

Ranking effectiveness of worldwide COVID-19 government interventions



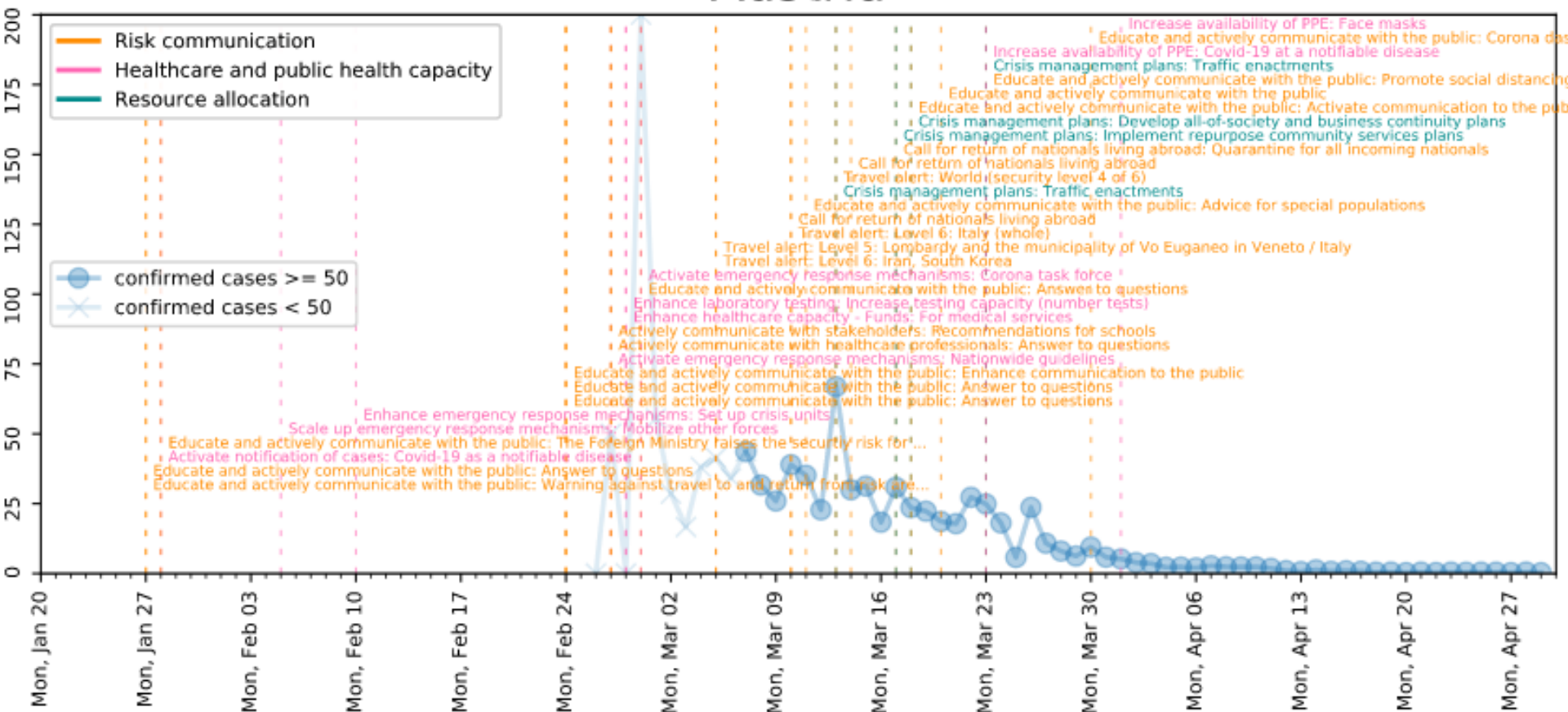
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1. N Haug, L Geyrhofer, A Londei, E Dervic, A Desvars-Larrive, V Loreto, B Pinior, S Thurner, P Klimek,
Ranking the effectiveness of worldwide COVID-19 government interventions.
Nature Human Behavior 4 (2020) 1303–1312

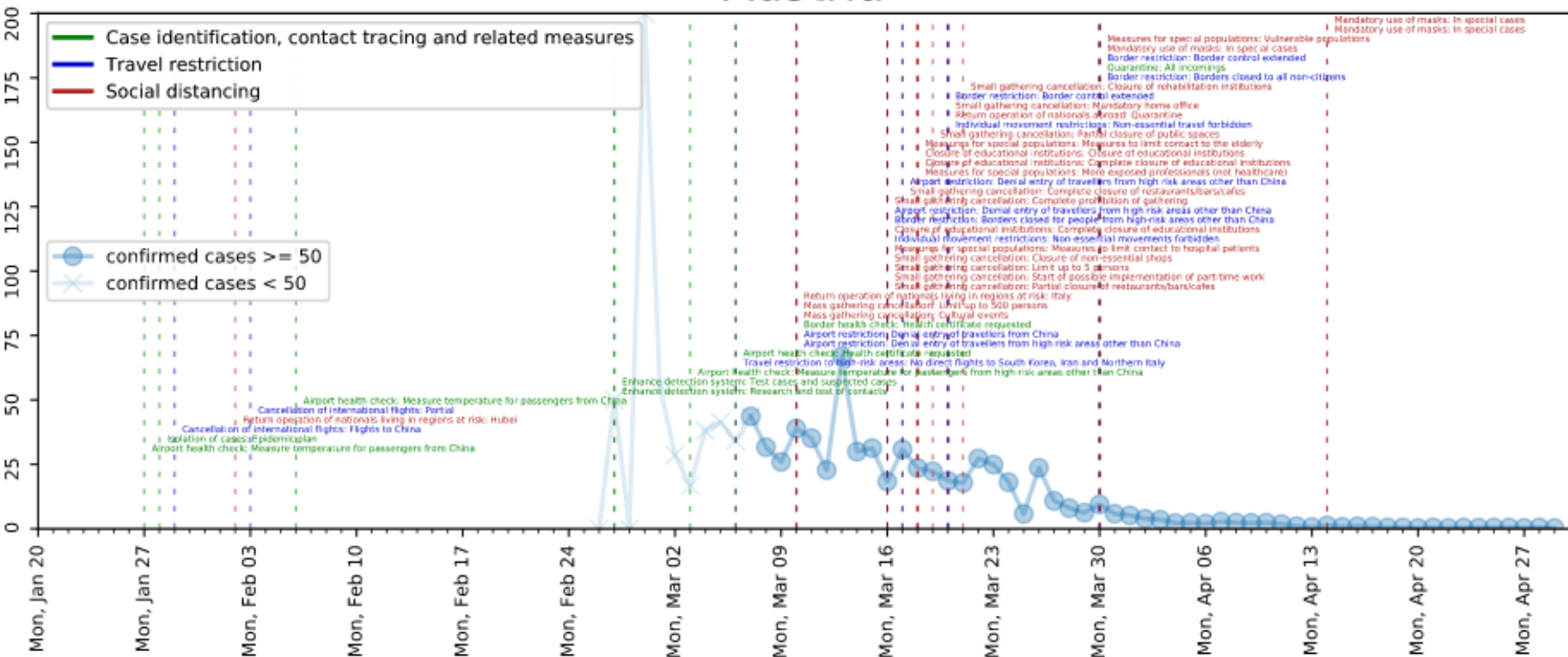
2. A Desvars-Larrive, E Dervic, N Haug, T Niederkröthaler, J Chen, A Di Natale, J Lasser, D S Gliga, A Roux,
A Chakraborty, A Ten, A Dervic, A Pacheco, D Cserjan, D Lederhilger, D Berishaj, E Flores Tames, H Takriti, J
Korbel, J Reddish, J Stangl, L Hadziavdic, L Stoeger, L Gooriah, L Geyrhofer, M R Ferreira, R Vierlinger, S
Holder, S Alvarez, S Haberfellner, V Ahne, V Reisch, V D P Servedio, X Chen, X M Pocasangre-Orellana, D
Garcia, S Thurner,
A structured open dataset of government interventions in response to COVID-19.
Scientific Data 7 (2020) 285

