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

Actions taken by Colombia to prevent the spread of COVID-19 as of February 12, 2021.

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Our Organization

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

<table>
<thead>
<tr>
<th>School/educational institutions:</th>
<th>Workplaces and institutions:</th>
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<tbody>
<tr>
<td>● 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.</td>
<td>● Partial closure of workplaces as of early March.</td>
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<td>● 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.</td>
<td>● Hand hygiene: Regular and thorough handwashing, Hand hygiene stations.</td>
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<td>● Respiratory hygiene: Promote respiratory etiquette, Develop a policy on wearing a mask or a face covering.</td>
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<td>● Physical distancing: less people, implementing shifts.</td>
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<td>● Reduce and manage work-related travels.</td>
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<td>● Regular environmental cleaning and disinfection.</td>
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<td>● Risk communication, training, and education: Provide posters, videos, and electronic message boards.</td>
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<td>● Management of people with COVID-19 or their contacts: introduce thermal screening.</td>
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<td>● Take more measures when it comes to jobs at medium and high risk.</td>
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<thead>
<tr>
<th>Public events:</th>
<th>Public Transport:</th>
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<tbody>
<tr>
<td>● Restriction to host gatherings or events that exceed a large number of individuals. ex) sport games, religious functions, restaurants, etc.</td>
<td>● 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.</td>
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<tr>
<td>● Planning phase: Liaison with all relevant stakeholders, Development of a preparedness and response plan, Assessment of capacities and resources.</td>
<td>● Encourage physical distancing in public places and transportation.</td>
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<td>● Operational phase: Modifications of the event, Risk communication, Surveillance of participants, aimed at detecting and managing individuals developing symptoms during the event.</td>
<td>● Reduce mixing between individuals and households.</td>
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<td>● Post-event phase: Liaison between event organizers and health authorities.</td>
<td>● Communicate to recommend wearing masks in public.</td>
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### 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.
<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<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>
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Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
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<tbody>
<tr>
<td>Colombia</td>
<td></td>
<td></td>
<td>0</td>
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* Colombia 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, Colombia receives a compliance score of 0.
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Colombia

❖ On 20 March 2020, the government of Colombia announced a 19-day nationwide lockdown.
❖ On 6 April 2020, President Iván Duque announced in his daily broadcast an extension of the nationwide lockdown until 27 April.
❖ On 20 April 2020, President Iván Duque announced a further extension of the nationwide lockdown until 11 May, but allowed the construction and manufacturing sectors to reopen starting from 27 April, under specific protocols.
❖ On 5 May 2020, President Iván Duque announced a further extension of the nationwide lockdown for two weeks.
❖ On 14 May 2020, the National Government, through a decree issued by the Ministry of Interior, ordered the governor of the Amazonas Department as well as the mayor of Leticia the closure of every opened economic activity in the municipality and the department except for the ones strictly necessary for health, supply and essential services and declared a lockdown for that specific zone of the country until 30 May.
❖ On 19 May 2020, President Iván Duque announced a fourth extension of the national lockdown until 31 May, as well as the extension of the national health emergency until 31 August.
❖ On 28 May 2020, a further extension of the national lockdown in place since March until 1 July was announced.
❖ On 30 May 2020, Bogotá mayor Claudia López announced a total lockdown for the Kennedy locality for two weeks starting from 1 June and extending to 14 June at midnight.
❖ On 15 June 2020, Bogotá mayor Claudia López declared a two-week total lockdown for zones in the Ciudad Bolívar, Suba, Engativá, and Bosa localities.
❖ On 23 June 2020, President Iván Duque announced a sixth extension of the nationwide lockdown until 15 July.
❖ On 7 July 2020, a further extension of the nationwide lockdown until 1 August was announced by President Iván Duque.
❖ On 10 July 2020, mayor of Bogotá Claudia López announced a series of 14-day sectorized lockdowns to be enforced from 13 July as a measure to cope with the peak of the pandemic.
❖ On 28 July 2020, during his daily broadcast, President Iván Duque announced a further extension of the nationwide lockdown for one month until 30 August.
❖ On 1 September 2020, Authorities lifted lockdown restrictions with local areas deciding restrictions depending on number of cases.
❖ On 29 September 2020, selective quarantine measures are extended allowing local authorities to place their own regulations, depending on the epidemiological situation.
❖ On 29 October 2020, Medellín authorities placed a daily curfew (22:00-05:00) due to spike in cases.
❖ On 26 November 2020, Authorities announced further extension of the state of health emergency due to rising cases.
❖ On 04 December 2020, The Colombian government placed curfews with different timing for all major cities in efforts to limit gatherings and transmission during the holiday season.
❖ On 15 January 2021, Authorities decided to maintain strict measures until February 28, areas with mass outbreak including Medellin and Antioquia were placed on lockdown.
On 13 March 2020, the government announced that it would close the border with Venezuela extending the closure to all land borders shortly afterwards. With the start of the nationwide lockdown in late March, both domestic and international flights were shut down and only cargo and humanitarian flights were allowed to continue operating.

