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COVID-19: A PANDEMIC

Observations Lessons & Recommendations for **Policy Making for National Security**



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PPF- Centre for Cohesive Society Studies **April 2020**

Spreading awareness Building capacity Promoting resilience

Policy Brief: National Security: Policy Making in Post Covid-19 scenario

Covid – 19 : a Pandemic: Observations, Lessons & Observations for Policy making

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The coronavirus outbreak could cost the Indian economy anywhere between \$387 million to \$29.9 billion in loss of personal consumption expenditure, said the Asian Development Bank (ADB) According to the lender, the figure ranges between \$77 billion and \$347 billion for the global economy (or 0.1% of the Global GDP)

Preface

I have an immense pleasure in bringing to our readers an imprint of our first limited edition of the Monograph entitled "COVID – 19 A PANDEMIC: OBSERVATIONS, LESSIONS & RECOMMENDATIONS FOR POLICY MAKING ". Published in April 2020, the monograph was amongst the first few analytical reports that highlighted the China connection of the Pandemic and supported its assertion with valuable and relevant citations. The readers of this limited edition accepted it with great interest.

We appreciate this timely and important contribution of Prof Gautam Sen who authored this compilation of observation and recommendations. In view of interest in some quarters about these early observations on the Pandemic, it was decided to bring out reprint for the benefit of interested scholars and researchers. The monograph was a matter of keen interest not only because it took tragically a heavy toll of human lives but also because it was instrumental for ravaging the economy of the country.

We have since been swaying between hope and despair with green shoots of recovery of the economy on the one hand and the dark shadow of an imminent crisis due to a rapid spread once again of the variant strains of COVID virus, on the other.

We believe that this reprint will help provide scholars studying the genesis of the Covid 19 crisis and its precursor events a good deal of valuable references and leads that will facilitate their quest for answers.

> P C Haldar President/PPF

9 January 2022 New Delhi

COVID -19 PANDEMIC

A focussed study of developments and chronology of the beginning of the Corona Virus Pandemic (COVID-19) by a team of Policy Perspectives team of researchers led by Prof Gautam Sen ,Visiting Professor PPF, led to certain observations and recommendations which have direct bearing on policy making in India at Bilateral, Multilateral and Global levels in the ongoing actions towards the COVID-19 Pandemic and also provide inputs for long term strategic thinking in terms of larger perspective of national security preparedness and resilience.

I. Observations & Learnings

- The chain of events eventually leading to COVID-19 Pandemic began with the first case of unconfirmed Coronavirus case occurring in China as early as 17 November 2019 and definitely by first week of December 2019 when China became acutely aware of its potential danger of emerging as a global pandemic.
- 2. China denied and hid from the world about COVID-19 spread in China and did not accept the presence of the same when a Chinese doctor Scientist published a report and the implications therein.
- 3. Doctor Zhang Jixian observed a cluster of pneumonia cases of unknown cause on 26 December, upon which her hospital informed <u>Wuhan Jianghan1 CDC</u> on 27 December. Initial genetic testing of patient samples on 27 December 2019 indicated the presence of a SARS-like coronavirus. A public notice was released by Wuhan Municipal Health Commission on 31 December. The WHO was informed on the same day i.e. 31 December 2019. As these notifications occurred, doctors in Wuhan were warned by police for "spreading rumours" about the outbreak. The Chinese <u>National Health Commission</u>2 initially claimed

¹ Jianghan District forms part of the urban core of and is one of 13 urban districts of the prefecture-level city of Wuhan, the capital of Hubei Province, China. The district is part of the historical Hankou.

² The National Health Commission of PRC is a cabinet-level executive deptt.of the State Council which is responsible for formulating health policies in Mainland China.[2] I

there was no "clear evidence" of human-to-human transmission.