What are the NPIs taken in the world?

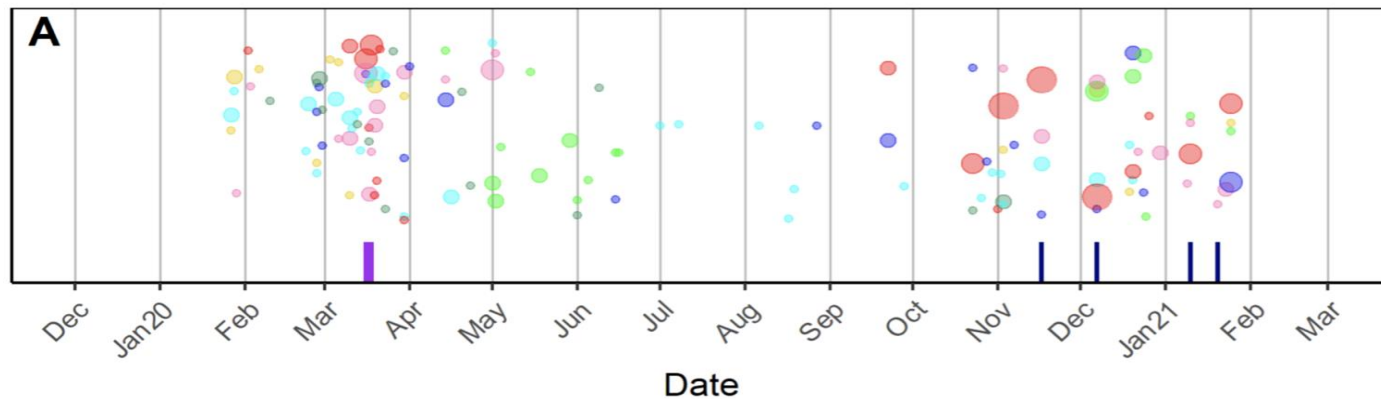
Austria



Austria



Austria (AUT)



Name of implemented government measure

- Case identification, contact tracing and related measures
- Environmental measures
- Healthcare and public health capacity
- Resource allocation
- Returning to normal life
- Risk communication
- Social distancing
- Travel restriction

