

**CRISIS MANAGEMENT AND DISASTER RESPONSE CENTRE OF  
EXCELLENCE**

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# COVID-19

## PART 5

### **Approaches and practices for crisis management.**

**(10-23 April 2020)**

*This report represents a summary of open source information, gathered up to and including 23 April 2020, and was assembled on 24 April 2020. All views and opinions expressed are solely those of the author, unless otherwise stated and do not necessarily represent the official position of the CMDR COE or any government and non- government organisation or other group. The author does not bear responsibility for incomplete or incorrect facts cited or referred to herein. The majority of reference materials include official documents published by the World Health Organisation, governmental pages, and online statistical databases.*

## **The report is included as a part of ACERTA's Crisis Development Report on COVID-19 as of 4/24/2020**

A team of several academic organizations - the Center for the Study, Crisis Management and Disaster Response Centre of Excellence (CMDR COE), the Institute of Defense and the Bulgarian Academy of Science (Institute for Information and Communication Technologies and the Center for National Security Studies) united by the idea of an Academic Crisis Collaboration Network) – ACERTA (Academic Civil Emergency Research Teams Association) committed to producing periodic reports based on model data collection crisis management and overcoming the consequences, organizing interdisciplinary research and preparing computer-assisted exercises (based on modeling and simulations, use of real data in real time) to develop and test good practices and implement them to improve crisis / emergency management in the future.

Based on initial experience, receiving feedback from ACERTA users / partners, the organization will create a database for use at national level, as well as in NATO and EU networks. The ACERTA partnership is open and the idea is to expand and create a register of experts in the academic community for emergency management, with the task of summarizing, analyzing, experimenting, testing and validating actions of state authorities and international organizations with a view to creating a network for international and interinstitutional cooperation.

A test for this initiative is the COVID-19 crisis monitoring, analysis, research and exercise, which is scheduled to be completed by the end of 2020.

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## SUMMARY

### *a. HISTORICAL TRACKING OF EPIDEMIES AND PANDEMIES IN THE LAST CENTURY<sup>1</sup>*

Annex 34 presents information collected and grouped by indicators for the various epidemics and pandemics over the last 100 years. The aim is to compare the causes of the outbreak, its spread, its effects over the various periods, and how humanity has coped depends on the time it was, technological advancement and the measures had taken. One of the things that emerges is the origin of the virus / disease - in the mass cases, China is source and spreads of the infection worldwide. Another link to these crises is the transmission of the infection from animals to people or the mutation of an animal virus.

The deadliest is the Spanish flu. It erupted shortly after World War I, killing 3 times as many lives as the war itself, and the infected people are one-third of the world's population. China (which is the Entente's side) and Chinese workers who have been transported to France via Canada and the United States, and on their way left outbreaks of the disease. In just 25 weeks, the flu kills more than 50 million people - mostly young and middle-aged. Death came due to acute respiratory failure, and one in every ten of the infected died. National authorities applied solutions that are common with today's and the only effective ones in the absence of a vaccine - physical distance, quarantine, isolation, disinfection, wearing masks, washing hands. It is sure that If the nowadays transport activities (air and ground) had been existed, it would have been almost devastating to humanity.

Isolation and world division during the Cold War are linked to two major pandemics - the Asian and its comparable Hong Kong flu. Between 1958 and 1970, the death toll was 4 million (0.15% of the world's population). Everyone - from children to the elderly were affected and only the development of an effective vaccine has prevented many more victims. Another boon is the presence of the World Health Organization (WHO), established in 1948, successfully took on the role of an effective coordinator of efforts by all countries to fight the infection.

The twenty-first century is characterized by a much greater intensity of the spread of major pandemics that hit humanity. In the last 20 years, globalization, urbanization, the extraordinary dynamics of moving of people and goods have been the basis for the faster spread of viruses and infections against which man is not immuned. Swine flu affects nearly 15% of the Earth's population. It is difficult to calculate the exact death toll, but it certainly exceeds 200,000. The severe acute respiratory syndrome(SARS) has been limited due to the universal mobilization of the countries, despite the delay of the Chinese authorities in informing the global community of a new and deadly virus. Characterized by its high mortality rate, SARS kills every tenth of those infected, and it is the reason in COVID-19 threat the Chinese government to act instantly, inform the global community and facilitate coordinated action.

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<sup>1</sup> CMDR COE report [https://www.cmdrcoe.org/fls/COVID\\_19/20200327-Covid\\_19-Part\\_2\\_with\\_Annex\\_A\\_and\\_B.pdf](https://www.cmdrcoe.org/fls/COVID_19/20200327-Covid_19-Part_2_with_Annex_A_and_B.pdf)

Middle Eastern Respiratory Syndrome (MERS) and Ebola, despite the low incidence rate, are characterized by extremely high mortality rates of 30-40%. While a vaccine has been developed for Ebola, it has not yet been developed for the MERS, and the WHO is actively working to limit it through information campaigns, dissemination of up-to-date prevention and treatment information, risk assessment, etc.

Despite the situation we are facing today, humanity shows that it is willing to learn its lessons from the recent past. Because Ebola has shown us that border closure would have an extremely negative economic impact, both for the countries concerned and their trading partners. The Spanish flu has shown us that an infection should never be underestimated, because it can have an impact on future generations, and the delayed reaction is detrimental to humanity. SARS has shown that the more economic relations globalize, the more drastic measures are needed to control the pandemic. Many diseases have led to millions of casualties due to lack of hygiene, poor education and lack of medical care. In recent years, the European Union has opened its borders to a large number of refugees coming from countries where hygiene, education and medical care are certainly not a national priority. European leaders will have the difficult task of deciding exactly how to deal with this already emerged problem, and this will cost a lot for the overall European budget, which will at the same time combat the effects of a future recession.

With the global pandemic announced on March 11, 2020, as a result of the spread of COVID-19, the WHO has launched unprecedented restrictions on human movement, production shutdowns and interruptions of global supply - all elements of globalization. And while it is not yet clear to the general public what consequences this isolation will bring to the world in which we are accustomed to live, there are some opinions of high level experts who regard these restrictions as unacceptably high. The WHO has acted as coordinator of universal efforts to combat the spread of the virus, but at the regional level, multilateral unions remain ineffective and even in the shadow of individual states' efforts to counter the infection. This has led to unnecessary duplication of efforts by individual countries in places where, for example, the coordinating role of the European Union could have led to a lot of financial and material savings. And we must not forget the secondary effects that the current pandemic can cause. Increasing panic can lead to growing divisions in society, and it can be at the root of a series of future crises and conflicts.

From the information in Annex 34, one thing makes a strong impression - the close contact of humans with animals can lead to the spread of infections. This close contact, especially between humans and wildlife, is directly dependent on human activity leading to climate change. This will act as a trigger for future close contacts and the spread of epidemics and pandemics.

