Global Governmental Response to COVID-19 in accordance to WHO guidelines

Actions taken by Algeria to prevent the spread of COVID-19 as of February 3, 2021.

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The UN Compliance Research Group is a global organization which specializes in monitoring the work of the United Nations (UN). Through our professional team of academics, scholars, researchers and students we aim to serve as the world's leading independent source of information on members' compliance to UN resolutions and guidelines. Our scope of activity is broad, including assessing the compliance of member states to UN resolutions and plan of actions, adherence to judgments of the International Court of Justice (ICJ), World Health Organization (WHO) guidelines and commitments made at UN pledging conferences. We’re proud to present the international community and global governments with our native research findings on states’ annual compliance with the commitments of the UN and its affiliated agencies. Our goal as world citizens is to foster a global change towards a sustainable future; one which starts with ensuring that the words of delegates are transformed into action and that UN initiatives don’t remain ink on paper. Hence, we offer policy analysis and provide advice on fostering accountability and transparency in UN governance as well as tracing the connection between the UN policy-makers and Non-governmental organizations (NGOs). Yet, we aim to adopt a neutral path and do not engage in advocacy for issues or actions taken by the UN or member states. Acting as such, for the sake of transparency. The UN Compliance Research Group dedicates all its effort to inform the public and scholars about the issues and agenda of the UN and its affiliated agencies.
The International Health Regulations (2005) are legally binding on 196 States Parties, including all WHO Member States. The IHR aims to keep the world informed about public health risks, through committing all signatories to cooperate together in combating any future “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.” Under IHR, countries agreed to strengthen their public health capacities and notify the WHO of any such illness in their populations. The WHO would be the centralized body for all countries facing a health threat, with the power to declare a “public health emergency of international concern,” issue recommendations, and work with countries to tackle a crisis.

Although, with the sudden and rapid spread of COVID-19 in the world, many countries varied in implementing the WHO guidelines and health recommendations. While some countries followed the WHO guidelines, others imposed travel restrictions against the WHO’s recommendations. Some refused to share their data with the organization. Others banned the export of medical equipment, even in the face of global shortages. The UN Compliance Research group will focus during the current cycle on analyzing the compliance of the WHO member states to the organization’s guidelines during the COVID-19 pandemic.
### WHO Guidelines and Recommendations

#### School/educational institutions:
- Decision makers should consider the following if they decide to open or close schools: Current understanding about COVID-19 transmission and severity in children, Local situation and epidemiology of COVID-19 where the school(s) are located, School setting and ability to maintain COVID-19 prevention and control measures.
- Recommended to promote: Hygiene and environmental cleaning to limit exposure, Screening and management of sick students, teachers and other school staff, Communication with parents and students, Physical distancing at school, Tele-schooling and distance learning.

#### Workplaces and institutions:
- Partial closure of workplaces as of early March.
- Hand hygiene: Regular and thorough handwashing, Hand hygiene stations.
- Respiratory hygiene: Promote respiratory etiquette, Develop a policy on wearing a mask or a face covering.
- Physical distancing: less people, implementing shifts.
- Reduce and manage work-related travels.
- Regular environmental cleaning and disinfection.
- Risk communication, training, and education: Provide posters, videos, and electronic message boards.
- Management of people with COVID-19 or their contacts: introduce thermal screening.
- Take more measures when it comes to jobs at medium and high risk.

#### Public events:
- Restriction to host gatherings or events that exceed a large number of individuals. ex) sport games, religious functions, restaurants, etc.
- Planning phase: Liaison with all relevant stakeholders, Development of a preparedness and response plan, Assessment of capacities and resources.
- Operational phase: Modifications of the event, Risk communication, Surveillance of participants, aimed at detecting and managing individuals developing symptoms during the event.
- Post-event phase: Liaison between event organizers and health authorities.

#### Public Transport:
- Reduce crowding, limit access to, or close public spaces, restaurants, sporting events, 24 sports clubs, entertainment venues, places of worship, 25 or venues with limited ventilation.
- Encourage physical distancing in public places and transportation.
- Reduce mixing between individuals and households.
- Communicate to recommend wearing masks in public.
### WHO Guidelines and Recommendations

#### Public Information Campaign:
- Communicate risk clearly with information on how to protect oneself and others.
- Simplify messages, encourage sharing of information.
- Engage with communities in decision-making and to strengthen engagement for public health measures.
- Identify local networks and engage communities, businesses, religious leaders, and local influencers.