- 4. The earliest known person with symptoms was later discovered to have fallen ill on 1 December 2019, and that person did not have visible connections with the later wet market cluster.
- 5. On 23 March, mainland China had only one case transmitted domestically in the five days prior, in this instance via a traveller returning to Guangzhou3 from Istanbul. On 24 March 2020, Chinese Premier Li Keqiang4 reported that the spread of domestically transmitted cases has been blocked and the outbreak has been controlled in China
- Globally, the pandemic started in S Korea on 20 Jan 2020, Iran on 19 February, UK by 18 March, US by 26 Jan, S.America 26 Feb, Italy and Spain by 31 January and so on.
- 7. By the time, COVID-19 Pandemic had hit the rest of the world, China had declared itself to have become free of the same. China had assessed well by then the medical and manufacturing infrastructure that would be required to be mobilised to make a business venture to supply materials needed to encounter the Global Pandemic need in terms of face masks, ventilators, diagnostic kits etc. short of a vaccine.
- 8. China had started opening up even domestic flights after 3 March, the international flights as well as road communication system. All this after China had between December 2019 and 26 March had controlled public movement in many cities, and it has been estimated that 760 million people (more than half the population) faced some form of outdoor restriction. In January and February 2020, during the height of the epidemic in Wuhan, about 5 million people lost their jobs. Many of China's nearly 300 million rural migrant workers have been stranded at home in inland provinces or trapped in Hubei province.
- 9. China thus managed to assess and premanufacture materials needed by the rest of the world to face the COVID-19 Pandemic. This assessment and

³ Guangzhou aka Canton is the capital and most populous city of the province of Guangdong in southern China.

⁴ Li Keqiang is currently the Premier of the State Council of the People's Republic of China.

capability development were almost ruthlessly calculated – as if almost like recovering the cost of domestic pandemic management.

- 10. China, it appears from the empirical evidence from the open literature as listed in this study, has successfully created a diplomatic space in the post COVID-19 world order.
- 11. China has demonstrated grave error of intent and not error of judgement towards the rest of the world by first systematically denying that she had a very large biological weapons program which may have gone astray and contributed towards the spread of Coronavirus as a man-made disaster(though no concrete evidence is yet available as it is still being investigated), and hiding the fact initially that COVID-19 is highly contagious to spread from human to human. China has also demonstrated that while they have enormous financial resources, they still do not have the credibility of being a responsible global power.

II. Policy Implications for India

- India must develop a strategy to formulate preemptive policies on national emergencies like COVID-19 Pandemic and not act through disaster management procedures. Every emergency cannot be categorized as natural or man-made disasters.
- 2. India did not rise to the occasion when the COVID-19 Pandemic spread and did not study the China case immediately after it occurred. Had she been alert, then between 1 January and 23 March she could have strategized a much better tactical approach of quarantining the affected geographical zone rather than in a shabby manner to quarantining the entire nation, bringing the economy to a standstill, untold misery to the migrant workers as well as the daily wage workers employed in construction and other sectors which employs 40% of India's unorganized labour force in India.

- Indian states should now become sensitive to the fact that they have to create mechanism to take care of out of box calamities that may crop up from time to time.
- 4. India must strategize how to cater for human security which is much more complex in the case of India - being such a complex plural society, with enormous diversity of cultural and civilizational preconditions.
- 5. India must strategize the use of security forces and refrain also from using the Police force which is meant to enforce law and order and not for mitigating a social, political and psychological factors associated with the management of COVID-19 Pandemic. Such exigencies require a much deeper understanding of social psychology, cultural underpinnings and above all a nuanced approach/ mechanism. It requires a conscious avoidance of bureaucratization/ routinization trap in policy making and incorporation of the principles of "Governing to Administer".
- 6. COVID -19 should be regarded as an early warning for India in order to understand and prepare a detailed national perspective plan for the country by incorporating all possible scenarios. India has enough expertise to incorporate mathematical model for risk analysis and now the Government must create an infrastructure to create a Department of NET Analysis pertaining to natural or manmade disasters which may have been induced politically to affect the global arena.
- 7. CHINA cannot be absolved of the nature of action taken as a nation on COVID-19 Pandemic by hiding both its existence and permitting it to spread world-wide. India must take a call to be ready to be part of the Global Community and if necessary, to condemn CHINA for her act of calculated indiscretion which has already taken an enormous toll of human lives globally and disrupted the world economy to cost nearly 0.1% of its economy since 1 December 2019.
- 8. The enormous complexities of culture, society, economy and pluralism in India entail the inevitability of the occurrence of multiple crises occurring

simultaneously in a country of subcontinental size. India must accept this phenomenon as the new normal. Perspective strategic planning to corelate health and human security as a as an integral part of national security must become integrated as a functional SOP.