Despite several pandemics in recent years, technological advances have played an essential role in prompt and adequate intervention. Communication is instantaneous, enabling effective measures to be implemented almost simultaneously in different parts of the world. Also, thanks to communication, authorities, medical staff and people are in a constant relationship, which eliminates the impact of fake news and reducing the panic.

Developing a vaccine and building immunity will stop the spread of COVID-19, but will take time. Until then, a number of measures will have to be taken in the area of public health, economic stability of the population, and its unknown - whether and how COVID-19 will affect the future generation (Spanish flu had a very severe impact on future generations - mothers carriers of the infection, often gave birth to children with secondary illnesses such as schizophrenia, diabetes and epilepsy) and last but not least, the role of the media, and how the way information is transmitted affects a person and his or her ability to think adequately.

#### *b. COVID 19 AND APPROACHES FOR HANDLING*

The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020. The infection is a new type of coronavirus. It lacks mass build-up of immunity (herd immunity) and therefore propagates exponentially (a functional relationship in which a fixed change in the absolute value of the independent variable leads to a fixed proportional change (i.e., a percentage increase or decrease) in the value of function). The elderly are particularly at risk, or so it was thought until recently. People with co-morbidities are highly vulnerable.

In attempts to control the widespread of coronavirus in their societies, a large number of countries are trying to stabilize the situation by taking action on what is known as lockdown – a social distance with mass testing and quarantine. The pandemic has brought enormous burdens and trials to medical staff and public health systems around the globe. There are countries that rely on a larger pool of medical staff and intervention tools than others. The burden on the healthcare system depends on the regional distribution of cases, the health capacity and the curtailing measures (isolation, quarantine, social distance, etc.) that vary in size and scope in some countries. Furthermore, the disproportionate impact on healthcare professionals creates a vicious cycle that makes it difficult to control the infection.

In general there are 4 apprehends/approaches to counter the spread of the virus.

- The first one is about the imposing very restrictive measures, such as the blocking of regions, public lockdowns, accompanied by wide monitoring and control to ensure compliance with the restrictions. China is the most prominent example of this method.
- The second approach is based on gradual control through best practices in public health. This method covers extensive testing, strict contact monitoring (so-called clusters), focusing on the safety of healthcare providers and integrated real-time case monitoring. South Korea, Singapore and Taiwan are countries that have implemented this and so far with successful performance as a result.
- The third approach is of mass medical treatment and control, these require huge resource for the workload it generates in a healthcare system. Examples of this are already emblematic - Italy and Spain.
- The fourth one is the so-called 'herd immunity', recently advocated by UK and continues to be implemented in the Netherlands and Sweden. Sweden, with a population of 10 million, is disproportionately dispersed over an area of 450,000 square kilometers, which puts it in 198th place in the world in density and their assumption that Sweden do not need rigid restrictive measures.

The idea of ‘herd immunity’ is based on a vision for of suppressing the virus through gradual restraints, rather than tireless efforts to fight it everywhere. It envisages to achieve collective immunity as leaving everyone to become infected. The purpose here is no longer to protect people from infection, but rather the majority to achieve a collective immunity.

The collective immunity might be achieved when in society a very large percentage of individuals have their own immunity against an infection and it becomes very difficult for an infectious pathogen to spread from person to person. For example, if a person is infected but is surrounded only by people who are resistant to the infection, then the virus cannot be transmitted until the patient has recovered and thus the transmission strand breaks. In this way, the emergence of infectious people in a society where most have immune protection does not lead to the spread of the infection. Those who are not immune to infection are protected by group immunity, even if they do not have their own, because they are surrounded by a "protective border" by "impermeable" people to the infection. What is special, however, is that the more infectious a pathogen is, the higher the percentage of individuals with immunity must be established in order to attain immunity in the herd. And here comes the big problem with this approach - in order to achieve "herd immunity", in a virus with this infectivity level, such as COVID-19, it is necessary to infect over 60-65% of the population of a society. The mathematical model shows that 60% of the 68 million, roughly the UK population, need to be infected with nearly 40 million people. With an average expectation of 2% average mortality (and it turns out to be much higher), it would mean nearly 800,000 people die, which is more than the casualties given by Britain during WWI. These calculations rejected the country's preliminary intention to follow the herd immunity approach.

### *c. IN PRACTICE*

Presently there are two visible approaches in action versus the pandemic situation in Europe (March 27,). To a large extent, the elaboration of approach is determined by the assessment of available resources capacity and calculation of fiscal risk for each country and its concerns.

The first approach, conditionally called ‘as Italy’, is to take total, ubiquitous actions to cover all manifestations of the infection. The measures include mass testing and hospital treatment of affected cases, often regardless of the degree of urgency. These measures have led to an overload of the Italian and Spanish health networks, resulting in their collapse to a situation where even no one can cure, further compounded by the fact that thousands of medical professionals were infected with COVID-19.

Such approach of offensive steps with testing is overlaid in Belgium, and until March 26th in Romania, where was abandoned due to the large financial pressure and human resources shortages.

Belgium has planned to start about 10000 screening tests daily, which will allow an early stage diagnose. Currently, the country has 6,235 confirmed cases of COVID-19 in 11 million people, testing only patients admitted to hospitals with severe symptoms. This new tactic is based on the idea of expanding the medical points that will test patients. All medical

universities and laboratories in the country (Namur, Leuven and Mons) will be involved in the fight.

Local companies will increase the production of tests for the country, as Belgium has already announced that it has its own antigen test that it has certified for use. Allegedly it produces result in only 15 minutes even its reliability is lower as could detect 6 out of 10 carriers, but would be used to separate infected people from healthy ones. Rapid tests of 30,000 should be available in the beginning of April 2020. In addition, an antibody test was developed in collaboration with a Chinese company to determine if a person that already pass the disease has antibodies made. It is blood and the result is also ready in 15 minutes. The reliability of this test is 98%. Mass screening volumes through it will be available after the peak of the crisis, which is expected in the coming weeks. The Belgian authorities believe that such approach will allow to remove more quickly the restrictive measures imposed on 17 March 2020 as isolating only those who are actually infected and quarantining people who have had close contact with them.

Romania had intentions to impose this approach of action by examining firstly the population of its capital Bucharest and screening all residents for a coronavirus. This was the opinion of Romanian Health Minister Victor Costache. His idea was to implement a program similar to the one conducted in South Korea with the help of mobile teams where testing is from-door-to-door. The aim was to do millions of tests. It was planned that by the end of March 200,000 tests would be carried out. The resource and financial framework of these efforts were not justified, and the Minister resigned on 26 March. According to local media, this is due to his testing program. Prime Minister Ludovic Orban described the resign as "personal and professional". Romania has been in a state of emergency since 16 March. Classes in schools, kindergartens, shopping centers and markets are closed and a curfew has been introduced. A total of 1029 are infected (25 March 2020), 17 people died.