#### Domestic/International Travel:
- Reduction in Travel to prevent the spread of COVID-19.
- International travel should not occur unless in an emergency.
- Recommended to adhere to safety measures while travelling.
- Establish effective contingency plans and arrangements for responding a Public Health Emergency.

#### Testing Framework:
- Set up testing centers in large venues or in check points.
- Require travellers to self-quarantine after being tested.
- Molecular (e.g. PCR) testing of respiratory tract samples is the recommended method for the identification and laboratory confirmation of COVID-19 cases.
- To inform WHO policy on the use of immunodiagnostic rapid tests for COVID-19.

#### Contact Tracing:
- Set up relational databases linking lists of contacts to line lists of cases.
- Allow for tailored case investigation forms, contact listing forms, and contact follow-up forms to be set up.
- Used for self-checking and self-reporting of signs and symptoms by people through mobile phone apps or SMS technology.

#### Lockdown/Curfew:
- Implementation of curfew hours.
- Require citizens to stay in home unless of an emergency.
- Monitor locations to abide by the curfew hours.
This report draws on the methodology developed by the G8 Research Group, which has been monitoring G7/8 compliance since 1996 (the International Organisations Research Institute at the Higher School of Economics (IORI HSE) joined this multi-year project in 2005, and Bond University participated in 2014). The use of this methodology builds cross-institutional and cross-member consistency and also allows compatibility with compliance assessments of other institutions. The methodology uses a scale from −1 to +1, where +1 indicates full compliance with the stated commitment, −1 indicates a failure to comply or action taken that is directly opposite to the stated instruments or goal of the commitment, and 0 indicates partial compliance or work in progress, such as initiatives that have been launched but are not yet near completion and whose full results can therefore not be assessed. Each member assessed receives a score of −1, 0 or +1 for each commitment. For convenience, the scores in the tables have been converted to percentages, where −1 equals 0 percent and +1 equals 100 percent.
## Scoring Guidelines

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>State does not comply with the International Health Regulations (IHR 2005), nor does it comply with any of the World Health Organization's guidelines and recommendations to curb the spread of the Coronavirus.</td>
</tr>
<tr>
<td>0</td>
<td>State complies with the IHR and partially complies with the WHO recommendations on combating the Coronavirus, through implementing policies and actions which adhere to at least two commitments of the WHO guidelines on curbing the pandemic.</td>
</tr>
<tr>
<td>+1</td>
<td>State fully complies with the IHR and the WHO guidelines on combating the Coronavirus, through implementing policies and actions which adhere to all nine areas of the WHO guidelines on curbing the pandemic.</td>
</tr>
</tbody>
</table>
**Assessment**

<table>
<thead>
<tr>
<th>Country</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

* Algeria complied with the International Health Regulations (IHR) but partially complied with the World Health Organization’s guidelines and recommendations on curbing the Coronavirus (COVID-19), through implementing complying policies and actions only in some commitment features. Thus, Algeria receives a compliance score of 0.*
On 17 March 2020, Algeria announced the closure of all land borders with its neighbouring countries. All international Maritime services were suspended.

On 21 March 2020, inter-provincial travel by land was prohibited.

On 22 March 2020, Algeria suspended all flights from and to international destinations until further notice of the national airline Air Algérie.

Temporary suspension of air and sea services to/from Europe.

Suspension of air services to and from six Arab countries: Morocco, Tunisia, Egypt, United Arab Emirates, Qatar and Jordan.

Suspension of air services to and from several African countries: Mauritania, Mali, Niger, Senegal, Ivory Coast and Burkina Faso;

Suspension of all domestic air services.

On 15 November 2020, domestic travel between provinces was prohibited on the weekends.

On 1 October 2020, travel between provinces on the weekend was permitted.

On 15 November 2020, domestic travel between provinces was prohibited on the weekends.

On 6 December 2020, domestic flights resumed.
On 10 March 2020, the Algerian government imposed a ban on all public and private gatherings.

