

## On the Evaluation of the Effectiveness of States' Measures to Overcome the Covid-19 Crisis: Statistics and Common Sense

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### ARTICLE INFORMATION

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### ABSTRACT

This investigation is dedicated to the endeavor of critical analysis of the measures that countries and their governments have carried out in order to mitigate the consequences of Covid-19 pandemic. The main issues are: were these measures relevant and effective, or they simply led to the chaos and decline of national economies as well as to the crash of trusts into the powers of current transnational unions and treaties? What was the role of the international organizations such as UN and WHO? Can we consider the actions of Russian Government as sufficient and timely? Do we enter the new era of political and financial relations?

### Introduction

Any news broadcasts in the media begin with the announcement of dozens or hundreds of new deaths from coronavirus infection. The proportion of deaths from the first wave of COVID-19 was just over 0.7% of the 51 million deaths annually in the world. In Russia, 0.2% of the population is infected. As you can see, the picture is far from the horror and panic that is everywhere whipped up by all types of media. At the same time, it is deliberately ignored that more than 17 million people die from other infections in the world every year [1-5]. Every year about 10 million die from cardiovascular diseases, 1.6 million from tuberculosis, 1.34 million from viral hepatitis. Almost 900,000 children under the age of 5 die from pneumonia. Therefore, the activities of the world media in 2020 more and more resemble a propaganda weapon crafted the twentieth century in the darkest years of Nazism in Germany.

### Methodology

In the framework of the presented work, the authors used the following research methods:

- *at the theoretical level*: study and generalization, formalization, analysis and synthesis, induction and deduction, axiomatics;
- *at the experimental-theoretical level*: experiment, analysis, modeling, synthesis;
- *at an empirical level*: observation, measurement, comparison.

## Analysis

We still do not know how a new virus appeared in China, dubbed 2019-nCoV or SARS-CoV-2. At the end of last year, massive cases of respiratory infection began to be recorded in Wuhan, the capital of Hubei province. There was information about hospital mortality in 4-5%. China informed WHO of the emergence of a new disease on January 31, 2020, after the quarantine was introduced in Wuhan on January 23 (by order of Xi Jinping). By March, the disease had stopped, and the Chinese decided that it was the 72-day quarantine that had allowed the epidemic to be "defeated". This, of course, is not true - several months (from mid-December to early March) is the usual duration of an outbreak of any respiratory viral infection in one city. It should be emphasized that Chinese medicine has unique methods of treating a number of diseases but has never had any noticeable achievements in the fight against epidemics.

According to available statistics, the mortality rate from SARS-CoV-2 in Wuhan city was 1.2%, and outside the city in Hubei province, where there was no quarantine, it was 0.85%. This is fully consistent with the data of British statisticians from Oxford, who showed that the average mortality from a new infection in economically developed countries, where the proportion of elderly people is high - 1.6%, and in developing countries with a predominantly young population - 0.8%.

Even before the introduction of quarantine in China, COVID-19 was introduced to the countries of Southeast Asia, Western Europe and the United States. Due to the appearance of patients in Western Europe and rumors about the high mortality rate of SARS-CoV-2, WHO on March 11, 2020, without sufficient grounds, announced a pandemic and global danger. The organization is now denying that a pandemic has been declared, saying its CEO only described the situation as "pandemic-like." That is, again the notorious "highly likely" approach.

After the announcement of a pandemic in the outbreak-affected countries of Western Europe, without any analysis, they began to copy the "Chinese way" of combating coronavirus, justifying quarantines and even closing production facilities with the allegedly high lethality of the new virus. These restrictions were observed less strictly than in China, due to the low level of confidence of the local population in their authorities.

Let us consider some statistics on disease and deaths caused by coronavirus infection. Most often, the scale of the spread of infection is judged by absolute data, at the same time, relative, specific indicators level the scale of countries and allow more correct comparisons. In this article, the analysis focuses mainly on relative performance.

The statistics cited by various organizations are not indisputable, it is sad that people get sick (most often the conversation is about the identified cases), but the result of the fight against the disease of entire countries, in which achievements in medicine, science, technology, technology are concentrated, the social responsibility of the population is mortality.

**Table 1.** Analysis of data on number of cases and mortality from COVID-19 in Russia and neighboring countries (per 1 million population).

Country	The number of cases, per 1 million of population	The number of deaths, per 1 million population
Georgia	34 015	318
Poland	26 040	450
USA	41 442	823
RF	15 728	273
Lithuania	12 330	98
Ukraine	16 794	283
Belarus	14 290	122
Kyrgyzstan	11 085	194
Azerbaijan	11 614	134
Kazakhstan	6 977	105
Estonia	5 586	60
Latvia	5 447	64
Norway	5 230	54
Finland	3 446	67

**Table 1. Continue**

Japan	1 145	17
Mongolia	240	No data
China	60	3

Source: <https://www.worldometers.info>, date of reference 11/30/2020

The data in Table 1 show that among the neighboring countries, Russia, in terms of the number of diseases and mortality, is in third place.