On 28 May 2020, the Colombian government through Transportation Minister Ángela María Orozco confirmed that international flights would remain barred until at least 31 August, but stated that they could likely resume in September. Domestic flights and intermunicipal transport, however, were expected to resume in July.

On 18 September 2020, International travel restrictions are to ease up allowing international flights on all airports and lifting restrictions on the entry of foreigners.

On 21 December 2020, Authorities cancelled all flights to and from the UK due to new COVID-19 variant.

On 04 January 2021, all incoming travelers to Colombia must carry a negative PCR test certificate.

On 15 March 2020, the Ministries of Health and Education, announced suspension of classes for all public and private schools and universities in the country.

On 19 May 2020, President Iván Duque announced schools and universities were confirmed to continue under virtual education.

On 2 June 2020, the Ministry of Education issued guidelines to regional and local education authorities as well as private schools and kindergartens stating that students would remain studying from home until 31 July, and inviting them to arrange for protocols for the gradual return of students to classrooms under a model of alternation starting from 1 August, in coordination with health authorities.

On 16 June 2020, associations of private schools stated their intention to not return to classroom classes and finish the school year with virtual education.

On 05 February 2021, schools and universities in regions with low cases were allowed to reopen with preemptive measures. Areas with high cases remain in virtual schooling.

On 17 March 2020, Circular 21 was passed that public workers are to work from home until the end of the pandemic.

On 24 March 2020, President Iván Duque announced the introduction of a program named Ingreso Solidario intended to distribute government assistance during the health emergency to 3 million families that were either working in informality or not covered by other social welfare programs, for which people could apply online.

On 8 May 2020, All permitted construction works with safety protocols in place could resume by 11 May, working from 10 a.m. to 7 p.m. Manufacturing companies with safety protocols in place could request permission to resume operations as early as 18 May, between 10 a.m and 5 a.m. (for this sector, which may have more than one work shift, business hours will depend on the size of the company), while wholesale traders and retailers may resume beginning 25 May, from noon to midnight. As the economic reactivation would make the pico y género measure unworkable, given that more people would need to leave their homes to go to work regardless of gender.

As of 20 March 2020, urban mass transit systems were running at only 10–15% of their usual occupancy. As the economy reactivated, and government guidelines ordered vehicle occupation to be capped at a 35% maximum, passengers increased but ridership remained low.

On 2 May 2020, the operation of Transmetro in Barranquilla was suspended until further notice as passengers were not abiding by social distancing instructions within the system and vehicles were overcrowded. Transmetro resumed operation three days later with adjusted health protocols.

By 11 May 2020, vehicles in Bogotá, Cali, Medellín, Bucaramanga, and Pereira were being used to about one-quarter of their usual occupancy.

On 13 January 2021, public buses were allowed to resume partial operation.

On 02 February 2021, the government announced incentive to promote bicycle use to reduce usage of public transport.
On 9 March 2020, the Colombian government adopted the use of CoronApp for contact tracing.

On 10 May 2020, the Colombian government stopped the use of CoronApp due to its lack of downloads and because of the removal of the contact tracing feature.

On 24 March 2020, the television show Prevención y acción (Prevention and Action) is broadcast daily from 6:00 to 7:00 p.m. with President Duque explaining to citizens the most recent updates on the pandemic in the country and the decisions made by the government to contain it. Also, President Iván Duque announced the introduction of a program named Ingreso Solidario intended to distribute government assistance during the health emergency to 3 million families that were either working in informality or not covered by other social welfare programs. On 24 June 2020, Duque announced the extension of the Ingreso Solidario program and awareness campaign until December 2020.

On March 25 2020, the Health Ministry in Colombia announced that it plans to increase testing capability to at least 350,000 rapid tests per week. This will enable detecting more cases to ensure those who are infected are isolated so they don’t infect more people.

On April 9 2020, INS reported it planned to have capacity for 17,000 tests per day in a month.

As of July 29 2020, Colombia had capacity to conduct over 36,000 COVID-19 tests daily.

As of 12 February 2021, Colombia has a total of 209,203 tests per 1 million people.

On 06 February 2021, Colombia decided to use the Sinovac and Moderna vaccines, while also announcing a mass vaccination rollout starting this month. On 08 February 2021, Columbia launched its national vaccination campaign. President Duque was the first to be vaccinated against COVID-19.
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Colombia

Sources