- 9. The nature and manner of spread of the COVID-19 pandemic in a swath of global geography covering climatically diverse region have also given rise to speculation about rising probabilities of bio-warfare in this century of economic globalisation. While awaiting specific indicators/evidence in this regard, a prudent approach for India, placed in a geopolitically sensitive region, to refresh its CBRN protocol and begin to look at viral warfare as an essential part of resilience building in the national security infrastructure.
- 10. As national security becomes increasingly more inclusive and not remain only a part of military affairs, Jointness must occur between the government, non-government and the private sectors to bridge the gap between the realm of ideas and the domain of public policy making through a unified effort toward policy orientation. Such a policy perspective which will bring in the diverse leaderships in the areas stated above into a unified whole. National Security is too complex to be left only in the hands of the political leaders relying on bureaucracy, law enforcement agencies and the military.
- 11. A new composite strategy should be drawn up involving local governing structures and civilians and with a future-orientated co-ordinated & complementary vision. Civilian governance structures are in urgent need to be reimagined in the light of the technological progress and in full recognition of sensitive local socio-cultural sensitivities.
- 12. In the modern world, convergence of multiple crises will be part of a natural process and could as well be part of a well thought-up plan to engage India in a variant of 'Hybrid War' which fall short of a full-blown war but equally if not deadlier in terms of breaking down socio-political compact that is India.

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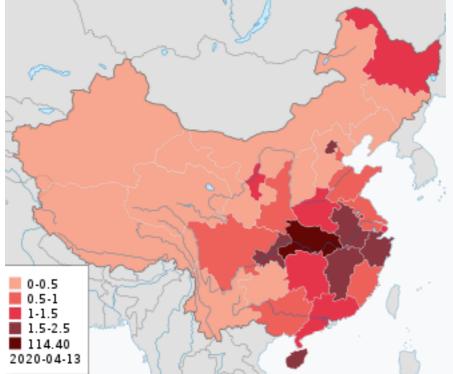
Appendix - 1

About this data

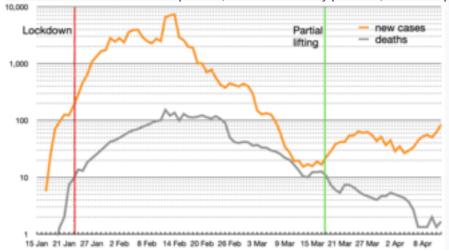
It changes rapidly and might not reflect some cases still being reported. It only includes people who were tested and confirmed positive. Testing rules and availability vary by country. Some areas may not have data because they haven't published their data or haven't done so recently. There are various sources that are tracking and aggregating coronavirus data. They update at different times and may have different ways of gathering data.

History of Spread of COVID 19

Mainland China



Confirmed cases of COVID-19 per 100,000 inhabitants by province, as of 13 April



Semi-log graph of new cases and deaths in China during the COVID-19 epidemic showing the lockdown and lifting



Wuhan Leishenshan Hospital, an emergency speciality field hospital built in response to the 2019–20 coronavirus pandemic

A temporary hospital for treating mild cases of COVID-19 in Wuhan, one of more than 10 such hospitals in the city

The first confirmed case of COVID-19 has been traced back to 1 December 2019 in Wuhan one unconfirmed report suggests the earliest case was on 17 November. Doctor Zhang Jixian observed a cluster of pneumonia cases of unknown cause on 26 December, upon which her hospital informed <u>Wuhan Jianghan CDC</u> on 27 December. Initial genetic testing of patient samples on 27 December 2019 indicated the presence of a SARS-like coronavirus. A public notice was released by Wuhan Municipal Health Commission on 31 December. The WHO was informed on the same day. As these notifications occurred, doctors in Wuhan were warned by police for "spreading rumours" about the outbreak. The Chinese <u>National Health Commission</u> initially claimed there was no "clear evidence" of human-to-human transmission.