Number of specific implemented government measures per day

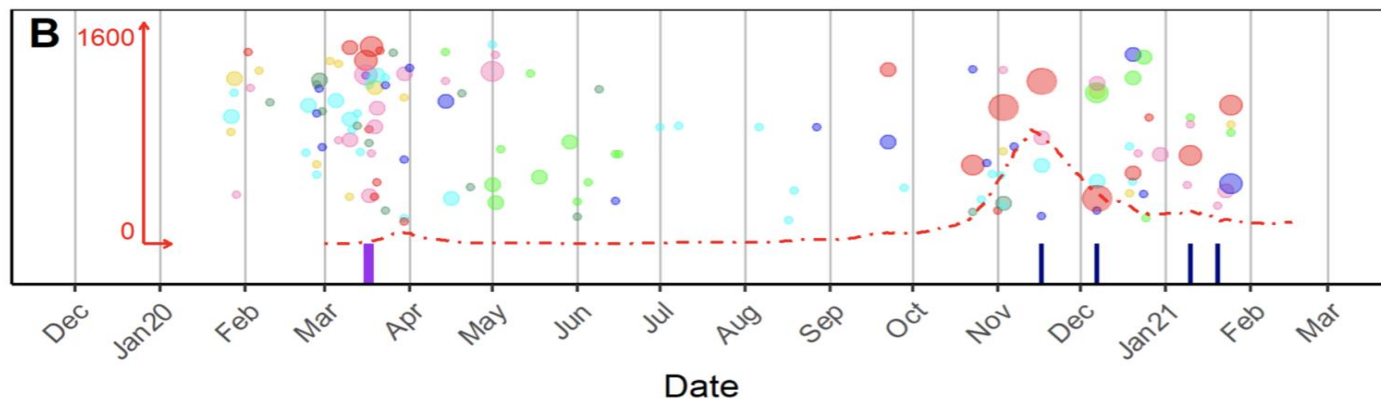
- 40
- 20
- 10
- 4
- 2
- 1

Special measures

- National Lockdown
- Cordon sanitaire

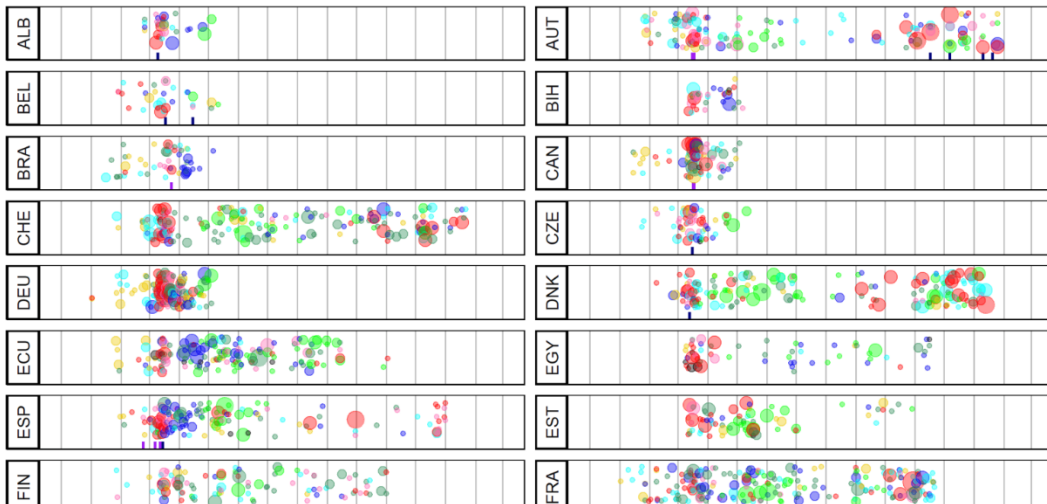
Smoothed daily-new confirmed COVID-19 cases per million people (Source: Our World in Data)

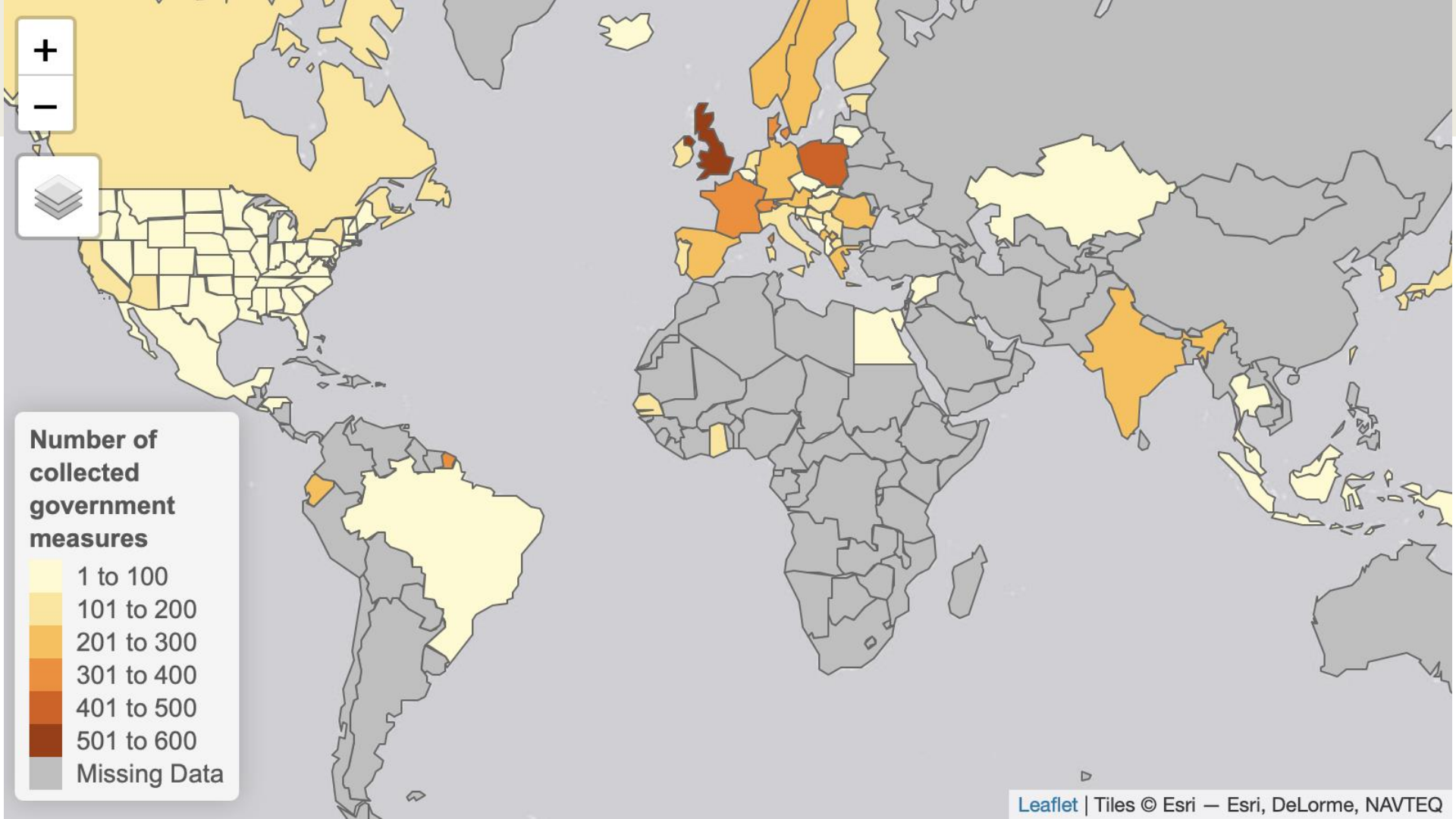
- New cases



Countries

- All Countries - [A]
- All Countries - [B]
- All Countries - [C]
- All Countries - [D]
- Albania
- Austria
- Belgium
- Bosnia and Herzegovina
- Brazil
- Canada
- Croatia
- Czech Republic
- Denmark
- Ecuador
- Egypt
- El Salvador
- Estonia
- Finland
- France
- Germany
- Ghana
- Greece
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Ireland
- Italy
- Japan
- Kazakhstan
- Kosovo
- Kuwait
- Liechtenstein
- Lithuania
- Malaysia
- Mauritius
- Mexico
- Montenegro
- Netherlands
- New Zealand
- North Macedonia
- Norway
- Poland
- Portugal
- Romania
- Senegal
- Serbia
- Singapore
- Slovakia
- Slovenia
- South Korea
- Spain
- Sweden
- Switzerland
- Syria
- Taiwan
- Thailand
- United Kingdom
- United States of America