In Spain also were raised questions on rapid tests. There are doubts that the ones used so far have been ineffective. According to local media, Chinese quick test kits are less accurate than expected. About 340,000 tests, made by Shenzhen Bioeasy Biotechnology Co were imported to Spain however, they appear to provide only 30% accuracy in detecting coronavirus infections, despite advertising that they can detect 80%. With this value (30%) the rationale of their use is under sever considerations.

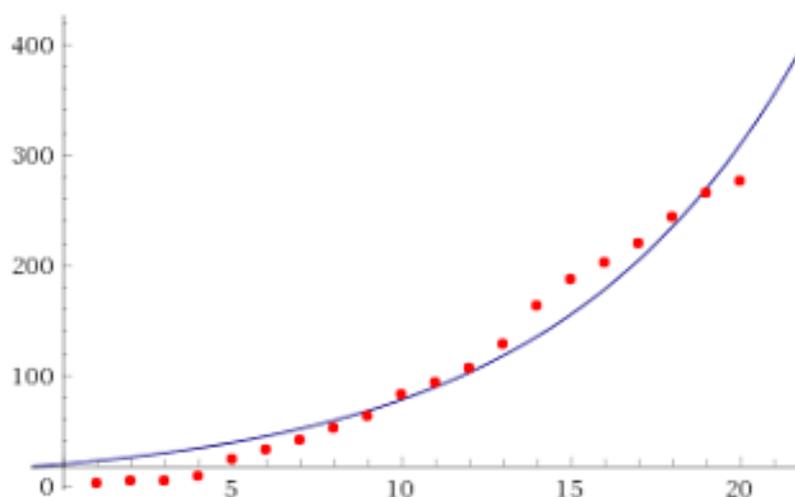
The second approach of a kind is followed by countries as Bulgaria, Greece, Denmark, Hungary, Portugal, and Switzerland. Here, priority is given to hospital treatment only in the most severe cases. The aim is to provide free resources so that the health care system remains fresh for long. It is based on the pathway of the disease (mainly from English virologists) in two phases where till the 6th day the illness is similar as with ordinary flu. The difference comes from the onset of shortness of breath and respiratory problems on day 6 with the coronavirus, respectively, and here comes the second phase. While with the usual and known flu disease, the patient still struggles with the typical flu symptoms on day 7. This watershed is considered to determine the further action of the health authorities - whether to go to specialized hospital care or to quarantine a patient at home. The risk here is that due to the high infectivity of the virus it

is impossible to keep the infection at desirable low levels and the epidemic to grow slowly and smoothly, and that patients do not exceed the capacity of intensive care facilities

There is no unique clear answer what approach so far is more appropriate for the spread and fight against the pandemic.

$$19.7119 e^{0.137889x}$$

Plot of the least-squares fit:

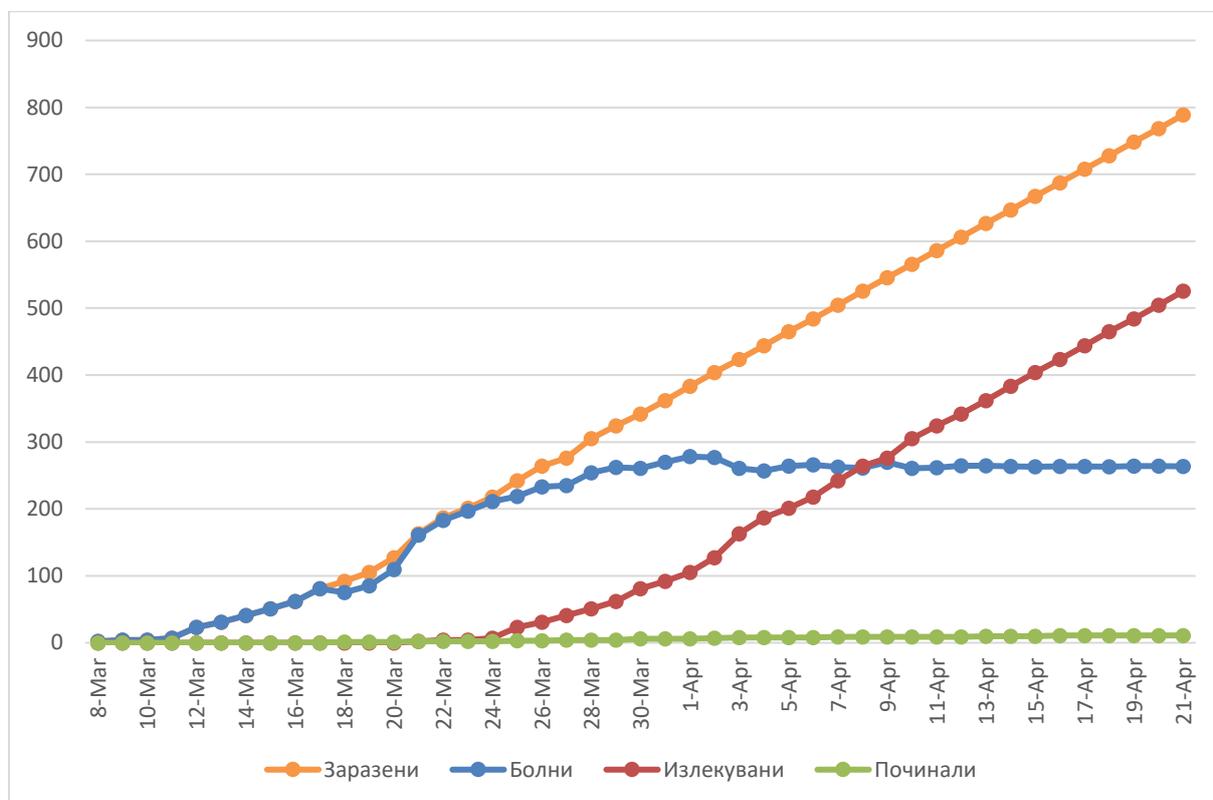


The great importance for the management and implementation of adequate steps is the assessment of the current state of affairs, effectiveness of measures and prognosis of development. Currently, a number of models are used to predict the parameters changes of the crisis and mainly the number of coronavirus infected. CMDR COE employs a mathematical apparatus that demonstrates interesting dependencies in the trend in the spread of the virus. The graph shows that the spread of the virus in Bulgaria begins with a high acceleration characteristic of geometric progression. As restrictive measures are implemented and an information campaign is conducting, the first refraction of the chart on day 13 is observed. The propagation acceleration decreased but the geometric appearance remained. After another 4 days, the second refraction is observed and the function is already approaching strongly linear.

In this case, it can be expected to achieve saturation of the number of patients currently ill, i.e. total infected will increase linearly at a relatively constant and low rate, and the number of cured will increase. The models used by CMDR COE under these conditions predict 200-250 currently ill. Saturation can be said when the infected are not concentrated in just one area of the country. This condition is comfortable for the health system and carries a low risk of loss of life among the older population. The downside is production interruptions and job losses.