On 20 January, the Chinese National Health Commission announced that human-to-human transmission of the coronavirus had already occurred. During the Chinese New Year travel period in late January, Chinese authorities instigated a lockdown of the City of Wuhan. However, travellers from Wuhan had already transported the virus to some Asian countries, the Chinese government launched a radical campaign described on 10 February by the Chinese Communist Party general secretary Xi Jinpingas a "people's war" to contain the spread of the virus. In what has been described as "the largest quarantine in human history", a cordon sanitaire was announced on 23 January stopping travel in and out of Wuhan, which was extended to a total of 15 cities in Hubei, affecting a total of about 57 million people. Private vehicle use was banned in the city. Chinese New Year (25 January) celebrations were cancelled in many places. The authorities also announced the construction of a temporary hospital, Huoshenshan Hospital, which was completed in 10 days. Another hospital, Leishenshan Hospital, was built afterwards to handle additional patients. In addition to newly constructed hospitals, China also converted 14 other facilities in Wuhan, such as convention centres and stadiums, into temporary hospitals.

On 26 January, the government instituted further measures to contain the COVID-19 outbreak, including issuing health declarations for travellers and extending the Spring Festival holiday. Universities and schools around the country were also closed. The regions of Hong Kong and Macau instituted several measures, particularly in regard to schools and universities. Remote working measures were instituted in several Chinese regions. Travel restrictions were enacted in and outside of Hubei. Public transport was modified, and museums throughout China were temporarily closed. Control of public movement was applied in many cities, and it has been estimated that 760 million people (more than half the population) faced some form of outdoor restriction. In January and February 2020, during the height of the epidemic in Wuhan, about 5 million people lost their jobs. Many of China's nearly 300 million rural migrant workers have been stranded at home in inland provinces or trapped in Hubei province.

After the outbreak entered its global phase in March, Chinese authorities took strict measures to prevent the virus re-entering China from other countries. For example, Beijing imposed a 14-day mandatory quarantine for all international travellers entering the city. At the same time, a strong anti-

foreigner sentiment quickly took hold, and foreigners experienced harassment by the general public and forced evictions from apartments and hotels.

On 23 March, mainland China had only one case transmitted domestically in the five days prior, in this instance via a traveller returning to <u>Guangzhou</u> from <u>Istanbul</u>. On <mark>24 March 2020</mark>, <u>Chinese Premier Li</u> <u>Keqiang</u> reported that the spread of domestically transmitted cases has been basically blocked and the outbreak has been controlled in China. The same day travel restrictions were eased in Hubei, apart from Wuhan, two months after the lockdown was imposed.

The Chinese Ministry of Foreign Affairs announced on 26 March 2020 that entry for visa or residence permit holders would be suspended from 28 March onwards, with no specific details on when this policy would end. Those wishing to enter China must to apply for visas in Chinese embassies or consulates. The Chinese government encouraged businesses and factories to re-open on 30 March, and provided monetary stimulus packages for firms.

The State Council declared a day of mourning to begin with a national three-minute moment of silence on 4 April, coinciding with <u>Qingming Festival</u>, although the central government asked families to pay their respects online in observance of <u>physical distancing</u> to avoid a renewed COVID-19 outbreak.

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Duration

The WHO asserts that the pandemic can be controlled. The peak and ultimate duration of the outbreak are uncertain and may differ by location. Maciej Boni of Penn State University stated, "Left unchecked, infectious outbreaks typically plateau and then start to decline when the disease runs out of available hosts. But it's almost impossible to make any sensible projection right now about when that will be". The Chinese government's senior medical adviser Zhong Nanshan argued that "it could be over by June" if all countries can be mobilised to follow the WHO's advice on measures to stop the spread of the virus. On 17 March, Adam Kucharski of the London School of Hygiene & Tropical Medicine said SARS-CoV-2 "is going to be circulating, potentially for a year or two". According to the Imperial College study led by Neil Ferguson physical distancing and other measures will be required "until a vaccine becomes available (potentially 18 months or more)". William Schaffner of Vanderbilt University stated, "I think it's unlikely that this coronavirus – because it's so readily transmissible – will disappear completely" and it "might turn into a seasonal disease, making a comeback every year". The virulence of the comeback would depend on herd immunity and the extent of mutation.