+

-



Number of collected government measures

- 1 to 100
- 101 to 200
- 201 to 300
- 301 to 400
- 401 to 500
- 501 to 600
- Missing Data

Data structure

SCIENTIFIC DATA

 Check for updates

OPEN

DATA DESCRIPTOR

A structured open dataset of government interventions in response to COVID-19

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- Hierarchically coded NPIs divided into
- 8 themes (e.g., social distancing) divided into
- 63 categories (Closure of educational Institutions) divided into
- > 500 subcategories (Closure of kindergardens)

How to measure the effectiveness of NPIs?

- Without vaccines or antiviral medication, non-pharmaceutical interventions (NPIs) are the **only** option to moderate viral spread
- In the first wave most governments implemented bundles of **highly restrictive NPIs** under great scientific uncertainty and under rapidly changing epidemiological conditions
- Several trackers started to categorize & document NPIs in numerous countries
- In total, we consider 3 databases with ~50k NPI implementations in >200 countries
- Looking back at March-Mai 2020, what worked? What did not work?

Implementation of 4 methods

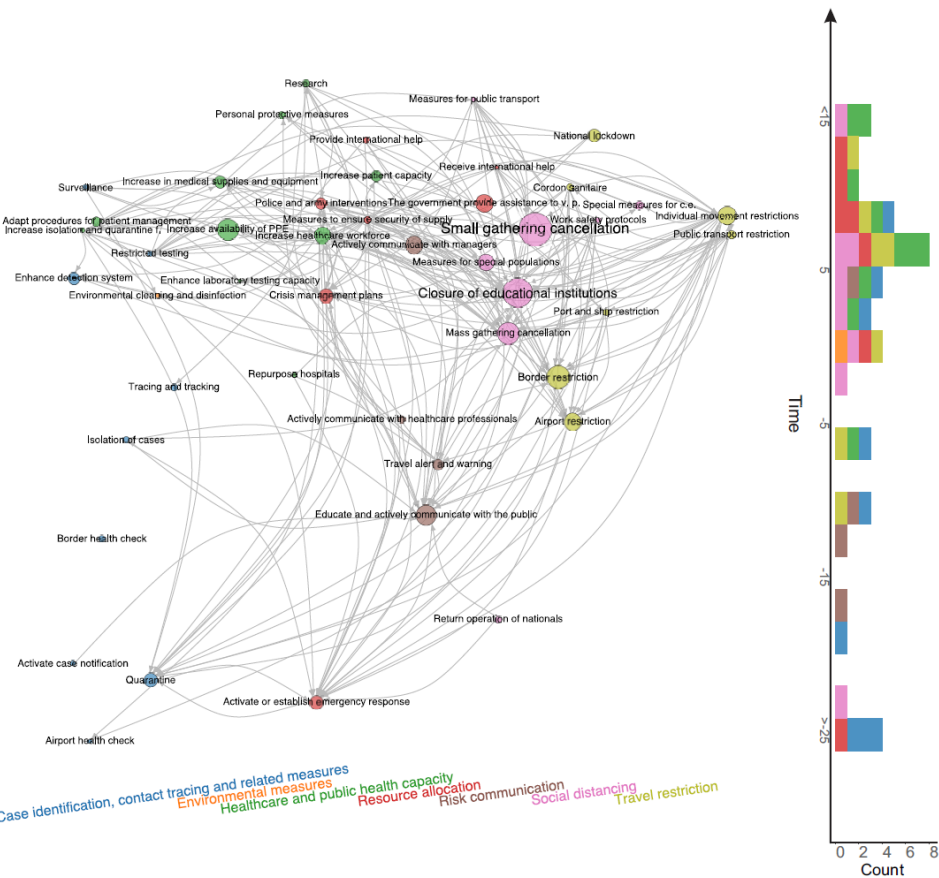
Correlate NPIs across countries with time-dependent effective reproduction number $R(t)$

with

- 1) Timeseries regression model using LASSO regularization
- 2) Regression model with case-control design
- 3) Random forest
- 4) Transformer deep learning model