It is important for a government to pursue a strategy that will tackle the crisis with minimal losses for its country. At present, some countries do not take particularly restrictive measures. This is good for their economy but also leads to a relatively high number of infected.

In Europe, that offers high freedom of movement, it carries an ongoing risk of spreading the virus to countries with controlled restrictions. Until such time as effective treatment of the disease and vaccine is discovered, the only approaches are to build herd immunity or quarantine. The Chinese have successfully implemented the second approach so far.



After detaining the virus spread, the focus there now falls on stopping the infection from coming outside. For this purpose, a huge resource is harnessed. As mentioned above, this is almost impossible for Europe unless resorting to a mandatory 14-20 day quarantine of all those arriving from abroad, but posing economic risks if refusing to travel to the country.

There are different legal procedures, regulations and practice in each European country for reporting the number of people affected and dead, and therefore the statistics vary dramatically at times. This refused many to opt out of the services of the mathematical model. There is no constant logic in the course of the pandemic. Each country has its own epidemiological picture, sometimes diametrically different from that of a neighboring country. This is suggested by factors such as differences in social migration and territorial mobility of the population, differences in socio-cultural practices, even differences in the diet of the regions.

#### d. OVERVIEW OF FAKE NEWS FLOW OVER COVID-19 PANDEMIC

The political, technological, economic, and social transformation has impacted on how the information is spreading and exchanging. In recent years this correlation poses a threat to fact-based info flow and, particularly during the current pandemic, people's lives. It refers to the "contamination" caused by some orchestrated misinformation campaigns.

The current state of play is as a cat-and-mouse game between malicious actors, governments and the new media industry. As social media companies and other actors take action to counter abuse, malicious actors adapt to the new environment. This has led to, among other things, an increase in the sophistication of cyborgs and trolls. The methods and platforms used to disseminate disinformation are changing. Furthermore, malicious actors are more effective than before in covering their own tracks. Impersonation is commonly used both for the spread of disinformation and for social engineering attacks with different degrees of sophistication, sometimes attempting to create real-life events through online activity. Continued technological development in the field of artificial intelligence and frighteningly realistic 'deepfake' video and audio techniques may allow impersonation attacks to become even more credible<sup>2</sup>.

The falsehoods related to all aspects of coronavirus case have become common place. There seems to be barely an area left untouched by disinformation in relation to the COVID-19 crisis, ranging from the origin of the coronavirus, through to unproven prevention and 'cures', and encompassing responses by governments, companies, celebrities and others. In a time of high fears, uncertainties and unknowns, there is fertile ground for fabrications to flourish and grow. The big risk is that any single falsehood that gains traction can negate the significance of a body of true facts. When disinformation is repeated and amplified, including by influential people, the grave danger is that information which is based on truth, ends up having only marginal impact.

Because of the scale of the issue, several international organizations as UN, WHO, UNESCO, NATO, EU have added a "myth busters" section to their online coronavirus related webpages. The aim is to tackle and refutes a staggering array of myths, including claims that "coronavirus is a biological weapon deployed" alternatively by China or USA or even Russia (with the aim of destroying the counter side, vary and depends on narrative); the coronavirus is linked to 5G – "city of Wuhan was a 5G testing ground"; the EU has failed to handle the crisis – "the EU is a disaster for Europe", and etc.

An UNESCO official<sup>3</sup> pointed to a more harmful example of disinformation: encouraging the taking of medication, approved for other purposes, but not yet clinically proven as being effective against COVID-19. This shows that not everyone responsible for spreading untruths is doing so maliciously. Well-intentioned people are also uncritically circulating dubious content. Whatever the reasons is, the outcome is the same. These different motives

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<sup>2</sup> Jakob Willemo, Trends and Developments In The Malicious Use Of Social Media, 2019, NATO STRATCOM COE

<sup>3</sup> @guyberger twitter, Guy Berger is Director for Freedom of Expression and Media Development at UNESCO

require different responses, but however the effect of sharing falsehoods is to disempower the public.

Some have capitalized on the pandemic, to spread misleading information for the purposes of advancing their own either political or economic agendas. The motives for spreading disinformation are many, and include political aims, self-promotion, and attracting attention as part of a business model. Those who do so, play on emotions, fears, prejudices and ignorance, and claim to bring meaning and certainty to a reality that is complex, challenging and fast-changing.

From the beginning of 2020 the epicenter of hybrid warfare migrated to the field of public health systems following the epicenter of epidemic that has spread from China to Western-wise liberal democracies. With more deaths from coronavirus being recorded in Italy than China, the battle against the virus has come to represent a competition of political systems. Which system is more effective in such trying circumstances: authoritarian Eurasia or the liberal Euro-Atlantic's?

The authoritarian leaders are true believers in the alliances in need. Recent examples may be seen in the fight with terrorism and during the war against Daesh. Such alliances are based not on bringing their countries into line with Euro-Atlantic political pattern, but rather on the existence of an indisputable common enemy. Presently, that enemy is called COVID-19. For people that would like to see the existing world order revised in their favor, the pandemic is an opportunity to reform that order.

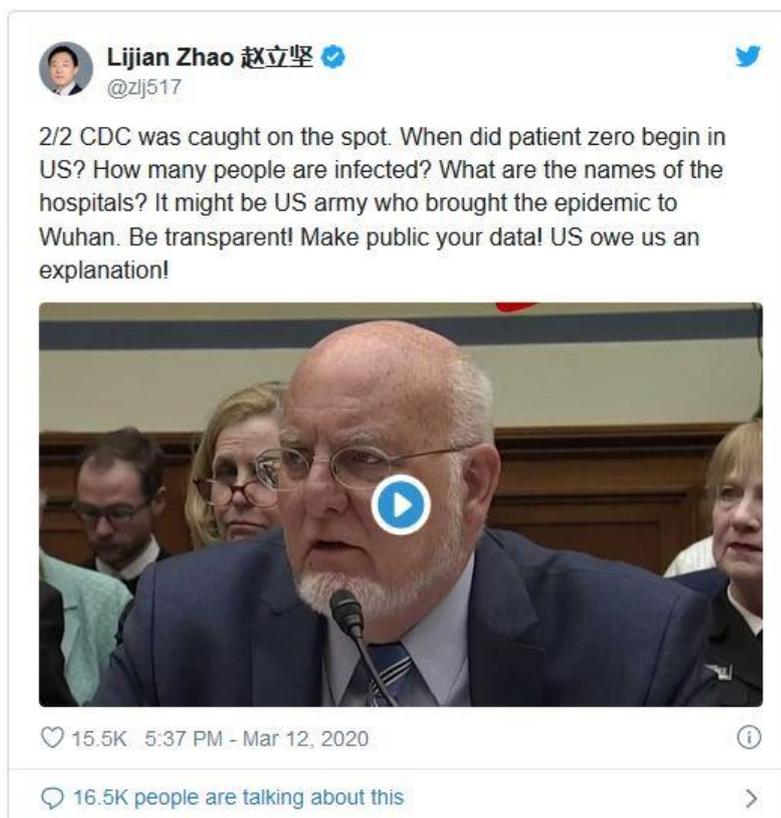
In fact there are no notable differences in the Kremlin's and Beijing's disinformation strategies towards international audiences.