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Xenophobia and racism

Since the outbreak of COVID-19, heightened prejudice, xenophobia, and racism have been noted toward people of Chinese and East Asian descent, and against people from hotspots in Europe, the United States and other countries. Incidents of fear, suspicion, and hostility have been observed in many countries, particularly in Europe, East Asia, North America, and the Asia-Pacific region. Reports from February (when the majority of the cases had still been confined to China) documented racist sentiments expressed in various groups worldwide about Chinese people deserving the virus, or it being justified retribution. Some countries in Africa have also seen a rise in anti-Chinese sentiment. Many residents of Wuhan and Hubei have reported discrimination based on their regional origin. There has been support for the Chinese, both on and offline, and towards those in virus-stricken areas. Following the progression of the outbreak to new hotspot countries, people from Italy, the first country in Europe to experience <u>a serious outbreak of COVID-19</u>, were also subjected to suspicion and xenophobia.

Citizens in countries including Malaysia, New Zealand, Singapore, and South Korea initially signed petitions lobbying to ban Chinese people from entering their countries in an effort to stop the

disease. In Japan, the <u>hashtag</u> # Chinese Don't Come To Japan trended on Twitter. Chinese people as well as other Asians in the United Kingdom and the United States have reported increasing levels of racist abuse and assaults. U.S. president Donald Trump has been criticised for referring to the coronavirus as the "Chinese Virus", which critics say is racist and anti-Chinese. Protesters in Ukraine attacked buses carrying Ukrainian and foreign evacuees from Wuhan to <u>Novi Sanzhary</u>. Discrimination against Muslims in India escalated after public health authorities identified an Islamic missionary group's large gathering in New Delhi in early March 2020 as a source of coronavirus contagion. A number of hotels and guesthouses in Vietnam have hung signs on their doors saying Chinese guests are not welcome and many Vietnamese have demanded the closure of <u>all border crossings with China.</u>"

In China, xenophobia and racism against non-Chinese residents has been inflamed by the pandemic, with foreigners described as "foreign garbage" and targeted for "disposal". Some black people were evicted from their homes by Chinese police and given 24 hours to leave the country, with no place to sleep, due to misconceptions and disinformation that they and other foreigners were spreading the virus. Chinese racism and xenophobia directed towards them during the outbreak received a strong response from foreign governments and diplomatic corps, and resulted in apologies from China for discriminatory practices such as for restaurants excluding black customers. Despite this, accusations of harassment, discrimination and eviction of black people in China continued, as they described "No blacks" signs, essentials like water being turned off, and being forcibly moved into hotels by police.

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Misinformation

Misinformation related to 2019-20 coronivirus pandemic consists of <u>conspiracy</u> <u>theories</u> and <u>disinformation</u> that emerged regarding the origin, scale, prevention and treatment surrounding the <u>COVID-19</u> disease and the ensuing pandemic related to the <u>SARS-CoV-</u> <u>2</u> virus. Disinformation and <u>misinformation</u> can be spread through social media, text messages, <u>mass</u> <u>media</u>, as well as the <u>state media</u> of countries such as China, <u>Iran</u> and <u>Turkmenistan</u>, and they may be propagated by celebrities, politicians, or other prominent public figures. Medical misinformation about ways to prevent, treat, and self-diagnose coronavirus disease has circulated on social media. Some false claims may be commercial scams offering at-home tests, supposed preventives, and "miracle" cures. The <u>World Health Organization</u> has declared an "infodemic" of incorrect information about the virus, which poses risks to global health. Some misinformation and disinformation claimed the virus was a <u>bio-weapon</u> with a patented <u>vaccine</u>, a <u>population</u> <u>control</u> scheme, or the result of a <u>spy</u> <u>operation</u>. Some of these misinformation and conspiracy theories may have state involvement. Some world leaders have also downplayed the threat of the virus and disseminated misinformation. References:

