## Supplementary file 1

 Table 1. A snapshot of countries that adopted the aggressive containment strategy in the first year of the COVID-19 pandemic

	Case-	based	Population	on-based	Border	control	Risk communication
Countries	Interventions	Surging public health capacity	Interventions	Socioeconomic support	Interventions	Supportive measures	and community engagement
China	Testing: Population testing was carried out in Wuhan and later in cities where clusters were identified.  Contact tracing: All cases were traced. Staff from the county and district level Centres of Disease Control and Prevention (CDC) should complete contact tracing within 24 hours after receiving the reports of suspected or confirmed cases.  Isolation: All confirmed cases and their close contacts were isolated in designated hospitals or quarantine facilities.	Approaches to expand testing capacity included building public testing laboratories, decentralizing testing services to private laboratories, ramping up production of test kits, and providing training to technicians.  Hotels were recruited by the government and transformed into isolation facilities.	Lockdown: lockdown was imposed in Wuhan from January 23 to April 8, 2020.  Mask wearing: face masks were mandatory during the outbreak in Wuhan. After community transmission was contained, people were recommended to wear masks in crowded and closed places.  School measures: In-person school was suspended in early February 2020, with a new online semester beginning for students to continue their education remotely.	Economic support to businesses: Preferential subsidies were provided to businesses providing epidemic prevention and control supplies, and small business loans were provided to those who lost their jobs or income during the pandemic.  Relief for households: Flexibility in debt payment including mortgages and student loans was implemented. Poverty subsidy increased from March to June 2020, and the process to receive unemployment subsidies was simplified.	Travel restrictions: Travel restrictions were imposed to ban all foreigners from entry, and later eased. Foreigners from low-risk countries were allowed for entry.  Testing: all arriving travellers were required proof of negative PCR and antibody tests. Testing at ports of entry was also mandatory for all travelers.  Quarantine requirements: All arriving travellers were required to serve 14 days quarantine at government designated facilities.	All travelers needed to obtain a health code before departure by submitting their test results through a mobile app.  Surveillance testing of workers at ports of entry, air and maritime crew members, and workers at quarantine facilities was conducted on a regular basis.	Community workers and volunteers were deployed for community-based work, such as educating residents about COVID-19 prevention and control measures, providing information on nearby quarantine and testing sites, and distributing food and necessities to residents in need.  Public campaigns about COVID-19 control strategies were repeatedly played on the state media. Educational information on COVID-19 was also shared through traditional and social media.

Surveillance: Chexpanded the	nina					
surveillance						
coverage by tak	ing					
an active						
surveillance						
approach.						
Testing: Testing		Lockdown: A	Economic support	Travel restrictions:	Workers at	Information
performed for al		national lockdown	to businesses: The	Government	quarantine facilities	regarding the viral
symptomatic	to private and	was imposed from	Business Finance	announced	and ports of entry	infection and the
individuals or	regional	March to May 2020.	Guarantee Scheme	temporary	were required to be	protective
people who were identified as being		Mask wearing: The	for small and medium sized	restrictions on travel from China in	tested on a regular basis since August	measures was shared via MOH's
in close contact		government did not	enterprises	February 2020.	2020. Mandatory	website and briefed
a positive case.	Ministry of Health	recommend face	provided bank loans	Border closed for all	weekly testing of	in regular press
a positivo sassi	(MOH) created a	masks until in	with 80%	travellers except for	higher-risk workers	conference by the
Contact tracing:	,	October 2020,	government risk	citizens and	to all airports and	Prime Minister.
Contact tracing		based on the	guarantee. an	residents in March	seaports extended	
carried out at	called NZ COVID	evolving epidemic	easily accessible	2020.	to pilots, stevedores	The All-Blacks
regional level by		situation and	government funded		and airside	rugby players,
12 Public Health	1 1 1	evidence.	wage subsidy for	Testing: Travelers	government officials	television
New Zealand Units for all	QR code at		businesses that	were screened for	in September 2020.	personalities, and
confirmed cases	,	School measures: Closure of all	was passed on to	COVID-19		actors spread
Isolation: All	visit in order to document their	educational	employees. Tax measures were also	symptoms (temperature) at the		awareness to their social media
positive cases w		institutes and early	enacted.	airport. Travelers		followers.
isolated in	their visit.	childhood education	Chaotoa.	with symptoms or		ionowors.
designated		centres effective	Relief for	waiting for the		
quarantine facili	ties.	March 23, 2020,	households:	results of a test are		
People who hav	re	with the exception	Support for	sent to quarantine		
been in close		of essential workers	mortgage	facilities and the		
contact with a		who had until March	deferment and rent	others are send to		
confirmed or		25, 2020 to find	freezes.	isolation facilities.		
probable case o COVID-19 need		alternate		Quarantine		
self-isolate for 1		arrangements for their children.		requirements: New		
days from the la		ulen Gillulen.		Zealand established		