Messages targeting domestic audiences describe the virus as a form of foreign aggression, for instance claiming that the coronavirus originates in secret US or Western laboratories and emphasising that challenges coping with the virus mainly affect foreign and democratic countries, while Russia is fighting the outbreak

Messages targeting international audiences (in foreign languages) follow a different approach. They focus primarily on conspiracy theories about "global elites" deliberately weaponising or exploiting the virus for their own ends. Here the aim is to induce distrust in national and European authorities and healthcare systems, international institutions, and scientific experts, among others. Narratives describing the virus as man-made is present in disinformation targeting all audiences.

In late December were reported the first cases of the coronavirus, linked by authorities to a seafood market in the city. Scientists in China and the West have said the virus is likely to have originated in bats and jumped to humans from an intermediate host -- just like its cousin that caused the SARS epidemic in 2002 and 2003. However, parts of Chinese social media and even the country's government appear to have launched a concerted campaign to question the origin of the virus. Chinese officials and state media have repeatedly stressed that there has been no conclusion on the exact origin of the virus. A spokesperson of the Chinese Foreign Ministry, promoted a conspiracy on Twitter. He hinted that the virus had originated in

the USA and was brought to China by Americans as hundreds of US military athletes were in Wuhan for the Military World Games in October 2019.



The origin of the coronavirus has become a politically sensitive topic in China and the government seeks to control related scientific research so that the findings do not challenge its own narrative on the origin of the virus and the government response to the crisis. In China, research papers on the coronavirus have to go through an approval process for "major topics" and to be approved by three levels of organizations.<sup>4</sup>

In Bulgaria the coronavirus crisis has become a daily topic in pro-hybrid warfare media. As of 16 March, the CMDR COE has collected 2 corona-related disinformation mainstreams nationwide, basically through social media domains as BulgarianTimes, Bradva, Lenta, Skandalno etc. These messages are characteristic of the well-established strategy of using disinformation to amplify divisions, sow distrust and chaos, and exacerbate crisis situations and issues of public concern.

The first stream aimed at the government's efforts to restrict social daily routines and to keep the national health system at a level to meet adequately the coming uncertainty. The official policy stated on March 13 the idea that the national resources cannot afford mass testing, simultaneously all hybrid outlets (popularly called 'hibridki') commenced propaganda for 'reasonable solution' through a mass test campaign. Lately tide has aimed intensive reactions among auditorium against 'irrational measures' of lockdown imposed by the government.

<sup>4</sup> Steven Jiang and Alexandra Lin, CNN Contributed Report, [cnn.com/2020/04/12/asia/china-coronavirus-research-restrictions-intl-hnk/index.htm](https://www.cnn.com/2020/04/12/asia/china-coronavirus-research-restrictions-intl-hnk/index.htm)

Several science capacities were quoted randomly, some of them mostly out of the scope of current situation to substantiate the narrative.

Hybrid warfare media have found prophecies of the Bulgarian sooth-sayer Vanga, where she saw an illness coming from China. Also they have found her prediction about a medicine against. It became known that Vanga predicted the invention of a cure in Russia. According to Vanga, it will be made out of Siberian cedar tree and Russian doctors will, according to her prophesy, produce a cure out of wood. The activists that have disclosed this prophesy are convinced that Vanga referred to COVID-19. The spread of suggestions of such "miracle" aimed to affect the trust in the European health care system.

On April 8, 2020, state-owned BNT broadcasted a China's state-run agency Xinhua's Under Quarantine – A Month in Wuhan film, released a coronavirus timeline to hit back at accusations that Beijing tried to cover up the full scale of the outbreak.

In the period mid-March to beginning of April the Bulgarian public has been flooded with topics on "No-EU presence in Italy against COVID-19" manifesting the only countries that helped Italy are Russia, China and Cuba, non-EU countries. The deliberated claims stated when the crisis is over, the EU will be held accountable and European Union will be dead because it has no reason to exist.

When on March 25, 2020, the Italian daily newspaper La Stampa published an article on the Russian equipment and personnel (100 mostly military specialists in bacteriological warfare) sent in fight against the coronavirus pandemic, the reaction was prompted in turn. Pro-Kremlin narrative migrated to that Russia has become a target of Russophobic campaigns.

In fact, the La Stampa's article posed a series of questions about the real motives behind Moscow's coronavirus assistance operation in Italy and reported that, in the opinion of unnamed highly placed Italian officials, the Russian aid was mostly of limited value to Italy's efforts in fighting the epidemic. Another Italian media later reported the concerns of some military and security experts that Russia's aid operation in Italy could be used for intelligence purposes by the GRU (Russian military intelligence).

The Russian Ministry of Defence subsequently issued a statement accusing Italian media of spreading russophobic disinformation. The statement also contained thinly veiled threats against journalists. This narrative is consistent with the recurrent narrative aimed at discrediting mainstream Western media by claiming it is dominated by russophobia and spreads fake news<sup>5</sup>.

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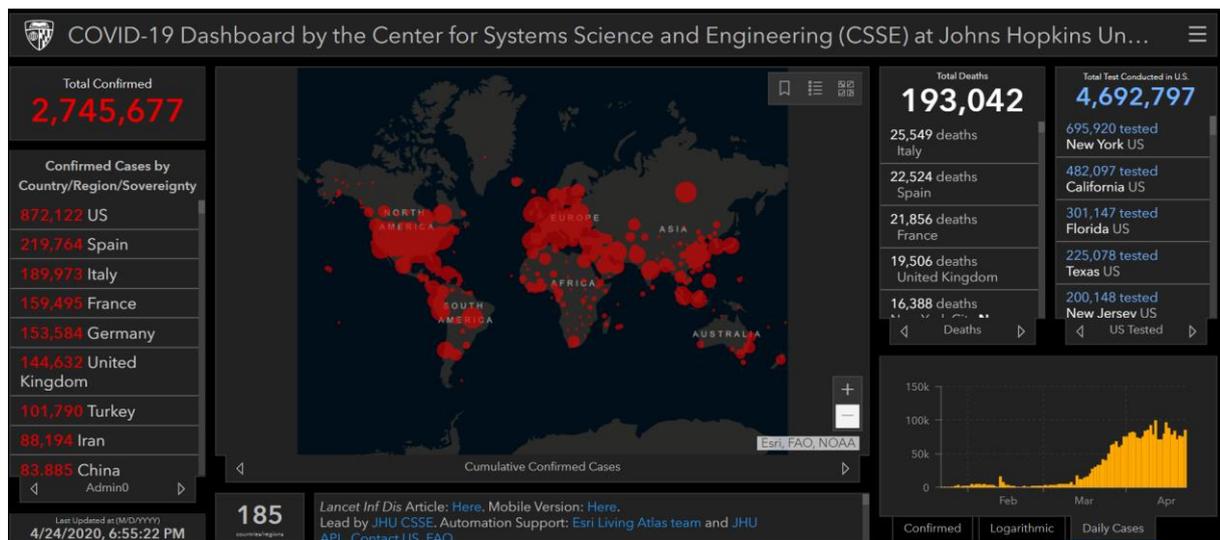
<sup>5</sup> <https://euvsdisinfo.eu/eeas-special-report-disinformation-on-the-coronavirus-short-assessment-of-the-information-environment/>