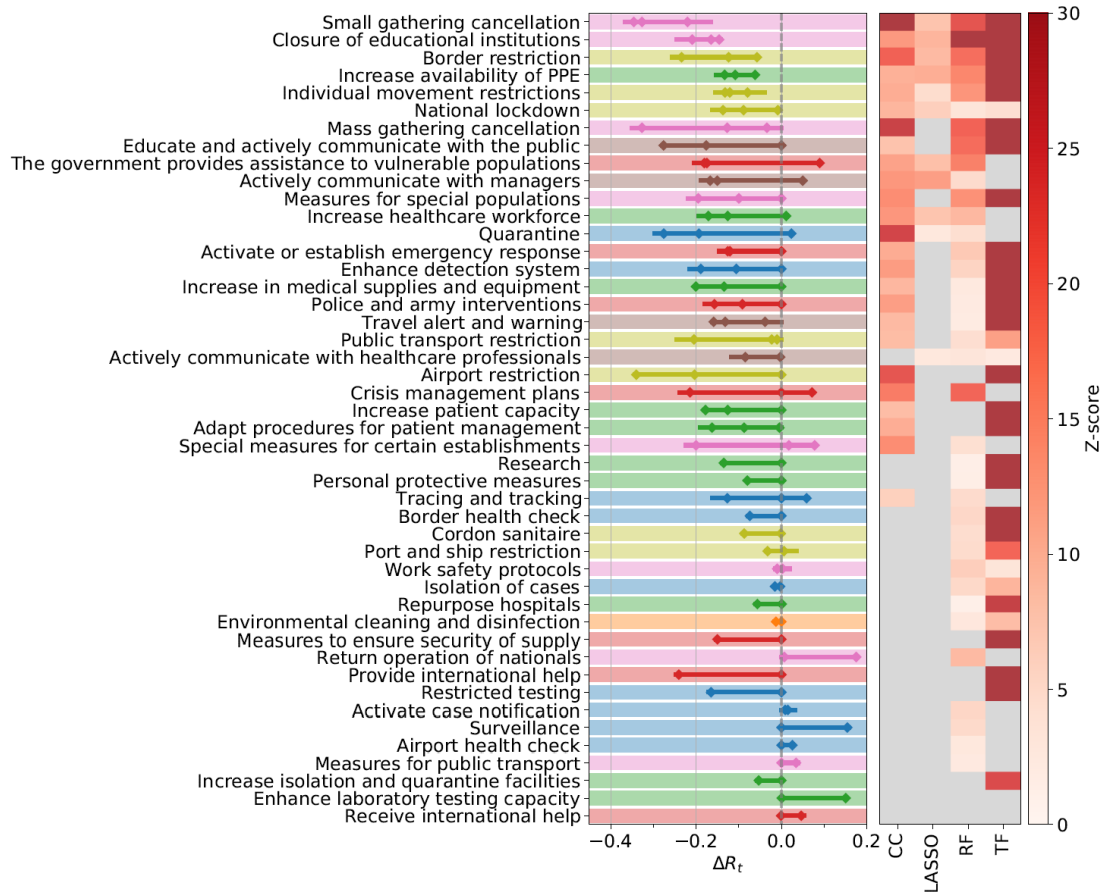
Validation

- within models (e.g. cross validation, leave-one-out analysis)
- across models by comparison of rankings of significant results
- comparison across 3 different databases (CSH, Oxford, Coronanet)



- Circles are NPI categories
- Size: proportional to effectiveness
- Color: NPI theme (broad classification)
- From bottom to top: epidemic age, time after 30 cases appeared
- Progression from soft NPIs to lockdown
- *The hammer*: bulk of NPIs comes about 10 days after reaching 30 cases

Results first wave



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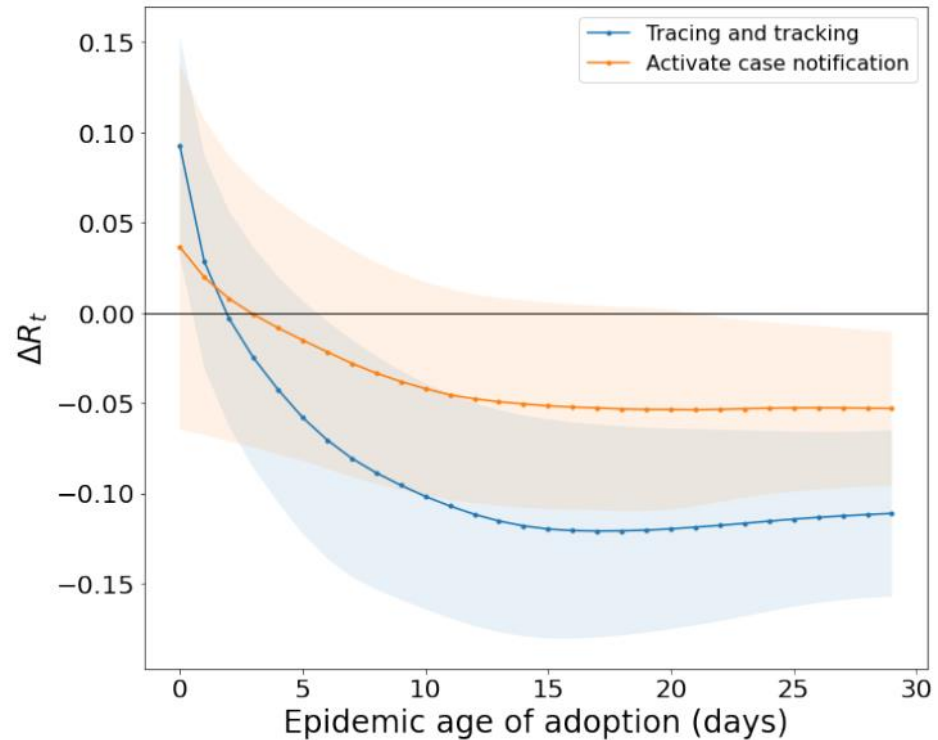
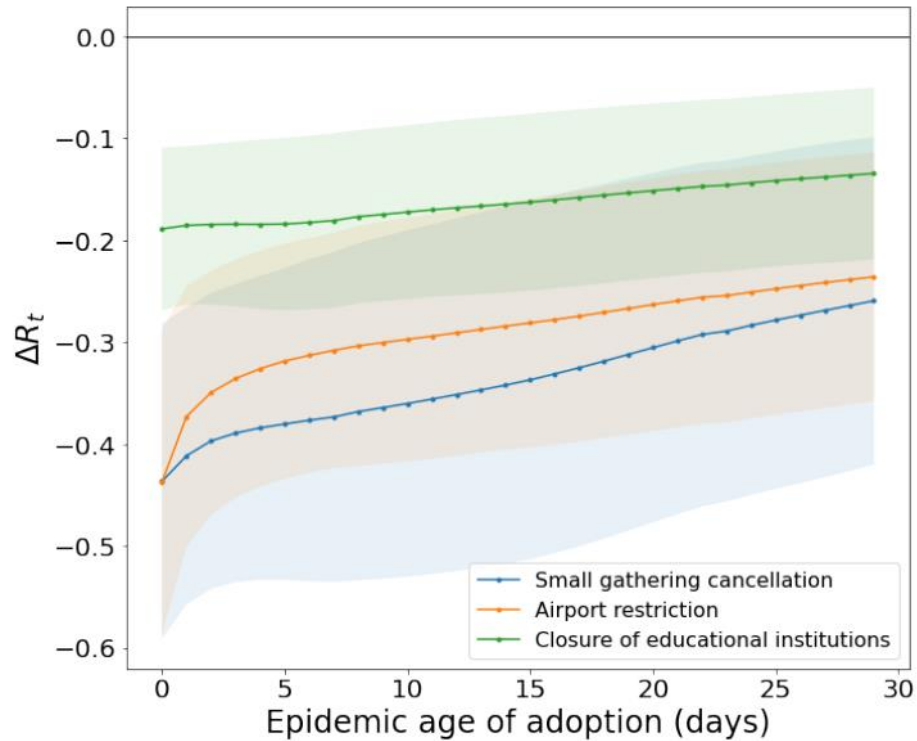
Nils Haug, Lukas Geyrhofer, Alessandro Londei, Elma Dervic, Amélie Desvars-Larrive, Vittorio Loreto, Beate Pinior, Stefan Thurner & Peter Klimek