	date of contact with the case while they were considered infectious; in some cases, they may be able to quarantine in a facility (E.g., if a dependent is a confirmed case).  Surveillance: The country strengthened its surveillance system by implementing active and sentinel surveillance.				a compulsory "managed isolation" program whereby all inbound travellers (restricted to citizens and residents) had to pre-book an appointment for 14 days of isolation on arrival in New Zealand in a government run service that utilises hotels.		
Singapore	Testing: in addition to people with symptoms, testing was compulsory for close contacts of confirmed cases.  Contact tracing: All confirmed cases were traced. The operation led by the Ministry of Health and aided by contact tracing teams at the hospitals, the Singapore Armed Forces, and the Police Force.	Digital contact tracing tool called SafeEntry was developed. People were required to scan a QR code at businesses they visited in order to document their location and time of their visit since May 2020.  A digital system for contact tracing called TraceTogether was later deployed by the government to strengthen contact tracing effort.	Lockdown: Partial lockdown, called "circuit breaker", was implemented from April 7 to June 1, 2020.  Mask wearing: Singapore at first advised face masks only for sick people. As evidence on asymptomatic transmission emerged, face masking was made mandatory in the public.	Food security: Measures emphasized supply chain connectivity and continuity.  Economic support to businesses: Financial support was provided to impacted businesses including loan support and payment deferments, increased bankruptcy thresholds, and job growth incentives. Leave of absence	Travel restrictions: Travel ban from China came into effect in January 2020, and later extended to other high-risk countries, such as Italy, Spain, and Germany, in March 2020.  Testing: It was compulsory for all incoming travelers entering Singapore to be tested for COVID-19 since June 2020.  Quarantine requirements: All	Pre-trip health and travel history declarations needed to be submitted online by all arriving travelers.  All travelers were required to install the TraceTogather App, a digital contact tracing tool.  Surveillance testing was required for workers at ports of entry, flight and maritime crew members, and workers at quarantine facilities.	The government recruited volunteers to educate seniors and concurrently distribute telecommunications equipment, hand sanitizers, and disinfectants to promote preventive measures in the community.

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Isolation: Positive		ces were travelers were		
cases were		d for those required to serve	14	
admitted to	serving	quarantine days quarantine a	ıt	
Community Care	orders.	home or designat	ed	
Facilities or		facilities.		
designated	Relief for	<u>or</u>		
hospitals for	househ	olds: A		
isolation and	variety	of support		
treatment. A		es were		
Quarantine Order	enacted	d including		
was issued to close				
contacts of				
confirmed COVID-				
		ents on loan		
	pavmer	nts (such as		
out to ensure				
adherence.				
Surveillance: Active				
was issued to close contacts of confirmed COVID-19 cases. Spot checks were carried	cash pa employ progran deferme paymer property livelihoo	ayments, ment ns,		