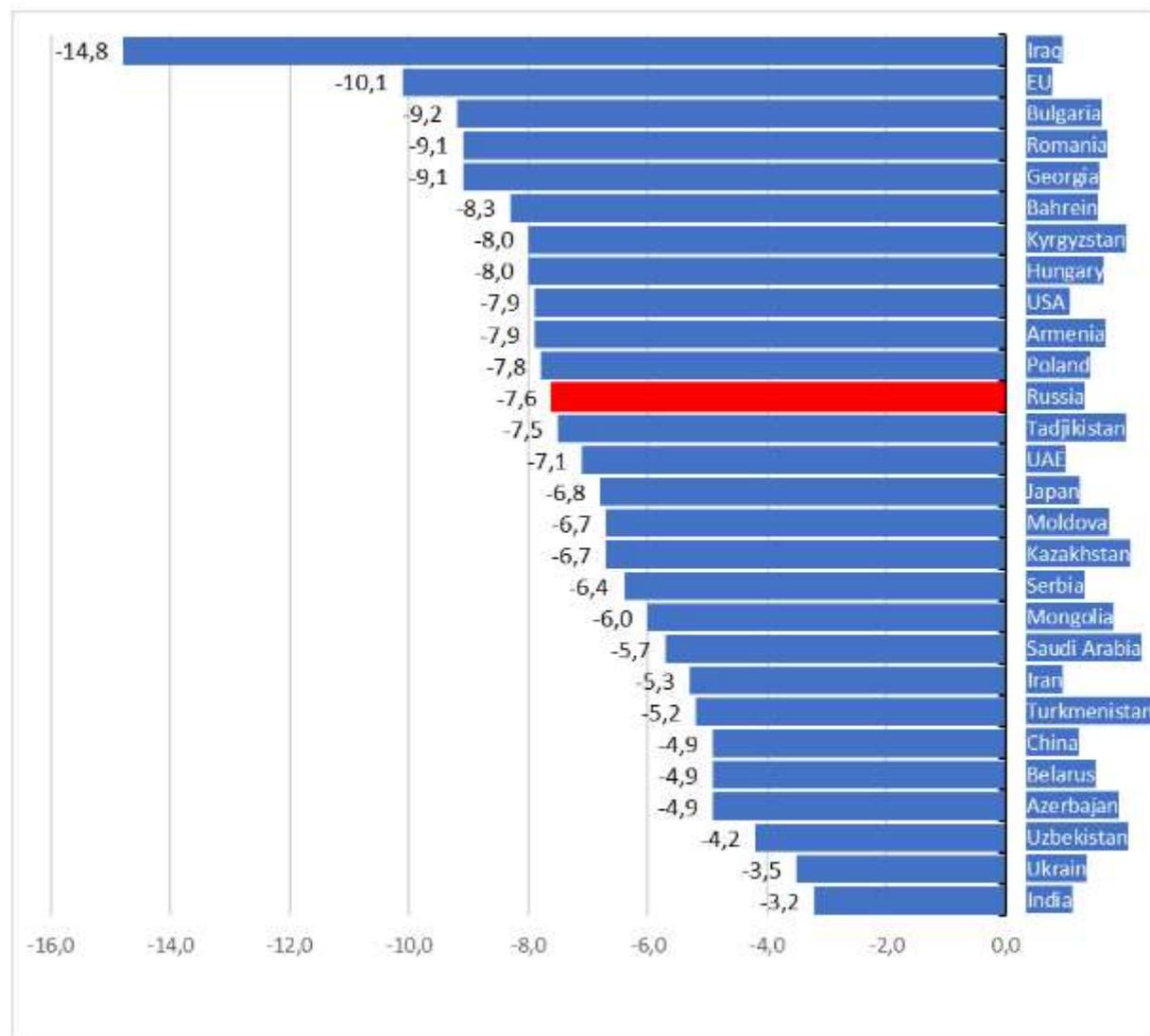
In terms of the number of deaths, Russia is in 52nd place out of 219 countries (Table 2). A simple grouping of these indicators shows that Russia is in the 8th group, together with Poland and Austria.