## Analysis by country and organization

### 1. Analysis of the COVID-19 crisis development and measures by countries, EU, NATO

#### a. General condition:

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>



The onset of the COVID-19 virus worldwide continues at a very rapid pace. By this time (April 23), the number of infected people is already approaching 3M. The outbreaks of infection are concentrated in countries where measures of social distance have been adopted at a later stage than the spread of the infection (Russia, the United States, the United Kingdom and Turkey).

Following the initial shock and the lack of a clear assessment of the situation, countries have taken a number of health, social and economic measures aimed at reducing or mitigating the initial effects of the spread of the Corona virus. In this phase of the crisis, efforts are focused on preserving people's health by limiting the sharp escalation of the disease, putting the health system under great strain. This includes implementing measures for social distance and quarantine, preserving the health of the health care provider and providing medicines and equipment to assist the treatment of the sick.

The high level of uncertainty remains ahead of what is to come in the near and far future. The questions at this stage are much more than the answers and this generates uncertainty in societies. The first indications of unrest and dissatisfaction with citizens in certain countries have emerged, which have been socially and physically isolated in recent weeks (USA, France, Germany).

Against the background of this evolving situation, the intention is that some European countries that are thought to be on the path to controlling the spread of the disease, take concrete steps to phase out and ease the measures currently taken to tackle the first period of the pandemic. At this stage, actions are prudent and will be determined to a large extent by the success of each of the steps taken to alleviate - the so-called. a stepwise approach. In this respect, each of the steps

taken to facilitate the measures will be monitored and analyzed to evaluate its effectiveness. The aim is to avoid disturbing the balance and causing a new wave of infection.

Against the backdrop of the crisis, accusations against the World Health Organization (WHO) and China are mounting. The US administration has sharply criticized China for its lack of transparency and timely information after the COVID-19 outbreak in Wuhan. The United States has even suspended funding for (WHO), accusing it of mismanagement and withholding data on the spread of the Crown virus.

Another negative trend, in addition to the existing ones, is the increasing number of people starving in the world. This is a prerequisite for the emergence of another crisis - the humanitarian one, which is set to be the worst crisis since World War II, with Africa and the Middle East countries most vulnerable.

A positive indication in the search for success in the fight against the Corona virus and ending the pandemic is the creation of a vaccine. In this regard, four countries have started initial testing for the vaccine for the disease on volunteers. The next steps in this direction are decisive in finding a way out of the current situation.

#### *a. Asia*

##### *i. China*

China's approach (Appendix 1) to dealing with COVID-19 can be defined as a strategy for containing the suppression of COVID-19 transmission rate. A major trend over the past period is the stabilization and recovery from the crisis of the spread of the virus. The focus is on preventing the recurrence of high rates of spread caused by the introduction of COVID-19 and from cases of a-symptomatic infected ones. Official data provided by the China Center for Disease Control (China CDC) indicate a minimal number of registered local cases of infection and a general trend towards stabilization.

China continues to refine its data analysis methodology, which has led to an official correction in the number of deaths caused by COVID-19 in Wuhan. In terms of distribution, official data indicate a minimal number of registered local cases of infection and a general trend towards stabilization. Tracking the evolution of the situation, combined with the evaluation of new data and indications, allow China to moderately and gradually alleviate the strict measures of physical isolation and distance by maintaining high levels of personal hygiene and protection (e.g., wearing masks, washing hands, preventing clusters in tight confined spaces). This is coupled with attempts to accelerate economic and social recovery through targeted (risk assessment based on regional specifics) economic and financial incentives and support. The main focus is on increasing local demand and investment in support of small and medium-sized businesses, as well as investment in new, such as innovation and technology, and traditional sectors.

A key question for China, and for most other countries, is when and how specific measures are discontinued. Different areas and regions could and have specific capacity and readiness to restart economic activity. Therefore, and as the Chinese example shows, mass testing and a clear understanding that mitigating measures, in stages, should be the result of risk assessment for individual regions / districts and with respect to high levels of prevention and protection in a situation of shortages of established treatment and developed vaccine for mass application. Modern technologies, especially in the IT sector, prove their relevance and

relevance in informing decision-making and planning, as well as in providing an environment for social closeness in the context of physical isolation.

A major critical point is (reaching) the level of social tolerance and support for measures, including unpopular ones, applicable in one or another social, cultural, economic and political model. Strict, qualified and draconian measures implemented in China result in a significant reduction in the spread of the virus, especially when compared (both in absolute and relative terms) with countries with more limited, or absent, preventive measures.

### *ii. Taiwan*

Taiwan's approach (Annex 2) is similar to that in China, except that implementation of the adopted measures started at a much earlier stage. As of April 22, the total number of proven infected in Taiwan was 426, the mortality rate was below the percentage of the infected and far below the per capita rate, and the treated patients (236) were growing at a steady rate.

The main trend in the period 13 - 22 April is the stabilization and recovery from the crisis of the spread of the virus in two directions: protection of life and health and ensuring livelihood. This tendency is accompanied by the implementation of targeted measures depending on the risk assessment for and the specificity of a particular region or area.

The focus is on preventing the resumption of high rates of spread caused by the introduction of COVID-19 and from cases of  $\alpha$ -symptomatic infections. Tightening of travel restraint measures (including transit) and mass events and promotion of personal hygiene and protection measures are observed. The gradual tightening of physical distance measures, as well as the country's stable fiscal position, lead to a (relatively) smoother economic downturn (compared to China). The country's high-tech profile promotes a relatively smooth transition to a physically distant daily routine, mitigating the negative effects on society (social, mental, economic).

The country's high-tech profile contributes to the relatively smooth transition to a physically distant daily routine, mitigating the negative effects on society (social, mental, economic). Good practices, a functioning system for responding to an epidemic situation (eg the SARS epidemic in 2003) and extremely high confidence in the work of the institutions have facilitated the implementation of anti-epidemiological measures. The use of new technologies, including artificial intelligence for Big Data processing and analysis, enable Taiwan to successfully implement measures to identify and trace potentially infected ones, as well as follow-up and analysis measures.