**Table 2.** A snapshot of countries that adopted the suppression strategy in the first year of the COVID-19 pandemic.

	Case-	based	Population	on-based	Border	control	Risk communication
Countries	Interventions	Surging public health capacity	Interventions	Socioeconomic support	Interventions	Supportive measures	and community engagement
Argentina	Testing: Proactive testing was carried out particularly in vulnerable communities, as the Detectar program launched in May 2020.  Contact tracing: The Detectar program, launched in May 2020, is a unified national protocol for proactive case detection and contact tracing in communities. Contact tracing was conducted by teams of volunteers, or reassigned personnel, as well as by primary care teams, or through specific field operations.  Isolation: All confirmed cases were admitted to hospitals. Contacts	In March, the Ministry of Health started delivery of 35,000 reagents to expand testing to 21 laboratories for diagnosis in all 24 jurisdictions in an effort to decentralize test processing. Testing services were decentralized to private laboratories in April 2020.	Lockdown: A national lockdown was implemented from March 20 2020, with exemptions for people providing essential services. Lockdown was eased in August 2020.  Mask wearing: face masks were mandatory in public spaces and transport in April 2020. Those who did not comply would be fined.  School and workplace measures: Schools closed on March 16, 2020, with the availability of online classes contingent upon a facility's capacity to provide it. Government designated COVID- 19 as an	Food security: Efforts focused on price ceilings for staple food products and to ensure an adequate supply chain.  Economic support to businesses: Loan support was provided to small and medium-sized enterprises and workers were protected from job dismissal.  Relief for households: The government prohibited basic public service companies (such as electrical energy, water, gas, mobile telephones, internet and TV cable) from suspending their services due to lack of payment for up to three periods of payment. Housing	Travel restrictions: Suspension of flights from high-risk countries implemented March 12 2020, followed by a 15-day ban on entry by non- resident foreigners effective on March 16, 2020. The borders were closed to all foreigners as of the end of 2020.  Testing: A negative COVID-19 test taken within 72 hours before travel was required for all travellers.  Quarantine: The Argentine Government required all people arriving in Argentina from high-risk countries to self- isolate for 14 days following their arrival. Travelers	The Argentine Government launched a COVID- 19 mobile app in March 2020. The app aims to detect new cases of infection, by asking users a series of questions regarding symptoms. All people arriving to Argentina were required to download it. Later versions allowed for transit permits to be issued through the platform.	Government launched outreach campaigns on the risks of COVID-19 and importance of complying with public health measures.

	of confirmed cases were subjected to 14 days of home isolation. The health of isolated people was checked and monitored by the health authorities.		occupational hazard, allowing essential workers to be compensated in case of infection.	support was also provided, including a ban on foreclosures and evictions.	must self-isolate independently. There are no designated places for people with no self-isolation plans.		
Uganda	Testing: People with COVID-19 symptoms were required to be tested.  Isolation: Isolation was prescribed by the physician for a minimum of 14 days at home after the onset of symptoms. Auto-isolation applied to people who have COVID-19 but whose infection was not confirmed and those who had close contacts with confirmed cases. They were required to stay at home for 7 days.	Testing was scaled up and decentralized to regional laboratories. The Ministry of Health carried out modifications to existing laboratory to make them appropriate for testing COVID-19. The government secured testing kits by bulk purchasing.	Lockdown: A lockdown was imposed in Uganda at the end of March 2020. The government started easing lockdown in July 2020.  Mask wearing: Mask wearing became mandatory in public in May 2020.  School and workplace measures: All educational institutions were closed in March 2020. National Examinations Board developed home study materials to facilitate continuity of learning during the lockdown period. The	Food security: The federal government put in place a food distribution program through dedicated channels managed by the current administration.  Economic support to businesses: A mixture of government and external financing was mobilized to support businesses and sectors impacted by the pandemic. The Central Bank also enacted debt relief and reduced lending rates.	Travel restrictions: Borders closed in March 2020, except for cargo and other goods.  Quarantine: All travelers were quarantined on arrival in country for 14 days. Travelers from high-risk countries were quarantined at government designated facilities.	Surveillance and screening at all the 53 ports of entry.  The Ministry of Health recruited accommodation to quarantine travelers and suspected cases.	Ministry of health facilitated community engagement and risk communication in physical communities, such as villages, places of worship, and virtual communities. Stakeholders worked with existing community structures to build voluntary action networks.