Nature Human Behaviour **4**, 1303–1312(2020) | [Cite this article](#)

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- Most effective: close everything where people meet in smaller groups for extended period of time (offices, schools, restaurants, bars, ...), movement restrictions, increase healthcare capacity
- Also effective: risk communication (toward public & stakeholders), governmental assistance for medically and economically vulnerable populations

Timing does matter!



Context matters

Regression analysis: population density, GDP, HDI, political stability,...

- Tracing & tracking more effective in high GDP countries with low accountability in governance
- NPIs to increase healthcare capacity (PPE, medical supplies) more effective in countries with high control of corruption, regulatory quality and government effectiveness

Effects of strong lockdowns?

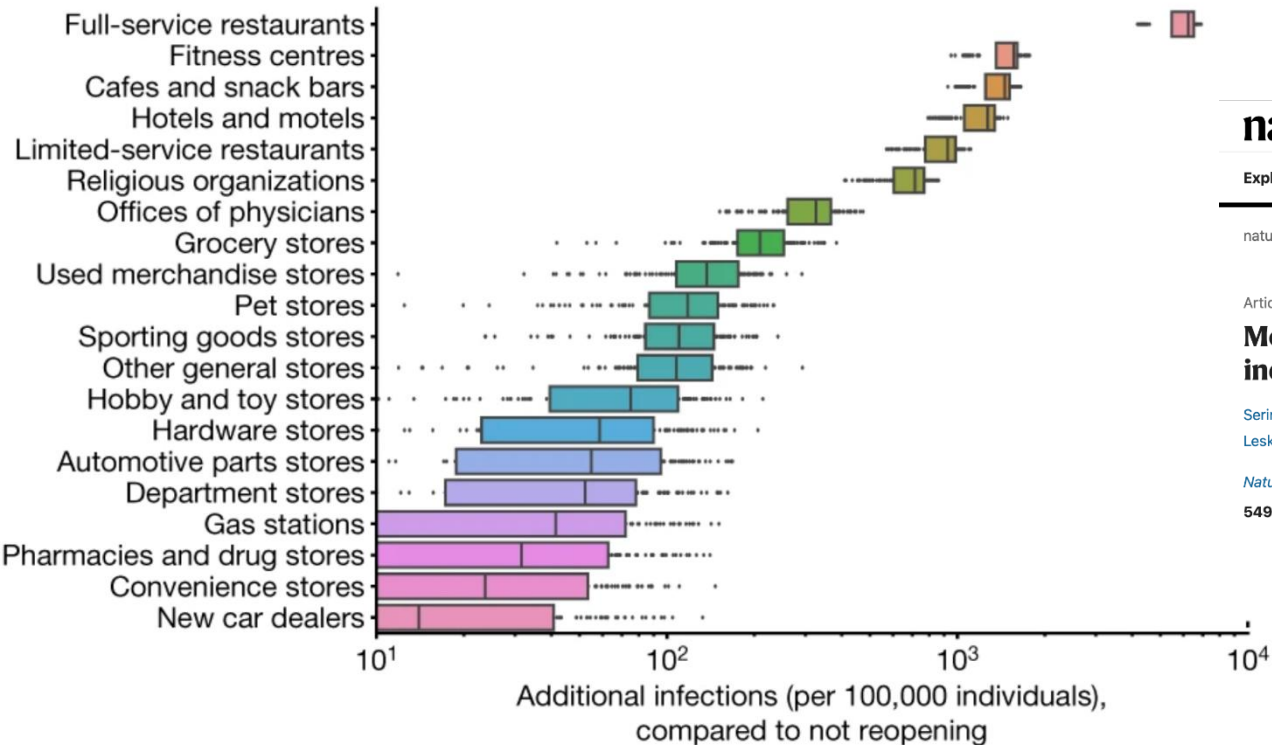
Lockdown defined as a bundle of NPIs including: curfews, individual movement restrictions, closure of public places

In most cases some NPIs were in place before lockdowns were implemented

Typically severe lockdowns added “little delta” on top of measures in place

A suitable combination (including a good sequence and timing of implementation) of a smaller package of NPIs *can* substitute severe lockdowns

Other works



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Mobility network models of COVID-19 explain inequities and inform reopening