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APPENDIX 2

Cases COVID-19 Worldwide As on 20 April 2020

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	Countries and territories	Cases⋼	Deaths	Recov.	Ref
	‡ 235	‡ 2,401,379	‡ 165,044	‡ 623,903	I
	United Statesங	764,177	40,591	70,172	[4
6	Spain	198,674	21,238	77,357	[6
	Italy	178,972	23,660	47,055	Į
	Germany⊮	145,184	4,586	83,438	[54][5
2 22 1 22	United Kingdom	120,067	16,060	—	[6
	France	112,606	19,718	36,578	[6
С•	Turkey	86,306	2,017	11,976	[6
3	China≋	82,735	4,632	77,062	[6
*	Iran	82,211	5,118	57,023	[6
	Russia	42,853	361	3,291	[6
0	Brazil	38,654	2,462	14,026	[70][7
	Belgium	38,496	5,683	8,757	p
+	Canada	35,056	1,587	11,843	[1
	Netherlands	32,655	3,684	—	[i
	Switzerland	27,469	1,393	17,800	[8
9	Portugal	20,206	714	610	[8
0	India	16,116	519	2,302	[8
	Peru	15,628	400	6,811	[83][8
	Ireland	15,251	610	—	[8
	Austria	14,710	452	10,501	[86][8
	Sweden	14,385	1,540	550	[8
•	Israel	13,491	172	3,754	[89]
•	Japan	10,807	238	1,069	[92][93]
•	South Korea	10,661	234	8,042	[94]
	Chile	10,088	133	4,338	[99]
×.	Ecuador	9,468	474	1,061	[100][101]
620	Saudi Arabia	9,362	97	1,398	[102]
	Poland	9,287	360	1,040	[70][103]
	Romania	8,746	434	1,892	[104]
Ċ	Pakistan	8,348	168	1,868	[105]
<u>د</u>	Mexico	7,497	650		[106][107]
	Denmark	7,384	355	4,141	[110]

	Norway	7,078	165	_	[111
	United Arab Emirates	6,781	41	1,286	[114
	Czech Republic	6,746	186	1,298	[115
	Australia	6,606	70	4,230	[116
	Singapore	6,588	11	768	[117][118
	Indonesia	6,575	582	686	[119
ő.	Serbia ^[ab]	6,318	122	753	[120
	Philippines	6,259	409	572	[121
	Ukraine	5,449	141	347	[122
	Qatar	5,448	8	518	[12:
	Malaysia	5,389	89	3,197	[124
	Belarus ^[ad]	4,779	47	494	[125
	Dominican Republic	4,680	226	363	[126
•	Panama	4,467	126	165	[12]
	Colombia	3,792	179	711	[128
F	Finland	3,783	94	1,700	[13
	Luxembourg	3,550	73	627	[133
\geq	South Africa	3,158	54	903	[13
	Egypt ^(at)	3,144	239	732	[13
•	Argentina	2,930	134	708	[13
	Morocco	2,855	141	327	[13
	Thailand	2,765	47	1,928	[140
Ģ	Algeria	2,629	375	1047	[141
B	Moldova	2,472	67	457	[14:
•	Bangladesh	2,456	91	75	[14:
	Greece	2,235	113	269	[144][14
	Hungary	1,916	172	250	[14
	Kuwait	1,915	7	305	[147][14
	Bahrain	1,881	7	762	[14
	Croatia	1,871	47	709	[15
╂═	Iceland	1,771	9	1,328	[15
	Kazakhstan	1,676	17	401	[15]
	Uzbekistan	1,565	5	225	[15
414	Iraq	1,539	82	1,009	[15
	Estonia	1,528	40	164	[15
•	Azerbaijan	1,398	19	712	[15
	Slovenia	1,330	74	192	[157][15
	Lithuania	1,298	33	242	[15
	Armenia	1,291	20	545	[16
	Bosnia & Herzegovina	1,285	48	347	[161][16
	Oman	1,266	6	233	[16
	Puerto Rico	1,213	62		[16
*	North Macedonia	1,207	51	178	[165][16
	Slovakia	1,161	12	229	[16]