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			government issued				
			guidelines that are				
			instructive on				
			employer-employee				
			relationships and				
			how to keep				
			workplaces safe.				
	Testing: Testing	Contact tracing	Lockdown: The	Food security:	Travel restrictions:	No specific support	There was no clear
	policies varied at	efforts were	majority of states	Eligibility	Borders closed to	measures for	community
	the state level.	managed at the	enacted stay at	requirements for the	travelers from	border control	engagement
	Although testing	state and local	home orders at	Supplemental	China in February,	measures.	enacted at the
	was initially limited,	levels. Due to high	some point in	Nutrition Assistance	followed by Iran,		federal level. Press
	by October 2020	case numbers, the	March or April 2020	program were	members of the		conferences were
	the Centre of	CDC advised that	and most were lifted	temporarily lifted,	Schengen Area, the		provided to
	Disease Prevention	cases within the last	in May 2020.	and food support to	UK, Ireland, and		communicate
	and Control (CDC)	six days be		families impacted	Brazil.		updates to the
	issued guidance	prioritized for	Mask wearing: No	by school closures			general public.
	encouraging testing	contact tracing.	federal mandate for	was provided.	Quarantine: A		
	for anyone with	Capacities for	mask wearing	Additionally, the	quarantine policy		
	symptoms referred	tracing and	adopted; however,	Coronavirus Food	was enacted for		
	by their health	cooperation from	many states and/or	Assistance Program	returning American		
	provider, or that	confirmed cases	local jurisdictions	supported farmers	citizens and legal		
United	was in close contact	were variable	adopted mask	during COVID-19.	residents traveling		
States	with a confirmed	across states.	mandates during		from countries that		
J.u.ioo	case.	asioos siaiss.	the pandemic.	Economic support	were a part of the		
			and pandonnon	to businesses: The	travel ban.		
	Isolation: There		School and	federal	Guidance from the		
	were no national		workplace	government's	CDC encouraged a		
	isolation policies put		measures: Schools	Paycheck	14-day quarantine		
	in place. The CDC		and workplace	Protection program	for individuals		
	provided guidance		closures were	supported	entering the United		
	for confirmed cases		decided at the state	employers to pay	States.		
	to isolate at home		and local levels. All	their employees	Olatoo.		
	away from other		but one state closed	and business loans			
	household		schools to in-person	were provided by			
	members for ten		learning from March	the U.S. Small			
	days. No support		to April 2020; many	Business			
	was identified for		states returned to	Administration.			
				, tarriinoti attorii			
	isolation facilities		in-person learning				

	and there was no	in the Fall of 2020,	Relief for	
	identified	while others	households: Direct	
	enforcement of self-	continued with	cash payments	
	quarantine	hybrid or distance	were made to	
	measures.	learning	American	
		approaches. The	households meeting	
	Surveillance: A	CDC and the	certain eligibility	
	syndromic	Occupational Safety	requirements.	
	surveillance	and Health	Additional	
	program was	Administration	unemployment	
	launched to support	developed non-	payments were also	
	traditional	binding guidance	provided.	
	surveillance and	for workplaces to		
	COVID-19	inform		
	response.	decentralized		
	•	decision making.		

Table 3. A snapshot of countries that adopted the mitigation strategy in the first year of the COVID-19 pandemic