**Table 2.** Grouped statistics on the spread of COVID-19 (per 1 million population)

Group Number	Number of deaths	Rating	Number of countries in the group	Countries
1	1100-1500	1,2	2	San Marino, Belgium (2)
2	900-1100	3-6	4	Andorra, Spain (5), Italy (6), Peru
3	700-900	7-22	16	Great Britain (8), Argentina, USA (10), North Macedonia, Mexico, Brazil, France (14), Chile, Bosnia and Herzegovina, Montenegro, Bolivia, Czech Republic, Ecuador, Armenia, Colombia, Panama
4	500-700	23-32	10	Slovenia, Sweden (24), Saint Martin, Romania, Moldova, Iran, Bulgaria, Netherlands (30), Switzerland (31), Hungary
5	300-500	33-51	19	Luxembourg, Poland (34), Portugal, Austria (44), Croatia, Canada (46), Georgia, Israel (48), etc.
6	200-300	52-68	17	Ukraine (54), Russia (58), Greece (65), etc.
7	100-200	69-96	28	Germany (71), Kyrgyzstan (72), Lithuania (75), Turkey (81), Azerbaijan (90), Belarus (91), etc.
8	Менее 100	97-220	122	India (97), Estonia (100), Finland (107), Japan (147), China (184), etc.
	169			The World in general mean value

Source: <https://www.worldometers.info>, date of reference 11/30/2020

How did the pandemic affect the economic decline of various countries? As can be seen from Figure 1, in terms of the rate of economic decline, Russia is not in the “leaders”, among which there are richer and more developed countries.



**Figure 1.** The impact of the pandemic on the growth rates of the economies of the countries of the world.

Source: World Bank; JHU. date of reference 11/30/2020

Practice has shown that the consequences of quarantines and all other measures to combat COVID-19 are more severe than the disease itself. According to experts, the expected decline in real production in the most economically developed countries may be quite significant, which may lead to a decrease in income by the end of the year by more than 10%. The Russian government has announced that the decline in our country will be smaller. This is probably true, since the cuts mainly affected the service sector, which is less developed in our country than in the West. However, despite the small share of small and medium-sized businesses in Russia's total GDP, the number of our fellow citizens involved in this area of the economy is quite large [6-9]. Therefore, the social consequences of the ruin of small and medium-sized entrepreneurs are alarmingly large. According to the Accounting Chamber, the unemployment rate in September 2020 in our country reached 6.3%, and the number of people without work in Russia is approaching 5 million. We can say that

there are problems in ensuring the economic activity sectors of the economy, but it seems more likely that each country has a historically established way of life, economy, etc. At the same time, direct copying of someone else's experience does not guarantee survival at a critical moment.

In fact, WHO recognized that strict restrictions and the closure of enterprises, trade facilities, recreational and cultural and entertainment institutions did not have a significant positive impact on human health in the face of an outbreak of coronavirus infection. The speech of the head of the WHO New Diseases Unit, Maria van Kerkhove, confirmed that against the background of restrictions, an increase in cancer and cardiovascular diseases was recorded [10].

The highest goal of economic development proclaimed today is the all-round increase in gross domestic product (GDP). Overall, it replaced the rather understandable goals of the economy's functioning: providing the population with the necessary minimum of food, housing, industrial goods; the elimination of poverty and misery; achieving economic independence, security, etc. Everything else in relation to this goal plays a subordinate role, acts as a means. Today, it is possible to increase GDP not by increasing the production of goods and services needed by society (the real sector), but by what can be called "products" of the "virtual sector". It includes financial transactions: banks, insurance companies, investment funds, pension funds, hedge funds, as well as any other financial institutions and intermediaries. But this does not save in the event of critical situations, especially those related to human health.

### Main Conclusions

1. Thus, we can conclude that world statistics based on GDP and its derived indicators in a critical situation is useless. In terms of the number of deaths, Russia was significantly "overtaken" by countries with a more developed economy and a high social standard of living. Countries that were previously part of the USSR are also not leading in these sad statistics.

2. Currently, the government of our country is mainly focused on the researches of the Higher School of Economics, which promotes exclusively liberal approaches. It is the recommendations of this organization that we owe to the ongoing long-term reform of domestic health care. The transformation of Soviet health care followed Western patterns, the industry began to develop as a service sector, as a scientific and industrial business. "Unprofitable" hospitals, polyclinics and infectious diseases beds were abolished based on purely financial criteria. The number of doctors and other medical personnel was reduced. Together, this led to great difficulties in 2020. The main problems in the fight against the spread of coronavirus infection in Russia are the shortage of doctors and the workload of medical institutions.

3. The excess mortality situation in countries without restrictions was even slightly better than in countries with restrictions. Probably due to the fact that it was possible to avoid some of the additional deaths in the groups of patients with cancer, strokes and heart attacks, for whom the opportunity to provide timely necessary medical care was preserved, in contrast to countries that massively redesigned hospitals "for Covid-19". In a number of countries, for example, in England and Germany, it was necessary to massively cancel planned operations for cancer patients or refuse medical care to patients with stroke and heart attack due to the lack of free hospital beds.

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