur on day 5 or later).

### **ISOLATION**

96. Isolation is a technique for separating people who are infected with COVID-19 from those who are not.
97. Isolated people should stay at home until it is safe for them to interact with others.

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Anyone who is unwell or infected at home should isolate themselves from others, stay in a designated "sick room" or area, and use a separate bathroom (if available). These are the actions that we can take to reduce the spread of covid 19.

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## **CHAPTER 7**

### **CONCLUSION , FINDINGS AND RECOMMENDATION**

#### **CONCLUSION**

98. The coronavirus disease continues to spread across the world following a trajectory that is difficult to predict. The health, humanitarian and socio-economic policies adopted by countries will determine the speed and strength of the recovery. The coronavirus disease continues to spread across the world following a trajectory that is difficult to predict. The health, humanitarian and socio-economic policies adopted by countries will determine the speed and strength of the recovery. The ILO's four pillar policy framework presented in this brief provides guidance not only for countries as they progress through the various phases of the crisis, but also for the international community.

99. International Labour Standards contain guidance for ensuring decent work that is applicable even in the unparalleled context of the COVID 19 crisis. In particular, the Employment and Decent Work for Peace and Resilience Recommendation, 2017 emphasizes that crisis responses need to “ensure respect for all human rights and the rule of law, including respect for fundamental principles and rights at work and for international labour standards”.

100. The standards dealing with safety and health at work, social security, employment, nondiscrimination, working arrangements and the protection of specific categories of workers provide guidance on the design of rapid responses that can facilitate a stronger recovery from the crisis.

101. A coordinated global effort is required to support countries that currently do not have sufficient fiscal space to finance social policy, universal social protection systems. Debt sustainability should be prioritize in this endeavors. Without long-term structural changes, the deep-rooted inequalities exposed by the crisis will merely intensify. As well as to tackle the immediate effects of the crisis.

**FINDINGS AND RECOMMENDATIONS**

102. Over the past several months, the coronavirus has shown the world how important the Internet is during a crisis.

103. The Internet has enabled millions of people to continue working and studying while following stay-at-home orders. It has provided access to crucial health information, and allowed families, separated due to travel restrictions or quarantine, to stay in touch. And, despite significant increases in the volume of traffic on its networks, the Internet has proved that it is up to the challenge. Its technical foundation – a network of networks operated cooperatively by service providers and platforms – has ensured the Internet has not experienced catastrophic failure. The current pandemic has demonstrated that the Internet is, indeed, a force for good.

104. However, the coronavirus has also brought many challenges to light. Nearly 50 per cent of the world’s population have not been able to work or study from home because they lack access to the Internet. For many that do have access, slow speeds and high prices characterise their Internet service, preventing them from taking part in daily life. Contact-tracing apps raise privacy concerns around the world. Cyber-attacks directed at the healthcare sector have increased. And, despite the clear need for strong end-to-end encryption as more people work, bank and access healthcare online, law enforcement agencies continue to call for backdoor access to encrypted communications and data.

105. We can emerge from this crisis with a bigger, stronger, and more trustworthy Internet, regardless of any temporary crisis conditions. If enacted now, the right digital policies can support the global economic recovery and ensure that no one is left behind.

106. Based on the evidence of the impact of early measures on the epidemic curve in China and South Korea, and in view of the current epidemiological context in Spain (with sustained community transmission in Madrid and Basque Country), we wish to make some general considerations for the whole territory. Importantly, the proactive mitigation measures proposed, which put a focus on social distancing.



107. Most vulnerable populations (the elderly and people with chronic conditions) that can directly and indirectly affected by the epidemic. Consider suspending / delaying events that gather a high number of people (including sporting, cultural and leisure events). Consider, when possible, the possibility of teleworking and performing video meetings, and facilitate work and schedule flexibility (to avoid peak hours in public transport and help with family logistics). Seek alternatives in the education sector (universities and eventually other education centres) to avoid the physical presence of students and academic staff.

108. Recommend the general population to avoid trips that are not essential, inside and / or outside the country. Limit / avoid visits to nursing homes and to hospitals, particularly by people who have symptoms of the disease. If justified, consider the isolation of areas or districts where there may be a high transmission. Remember / reinforce hygienic measures (hand washing) and facilitate hand sanitizer gel in public and private places (work centers, sports centers, etc.).

109. At the individual level, recommend measures of social distancing, including self-quarantine for people potentially exposed to the virus, avoid shaking hands / kisses, try to keep at least one meter distance (and ideally two) from other people, and avoid public transportation at peak times, as far as possible. Make investments to ensure everyone can access the Internet in times of crisis, before a crisis happens. Crisis response should be factored into the day-to-day policy processes so that emergency measures, like community Wi-Fi access points, can be activated when needed.

110. Ensure access to the spectrum granted to facilities hosting emergency Wi-Fi access stations remains permanent after stay-at-home orders are lifted. Encourage shipping companies to increase the priority of telecommunications equipment delivery to ensure rapid deployment of networks. Suspend or accelerate customs clearance and import tariffs to facilitate aid to affected communities.

111. Enhance local knowledge and capacity to rapidly deploy and maintain networks. Stay-at-home and social distancing orders have proved challenging for deploying new networks or repairing existing ones over the past several months.

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112. Encourage policies that support the development of community networks at the federal, regional and local level. Amend legislation prohibiting or limiting the development of these networks. Prioritise mesh networks to address affordability in urban areas.

113. Engage local governments and/or representative organisations during the early planning stages of any project or policy in their area. This engagement must be made on a community-by-community basis to ensure their unique priorities, challenges and opportunities are taken into account. Make criteria for new and existing funding mechanisms, such as government grants and loans, universal service funds, and private foundation grants available for complementary access solutions, such as community networks.

114. Make affordable access to spectrum available for complementary connectivity solutions, such as community networks. Prioritise rural, remote and other underserved areas for spectrum allocations. Streamline affordable licensing frameworks for community benefit and local/regional Internet Service Providers (ISPs).

115. Consider Dig Once (a policy that would mandate fiber to be deployed as part of construction projects like road building) and infrastructure sharing (where two or more telecommunications providers share physical infrastructure in an effort to reduce costs) to facilitate the efficient deployment of middle-mile fiber.

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