	Case-	based	Population	on-based	Border	control	Risk communication
Countries	Interventions	Surging public health capacity	Interventions	Socioeconomic support	Interventions	Supportive measures	and community engagement
Sweden	Testing: Extensive testing was carried out among healthcare workers in March 2020, and later expanded to high-risk groups, such as the elderly in long-term care homes in April 2020.  Contact tracing: Sweden implemented contact tracing at the start of the pandemic but abandoned the strategy after a few weeks. Infected cases themselves were responsible for contacting people they might have infected. The drop in cases in October 2020 prompted Sweden to resume contact tracing.	A web-based system was set up to enable individuals to book COVID-19 tests in Stockholm. Self-testing using mouth and nostril swabs and saliva were introduced.  The Swedish government assigned the Public Health Agency of Sweden to upscale testing in June 2020.	Mask wearing: Face masks were only recommended for confirmed patients and those with COVID-19 symptoms in January 2020. The guidelines were later updated, which recommended face masking in healthcare settings.  School and workplace measures: Face-to-face teaching in schools for upper secondary and higher education were stopped and distance education was adopted in March 2020. However, schools remained open on the basis that there was no major transmission of COVID-19 observed before end of March 2020.	Economic support to businesses: The government provided resources to businesses to support wage costs, sick pay responsibilities, and deferment of social security contributions. Additional capital was provided to improve market liquidity and interest payments were temporarily deferred on guaranteed loans. The government also supported rent subsidies for businesses.	Travel restrictions: The government advised against non-essential travels to high-risk countries in March 2020, and gradually closed its borders, allowing only citizens and residents to enter.  Testing: Sweden did not require a certificate to prove that one is symptom-free before entering.  Quarantine: Travelers to Sweden were not obligated to quarantine.	No specific support measures for border control measures.	Press conferences by the Public Health Agency and other government authorities were held on a regular basis.  Digital platforms and information channels were established to help people with migration background access COVID-19 information.  WhatsApp groups in 15 languages on COVID-19 established for migrants, as well as hotlines and other digital platforms for sharing information among migrants.

	Isolation: Anyone with positive antibody test were exempted from quarantine. Close contacts of confirmed cases were required to quarantine.  Surveillance: The country deployed sentinel		Government encouraged individuals to work from home as much as possible.				
	surveillance in addition to passive surveillance based on case reporting by healthcare facilities.						
United Kingdom	Testing: In March 2020, people with symptoms were asked to be isolated without testing. As testing capacity surged in end of April 2020, priority testing was given to healthcare workers and the elderly. Since mid-May 2020, all symptomatic persons were eligible for COVID- 19 tests.	Health Secretary announced bulk purchase of antibody tests for COVID-19 in end of March 2020.  Testing services decentralized, with support from pharmaceutical and diagnostic companies. Biggest diagnostic laboratory network in British history was launched in April 2020.	Lockdown: Lockdown was implemented in end of March 2020, and began to relax in June 2020 as the epidemic curve flattened.  Mask wearing: Face masking was not recommended until in June 2020, when it was made mandatory on public transport, in hospitals and shops.	Food security: Over 1 million food boxes had been delivered to those most at risk through the shielding program.  Economic support to businesses: Initiatives included interest rate cuts, support for the self- employed, and a furlough scheme.	Travel restrictions: The government advised against non-essential travel to China in Jan and February 2020, and further extended to other high-risk countries.  Testing: no clear guidance on testing requirements for arriving travellers.  Quarantine: Since June 2020, arriving travelers were required to self-	No specific support measures for border control measures.	Lack of clarity in communication and engagement channels with the community, as well as relief measures that often did not meet the needs of vulnerable populations, in spite of support measures introduced for racialised communities.

Contact tracing: Full contact-tracing abandoned in March 2020, in line with move from contain to delay phase on the assumption that community transmission was already occurring. After the launch of the test and trace program in May 2020, close contacts of confirmed cases were asked to share information via a secured website or through a call with contact tracers.	COVID-19 contact tracing app that was developed and launched by the National Health Service allows users to scan official NHS QR code posters at businesses, venues and transport hubs for contact tracing purposes.  Government announced £300m additional funding for local authorities to support new test and trace services in May 2020.	School and workplace measures: Schools, colleges, and nurseries closed from March 20 2020 to June 1 2020. During lockdown, work from home was encouraged. In May 2020, government published guidance for workplaces operating safely.	isolate for 14 days. In July 2020, the government published guidance on travel corridors - the countries where you do not have to self-isolate on arrival if these are the only places you have been to or stopped in during the previous 14 days.	
Isolation: People with symptoms were asked to self-isolate for 7 days in March 2020. The guideline was later updated so that confirmed cases and their close contacts needed to serve 14 days self-isolation.				

Surveillance: large-			
scale surveillance			
studies were carried			
out in general and			
vulnerable			
populations.			