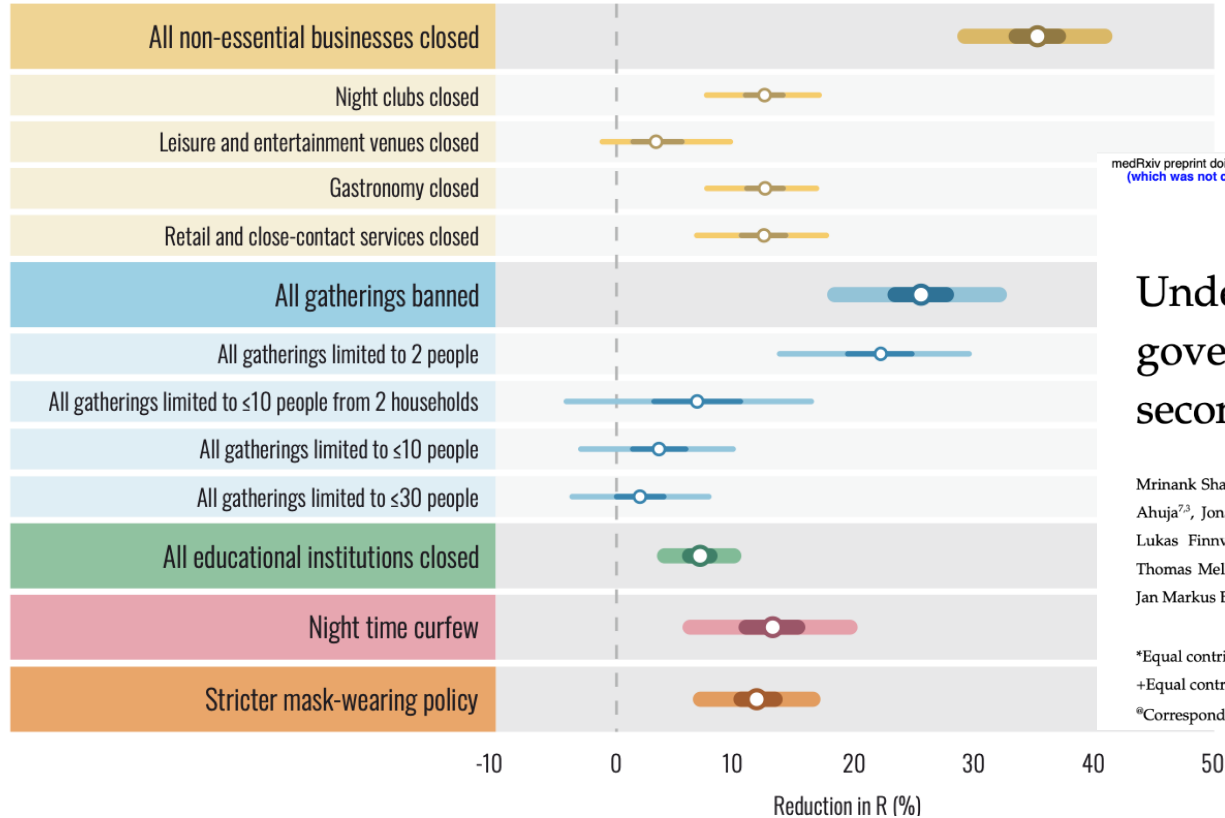
[Serina Chang](#), [Emma Pierson](#), [Pang Wei Koh](#), [Jaline Gerardin](#), [Beth Redbird](#), [David Grusky](#) & [Jure Leskovec](#) [✉](#)

[Nature](#) **589**, 82–87(2021) | [Cite this article](#)

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Second wave

A)



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Understanding the effectiveness of government interventions in Europe's second wave of COVID-19

Mrinank Sharma^{*1,2,3}, Sören Mindermann^{*4}, Charlie Rogers-Smith⁵, Gavin Leech⁶, Benedict Snodin³, Janvi Ahuja^{7,8}, Jonas B. Sandbrink⁷, Joshua Teperowski Monrad^{9,9,3}, George Altman¹⁰, Gurpreet Dhaliwal^{11,12}, Lukas Finnveden³, Alexander John Norman¹³, Sebastian B. Oehm^{14,15}, Julia Fabienne Sandkühler¹⁶, Thomas Mellan¹⁷, Jan Kulveit³, Leonid Chindelevitch¹⁷, Seth Flaxman¹⁸, Yarin Gal⁴, Swapnil Mishra^{+17,19}, Jan Markus Brauner^{*+,14,3}, Samir Bhatt^{+14,17,19}

*Equal contribution to first authorship

+Equal contribution to senior authorship

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Second wave

B)



Schools

- Deeper analyses (finer categories) school closures effective for ages 12y–18y
- Effects in kindergartens and primary schools are visible but statistically less robust
- Findings in line with contact tracing data: the lowest attack rates in age group <10y