Key findings from the period considered include Taiwan's consolidation as a highly resilient country that is able to smoothly control the spread of the disease through its experience of previous health crises (cultural and social habits and behaviors established) and the combination of focused and distributed efforts between medicine, government, the private sector and civil society. Interinstitutional synergies allow harnessing potential and resources in response to the crisis.

### *iii. Japan*

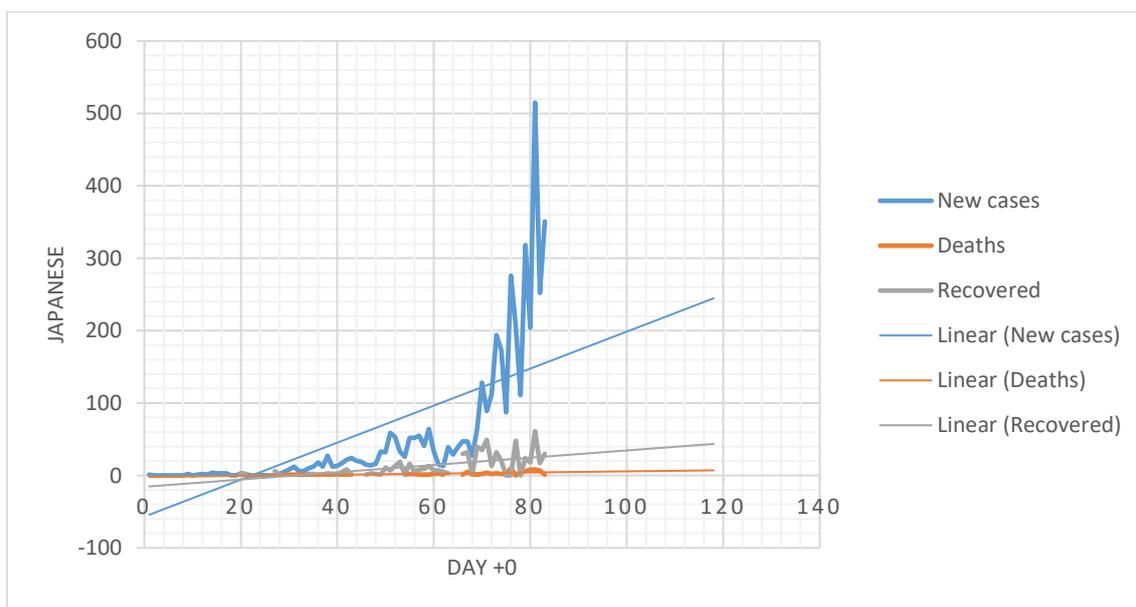
The downward trend in the number of patients over the past week has sharply worsened the situation in Japan (Annex 3). The progressive increase of newly infected people in the past days necessitated a declaration of a state of emergency in the country. The measures

came into force on April 17 and will continue until the end of the Japanese holidays of what is known as the "golden week" (May 06). The state of emergency is required to stop the movement of people across borders and to impose a social distance in order to overcome the national crisis with a nationwide effort. The country is also preparing a program of financial assistance of 100,000 yen for every Japanese citizen (Japan's population is approximately 120,000,000)

Even in a state of emergency, the Japanese government will work to minimize the impact on social and economic functions and will not take coercive measures such as "blockade" (city blockade), as is done in other countries.

Plans for distance learning for students of all ages have been drawn up. Unlike many countries, Japan did not suspend school hours and, according to a number of analysts, this has made the country worse. One of the main policies for combating the Japanese virus at this time is to encourage home-based work and distance learning. This aims to create the necessary social distance.

From a financial point of view, Japan has extended the deadlines for declaring income, consumption and filing taxes on gifts and payments indefinitely, and taxpayers are advised to pay and file documents when they can. Businesses with at least a 20 percent drop in revenue since February can delay their income tax payments by one year. Japan provides relief to companies whose sales have decreased by at least 50 percent for a month or longer by allowing the company to be discontinued for tax purposes for tax purposes. Japan has allocated € 446 billion in response to the pandemic.



*Figure 1* Линејно разпределение на заболелите, смъртност и излекувани в Япония

#### *iv. South Korea*

The first confirmed case of a coronavirus in the country is on 01/20/2020 (Annex 4). The infected is a 35-year-old Chinese woman who travels from Wuhan (China) to the airport near Seoul (South Korea). She is isolated for treatment. Using the experience it has had so far in dealing with the epidemic, the government has used strict rules to track affiliates, along with

mass testing. The government measures are indicated effective until the middle of February, when the so-called. Patient-31 does not follow the isolation guidelines and participates in a public liturgy at a church in Degu. A large percentage of those infected in South Korea are associated with 2 major clusters - the aforementioned church and a nearby hospital in the city.

COVID-19 is not the first infectious disease with an epidemic risk facing South Korea. In 2015, another coronavirus, Middle Eastern Respiratory Syndrome (MERS), broke out in the country. Emergency quarantine measures were then imposed, and a new law to control infectious diseases subsequently came into force, increasing the country's capacity to deal with future epidemics. The law allows all epidemiologic health services to require data from mobile operators for the location of confirmed infected people, which is compared with data from public video surveillance systems and credit card statements. In this way, it is possible to quickly identify the public places visited by the infected and to track all their contacts.

## *b. Europe*

### *i. Italy*

**The number of** fatalities and new infections in Italy (Annex 5) is significantly lower than the peak period at the end of March, but the trend towards a significant decline has not persisted despite national quarantine. The country remains as one of the world centers with an active coronavirus infection, with cases detected at that date being 187 327. On 20.04. In 2020, the country marked the first decline in active cases of infected people in the country, which is a good indicator of reducing the pressure on hospitals.

The graph for Italy largely replicates what is happening in Germany as well. The same peak is observed around the days of April 16-18 and deceleration over most of the time interval. However, the death toll does not fall as dramatically as it should based on statistics. This means that the infection continues its hidden development.

According to CMDR analyzes, COE shows that for Italy, the percentage of the population that has had contact with the virus is about 15. As noted in previous reports, this maintains the rate of spread of the virus despite drastic restrictive measures. An increase in the percentage of people who have encountered the virus will delay at the beginning and subsequently delay the spread of the infection. The question now is whether the conditions now are those that will allow restrictions to be lifted and that the rate of growth of the disease be maintained.

Part of the cases in Italy under home treatment are not updated quickly enough and as a result the rate of recovery is not high. However, as CMDR COE predicts, saturation is already observed, with the number of patients sick and recovering being equal. This will make it possible to build herd immunity in the country without collapsing the health system. The likely scenario is to remove restrictions to maintain the current spread rate. Otherwise, the rate of propagation is likely to decline significantly, followed by a second rapid wave in about a month.



An extension of the quarantine period in the country to May 03 was announced on April 10, while resuming some trading activities such as the operation of book exchanges and forestry. The cessation of all industrial and commercial production activities and the preservation of the physical distance between the forest when shopping was reaffirmed.