	New 7 de la		40	040	
₩ ★ ★ ★	New Zealand	1,098	12	912	[16
*	Ghana	1,042	9	99	[16
_	Cuba	1,035	34	255	[17
x	Hong Kong	1,026	4	602	[17
	Cameroon	1,017	42	305	[17
*	Afghanistan	993	32	131	[17
	Bulgaria	894	42	161	[17
0	Tunisia	879	38	43	[175][17
	Ivory Coast	847	9	260	[177][1
	Djibouti	846	2	102	[1]
🥑	Cyprus	767	12	79	[18
	Latvia	727	5	88	[70][18
2	Andorra	713	36	235	[11
*	Lebanon	673	21	99	[11
	Costa Rica	660	5	112	[1
	Niger	648	20	117	[11
	Nigeria	627	21	170	[11
	Guinea	579	5	87	[1
•	Burkina Faso	576	36	338	[1
*	Albania	562	26	314	[11
0	Kyrgyzstan	554	5	133	[1
* •	Bolivia	520	32	31	[1
	Uruguay	517	9	298	[1
	Kosovo	510	12	93	[1
*	Honduras	472	46	10	[1
٥-	San Marino	461	39	60	[1
	Palestine	437	3	72	[1
	Malta	427	3	118	[197][1
3	Taiwan ^[an]	420	6	189	[200][2
-	Jordan	417	7	276	[21
	Réunion∞	408	0	237	[2
	Georgia	394	4	86	[2
*	Senegal	367	3	220	[21
	Mauritius	328	9	208	[2
2					[2
*	DR Congo	327 308	25	26 55	[2
*	Montenegro Isle of Man	298	5	193	[2
	Mayotte	230	4	193	[2
19	Sri Lanka	271	7	96	[2
	Kenya	270	14	67	[2
4	Vietnam	268	0	202	[2

W	Guatemala	257	7	21	[214]
0	Venezuela	256	9	117	[215]
$\overline{\times}$	Jersey	245	12	_	[216]
×	Guernsey	239	9	87	[217]
	Mali	224	14	42	[218]
0	Paraguay	206	8	41	[219][220]
	El Salvador	201	7	44	[221]
	Faroe Islands	185	0	176	[222]
\times	Jamaica	173	5	27	[223][224]
	Tanzania	170	7	11	[225]
	Martinique	163	12	73	[226]
	Guadeloupe	148	8	73	[227]
-	Rwanda	147	0	76	[228][229]
	Republic of the Congo	143	6	11	[230]
2	Brunei	138	1	115	[231][232]
	Guam ^[ar]	136	5	97	[47][233]
*	Somalia	135	7	2	[234]
4	Gibraltar	132	0	120	[235]
***	Cambodia	122	0	105	[236]
	Madagascar	121	0	39	[237]
	Trinidad & Tobago	114	8	21	[238]
*	Myanmar	111	7	7	[239]
	Gabon	109	1	7	[240]
-	Ethiopia	108	3	16	[241]
é C•	Northern Cyprus	108	3	52	[242]
4	Aruba	97	2	49	[243]
	French Guiana ^(au)	96	0	69	[244]
	Monaco	94	3	22	[245]
•	Liberia	94	8		[246]
	Bermuda	86	5	7 35	[247]
*	Togo	84	5	49	[248]
	Liechtenstein	81	1	55	[249][250]
1	Equatorial Guinea	79	0	4	[251]
atr a	Barbados	75	5	17	[252]
	Sint Maarten	67	9	12	[254]
	Sudan	66	10	6	[255]
	Guyana	65	7	9	[256][257]
111	Cape Verde	61	1	<u>5</u>	[258]
916 _A	Cayman Islands	61	1	7	[259]
	Zambia	61	3	33	[200]
	Bahamas	58	9	10	[200]
		58	0	10	[201]
w.	French Polynesia Uganda	55	0	20	[262]