Agent-based model of infections in schools with NPIs

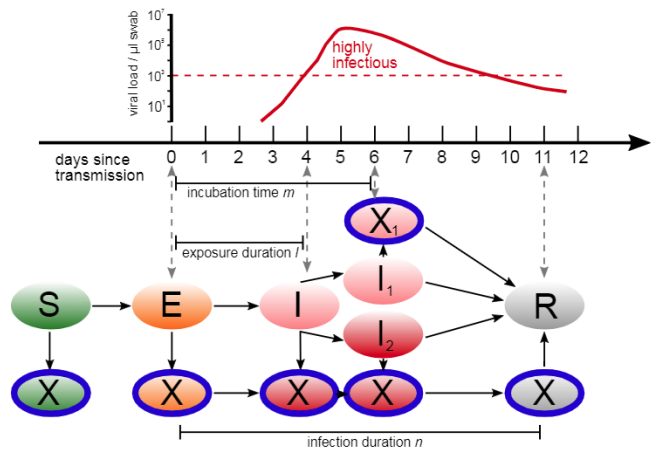
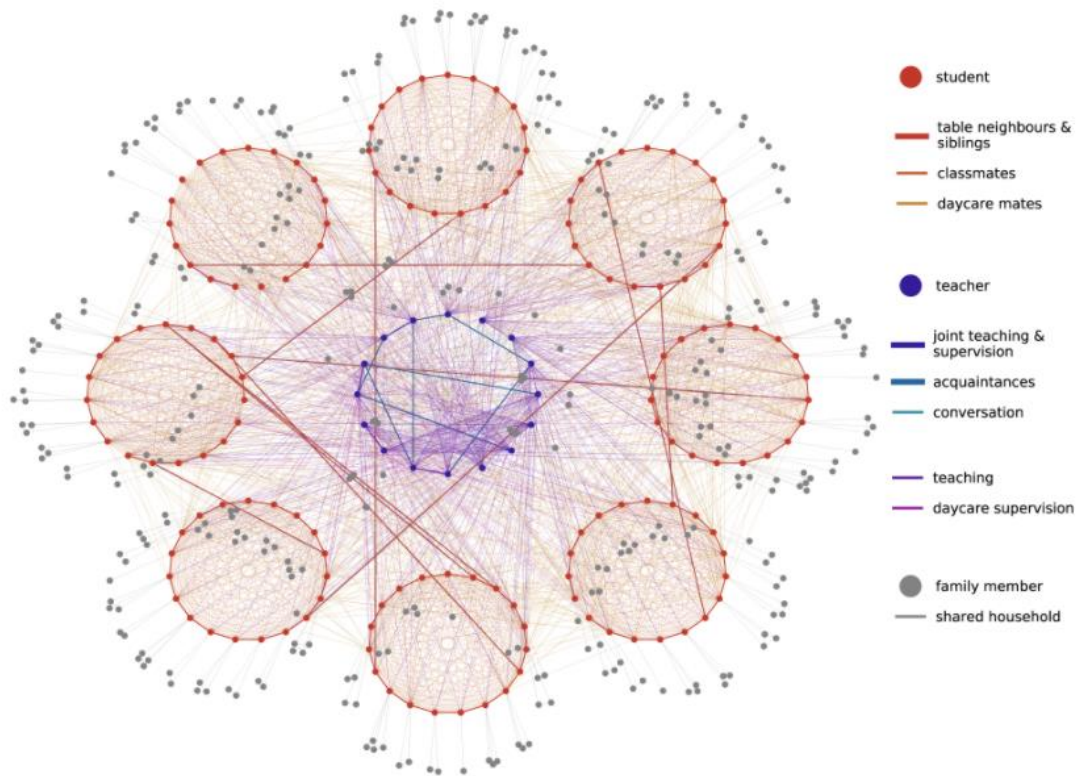
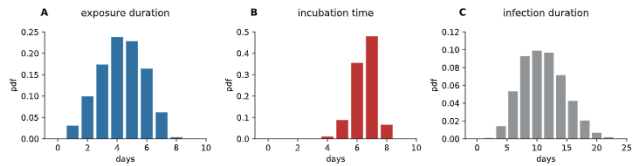
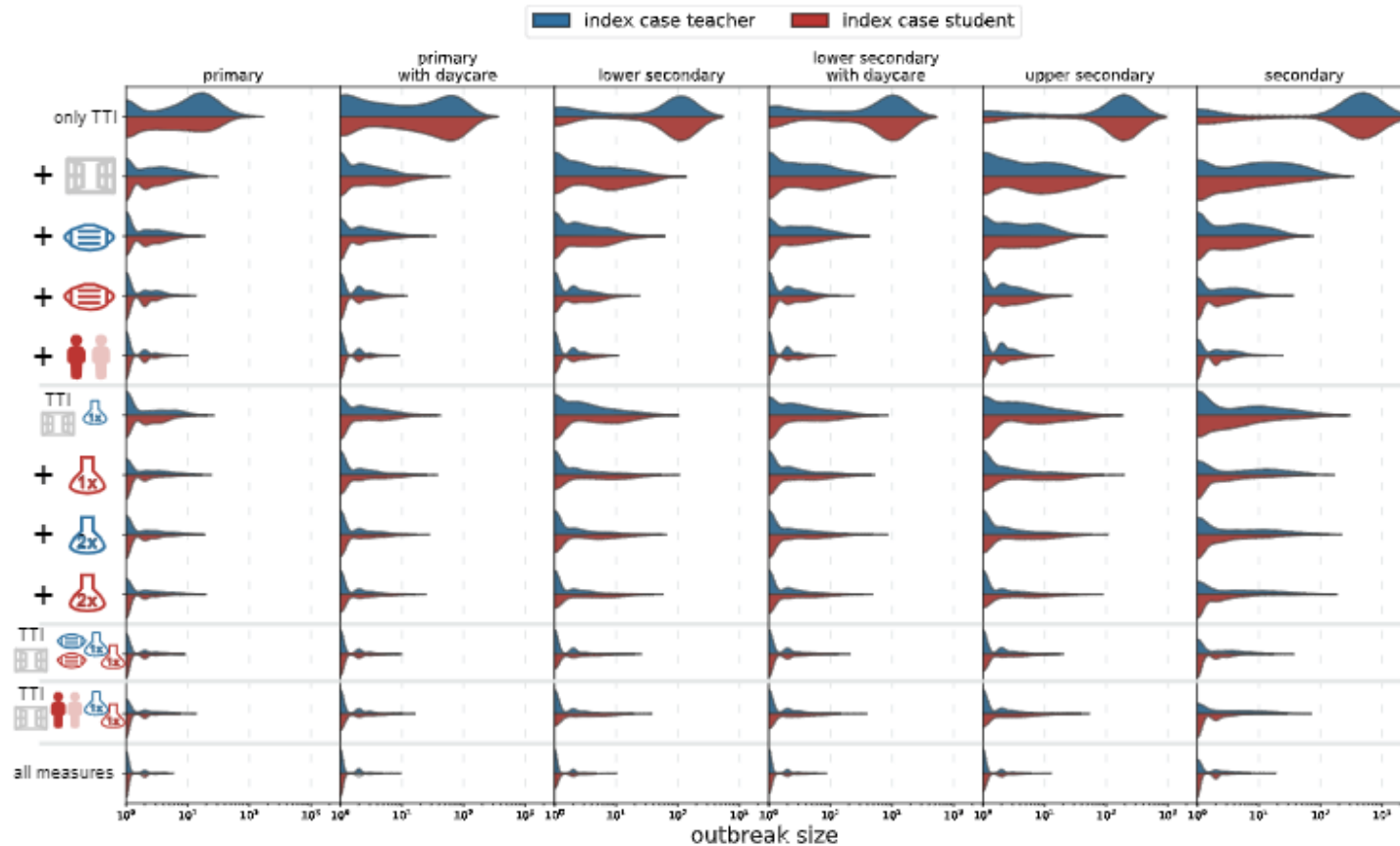


Fig. 5. Agents in the epidemiological model can be in the states (circles) susceptible (S), exposed (E), infectious (I), infectious without symptoms (I_1), infectious with symptoms (I_2) and recovered (R). Possible state transitions are shown by arrows. In each of these states, agents can also be quarantined (X), preventing them from interacting with other agents. Transitions between states follow the development of the viral load in the host.



How to sustainably open schools?



Take home

It is possible to disentangle effectiveness of individual NPIs

- Significant effectiveness
 - Small groups and gatherings
 - Gastronomy
 - Education (if school closures necessary – should target age groups 12+)
- Minor
 - Curfews
 - Culture
 - More strict mask policies

Reception

WHO database

Conference on NPI assessments

Wider public attention

Altmetric paper # 36 in 2020