On 17 March 2020, the Algerian President Abdelmadjid Tebboune issued a ban on all mass protests in efforts to control the pandemic outbreak.

As of 22 March 2020, the Algerian government announced the Suspension of all activities, meetings and religious, cultural and sport events, until a further notice. Daily collective prayers and the Friday prayer were suspended.

On 23 March 2020, gatherings of more than 2 people was prohibited.

On 15 August 2020, mosques reopened for collective prayer, excluding the Friday prayer.

On 1 September 2020, sport events resumed, with no speculators allowed to attend.

On 6 November 2020, the Friday prayer was allowed to resume.

On 26 February 2020, Algeria launched a 24/7 call center in Algiers to answer the public’s inquiries on the virus. More than 46,000 calls were received by the center within the first 10 days since establishment.

On 15 March 2020, the Ministry of health launched an online website with the latests updates and guidelines on COVID-19.

On 18 March 2020, the Ministry of health launched a mobile app providing users with real-time updates on the progress of the virus.

On 19 March 2020, the Algerian national television dedicated the entire day as a day of public awareness on COVID-19 virus.

On 21 October 2020, schools and universities in Algeria re-opened.

On 4 November 2020, the Algerian authorities began shutting down schools were COVID-19 cases are detected.

On 22 March 2020, the Algerian President ordered the suspension of all means of passenger transport: air services on the domestic network, taxis, road transport, rail or guided transport (trams, metros, cable cars), except for the transport of essential employees.

On 26 April 2020, urban taxis were allowed to resume operation.

On 14 June 2020, public transportation and all taxi services were allowed to resume with a limited capacity.

On 22 March 2020, the Algerian government announced the closure of schools and educational institutions, including universities.

On 21 October 2020, schools and universities in Algeria re-opened.

On 15 November 2020, the use of public and private transportation was prohibited on the weekends.

On 6 January 2021, Rail transportation resumed operation across the country after months of closure. Public transportation, taxis and app-rides were allowed to resume operation in all 48 provinces.

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As of 22 March 2020, the Algerian government placed 50% of the staff of public administrations and institutions whose presence is not considered indispensable on exceptional paid leave; This measure did not apply to employees of the necessary vital services (health, national security, civil defence, customs, prison administration, national transmissions, quality control and fraud prevention, veterinary and phytosanitary authorities, hygiene and cleaning services, surveillance and guarding). Exceptional paid leave for pregnant women and women raising young children was granted.

On 23 March 2020, the activities of the Council of the Nation, criminal and correctional trial and appeal court hearings were suspended.

On 31 May 2020, workers at the public and private sectors returned to office, with social distancing recommended.
## Algeria

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### Testing Framework

- **On 12 May 2020**, the Algerian government launched the production of rapid test kits for COVID-19, with a detection time of 15 minutes and a production capacity of 200,000 units per week.
- **On 26 June 2020**, the Director General of Pasteur Institute of Algeria Dr. Fawzi Derrar announced that a total of 2,500 coronavirus screening tests are currently carried out every day nationwide.
- **On 10 July 2020**, the Algerian government announced that it will allow all state and private laboratories to conduct COVID-19 tests to help cope with a growing number of patients.
- **As of 3 February 2021**, no official data on total tests COVID-19 tests conducted.

### Contact Tracing

- **On 18 March 2020**, the Algerian National Agency for Development of Technology Parks (NATP) announced the launch of two apps to help combat the COVID-19 outbreak. The app will use location data to trace infected individuals, and trace their contacts, sharing database with the Ministry of Health.
- *Data on Algeria’s Contact tracing remains limited.*

### Vaccine

- **30 January 2021**, Algeria launched its COVID-19 national vaccination campaign, after receiving the first batch of the Russian Sputnik V vaccine.
- **On 15 January 2021**, Algeria announced that it will share part of its COVID-19 vaccine doses with neighbouring Tunisia.
- **On 1 February 2021**, Algeria received the first batch of the AstaZeneca-Oxford vaccine (50,000 doses). The MOH announced that it will also receive batches of the Chinese Sinovac vaccine in the upcoming months.
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Algeria

Sources