0					
**	U.S. Virgin Islands	53	3	48	[265]
C	Maldives	52	0	16	[266]
	Libya	51	1	11	[267]
•	Guinea-Bissau	50	0	3	[268]
	Haiti	47	3	0	[269]
÷ 0>	Масаи	45	0	17	[270]
0	Eritrea	39	0	3	[271]
<u></u>	Mozambique	39	0	4	[272]
	Syria	39	3	5	[273]
	Saint Martin	37	2	19	[274]
-	Donetsk PR	36	0	2	[275]
	Benin	35	1	18	[276]
	Sierra Leone	35	0	6	[277]
	Chad	33	0	8	[278]
4	Mongolia	32	0	7	[279]
	Nepal	31	0	3	[280]
	Zimbabwe	25	3	2	[281]
	Angola	23	2	6	[282]
	Antigua & Barbuda	23	3	0	[283]
	Eswatini	23	1	8	[284]
	Luhansk PR			1	[285]
		21	0		[286]
	Botswana	20	1	0	
<u> </u>	Laos	19	0	2	[287]
<u>></u>	East Timor	19	0	1	[288]
	Belize	18	2	0	[289]
998 -	New Caledonia	18	0	14	[290]
	Fiji	17	0	0	[291]
	Malawi	17	2	3	[292]
-/	Dominica Namibia	16	0	8	[293]
<u> </u>	Saint Lucia	16 15	0	6	[296]
▲ `•	Curaçao	14	1	11	[297]
	Grenada	14	0	0	[298]
	Northern Mariana Islands	14	2	9	[299]
1	Saint Kitts & Nevis	14	0	0	[300]
	Central African Republic	12	0	4	[301]
	Saint Vincent ^(m)	12	0	1	[302]
916 g	Falkland Islands	12	0	2	[303]
<u> </u>	Greenland	11	0	11	[304]
ane M	Montserrat	11	0	2	[305]
	Seychelles	11	0	5	[306]
	Turks & Caicos Islands	11	1	0	[307]

×v					
	Gambia	10	1	2	[308]
	Nicaragua	10	2	6	[70][309]
*	Suriname	10	1	6	[310
- → → → → → → → →	Vatican City	8	0	2	[311
<	Artsakh	7	0	0	[312
<u>ب</u>	Mauritania	7	1	2	[31:
<u> </u>	Papua New Guinea	7	0	0	[314
	Saint Barthélemy	6	0	1	[274
<mark>بر ا</mark>	Bhutan	5	0	2	[315
	Burundi	5	1	0	[316
1.415	Somaliland	5	0	0	[317
[€] <u>II</u>	British Virgin Islands	4	1	2	[318][319
• •	São Tomé & Príncipe	4	0	0	[320
	South Sudan	4	0	0	[32
	Abkhazia	3	0	0	[32
e 🛊	Anguilla	3	0	1	[32
٠	Saba	2	0	0	[32
\$ -	Sint Eustatius	2	0	0	[325][32
	Bonaire	1	0	0	[32
9	Guantanamo Bay	1	0		[32
	Saint Pierre & Miquelon	1	0	0	[32
	Yemen	1	0	0	[330
	Interna	tional conveyances	5	I	
<u> </u>	Charles de Gaulle	1081	0	0	[331
denti-	Diamond Princess [™]	712	14	619	[33
	USS Theodore Roosevelt	669	1	0	[46][33
		128	0		[33
inite A	MS Zaandam ^[az]	13	4		[340][34
lentine -		12	2		[34
	HNLMS <i>Dolfijn</i> ^[10]	8	0		[34
-	Leopold I	1	0	0	[34
	As of 20 April 2020 (UTC) · History of cases: (China, internatio	nal	
		, see the Notes section			

Prof. Gautam Sen



Author of this monograph, Prof. Gautam Sen is an acclaimed expert on strategic issues and national security, is currently associated with several educational institutions and think tanks. Between 2017 & 2019, he has authored several books, his latest "National Interest and National Security Policymaking Prism for India", The Purpose of India's Security Strategy: Defence, Deterrence and Global Involvement and Anthology of Papers on National Security.

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