A legislative decree was adopted on April 20, which provides for urgent decisions on consultation for the 2020 elections, given the extraordinary health situation of Covid-19. With this decree, elections in Italy - parliamentary and local - are postponed to September 2020.

Due to the partially positive change in the situation, epidemic briefings will no longer be daily, but on Mondays and Thursdays.

## *ii. Spain*

In Spain (Annex 7), the economic restraints introduced on 30 March have begun to ease, aiming to further restrict urban movement and increase social exclusion in society. However, the situation remains volatile and difficult to predict. In view of the sharp amplitudes of the infection curve in recent days.

Spain is characterized by the same peak in acceleration and a fall again below negative values as in the above countries. The acceleration of the spread of the infection is negative, which means that the rate is decreasing. A large number of people recovered from the disease have also been reported. In light of all that has been said about Italy, the ratio here is also about 6-7 times the actual number of people who have been contacted by the statistical reporting virus. In the crisis does not end here.

Removing all restrictions would cause a serious boom in the number of infected people, reaching 30% of the country's population. Further, the spread rate will have a gentle reach until 60-70% of the country's population is infected. This value is critical to the natural attainment of a bearer infection rate below 1. Preparation for the removal of restrictions is under way in the country and this is based on everything described for Germany and Italy. Part of the business has adapted to production under these conditions, but for another, quarantine every day involves huge losses. Lobbying for change measures are businesses generating hundreds of billions.



Against this background, the government plans to phase out the quarantine measures in the second half of May. The restrictions will be slowed down gradually and gradually to ensure that no second wave of infection is prevented.

The government has asked parliament to approve the extension of the state of emergency due to the pandemic from the Corona virus until May 9 inclusive. The Spanish authorities declared a state of emergency on 14 March, extending it twice already.

Currently, there are 3 working groups set up in the country to work in three different directions, depending on the development of the fight against the Corona virus. One group includes practically the four key ministries - health, home affairs, transport and defense - that are currently responsible for controlling the situation.

The other group has a long-term goal, which includes economic and social recovery and is under the authority of the Ministry of Finance. Its task is to prepare the draft budget for 2021.

The third group is focused on working in the medium term and aims to plan measures for crisis de-escalation and a smooth return to normalcy.

Despite the measures laid down, it is acknowledged that Spain remains threatened by a serious social crisis and subsequent economic crisis. The situation requires that the reaction of political power be meticulously labeled in accordance with long-term goals. It is of paramount importance that pandemic damage does not translate into a long-term economic downturn in the country.

### *iii. Portugal*

The other Iberian state, Portugal (Annex 6), extended the state of emergency until 1 May. The government has advocated maintaining quarantine measures because "lifting the state of emergency would send the wrong message to the country." The state of emergency, currently in force from March 19 to April 17, was extended in the week after Easter in the country.

Currently (23 April), the proven COVID-19 cases in Portugal are 22,353 and the deaths are 820. The death rate is significantly different from that in neighboring Spain, where 1 million die 300, while 34 in Portugal. According to many scientific capacities, there are a number of reasons behind this difference, assuming that the reason lies in the way the statistics are kept.

It highlights the fact that, compared to other countries, the Portuguese Government has triggered restrictive measures relatively early. Strict emergency measures were put in place when there were no deaths in the country (the first was March 16, the measures were on the

13th) and coronavirus infected were barely a hundred. Schools, bars and discos were closed before, all sporting events were canceled, the border with Spain was closed. All airports are closed and people can leave the municipality where they have their registered address only if they travel for work. Kindergartens and schools will not open until the end of the school year, except perhaps for high school students who have to pass exams.

At Easter, the measures were further tightened - people were urged not only to stay in their cities but also in their homes. After the restrictive measures were extended to May 1, the president asked the Portuguese to remain disciplined until the end of April, "so we can turn the page around at the end of the month."

Portugal had to act quickly mainly because of its health system. So far, intensive beds are sufficient, and two temporary hospitals for COVID-19 patients have been prepared, but overall health care is in serious condition - because of the savings imposed after the crisis of ten years ago. There is a shortage of doctors, nurses and advanced equipment. In the meantime, it can no longer count on tourism inflows. With an aid package of more than 9 billion euros, the government is trying to soften the blow.

#### *iv. Germany*

As of April 23, 2020, Germany (Annex 9) remains the fifth largest country in the world for confirmed cases of coronavirus (148,046), with the death toll being relatively low thanks to early and massive testing. The number of infected and hospitalized in Germany has dropped significantly and the epidemic seems to be under control.

It is currently assumed that the rate of transmission of the disease from person to person is below one. This is justified by the fact that the acceleration of the spread of the infection is of negative value for Germany. Interesting is the peak observed on the chart for the days of April 16-18. This peak is observed in most Western countries for which CMDR COE has analyzed statistics. Probably this peak is due to movement and contacts of people, which is observed during the holidays.

Another characteristic of the development of the crisis in Germany is that mortality rates are beginning to increase. This means that most of the infected are not diagnosed, which in turn explains the rapid decline in reported cases. It is suggested that warmer weather contributes to a greater number of asymptotically infected ones. This, in turn, will lead to the emergence of new local outbreaks and the number of fatal cases will persist for some time. The country is preparing to phase out restrictions, which is probably due to the analysis of accelerations.



On April 15, the German government adopted a decision to gradually reduce social distance measures, announcing initial plans to ease restrictions:

- extension of the general measures against Covid-19 until 3 May;
- from April 20 - opening of shops with a commercial area up to 800 sq.m. This also applies to car dealerships, car repair shops, bicycle shops and bookstores, without restriction on commercial space;
- from May 4 - resumption of study activity for the upper classes and for those levels in the schools where the exams are due. On April 29, the Provincial Ministers of Culture conference in the individual provinces will decide how to conduct classes in compliance with special hygiene requirements, with particular regard to distance learning and small group training;
- mass events remain generally banned until August 31, incl. concerts and football games;
- the requirement to maintain a distance of 1.5 meters, people to move to a maximum of two (or in a family circle), when outside, and to communicate only with people in the common household remains in force;
- wearing masks in public transport and indoors in public is advisable.

The country has called for a larger EU budget to support economic recovery in the Union, linked to the adoption of a European Economic Package to support economic recovery in the next two years.

Against the backdrop of attacks by the US administration and the cessation of financial assistance to the WHO, Germany fully supported the organization's mandate and said it was an indispensable partner in the fight against the Corona virus.

By this time, every week, the measures taken cost about 1% of the country's GDP (about 40 billion euros).

#### *v. The Netherlands*

Measures against the spread of coronavirus in the Netherlands (Annex 10) have halved the rates of infection, but according to the government, they must remain in place to be truly effective. Against this background, the government decided to extend some of the adopted measures to May 19, inclusive. The following steps have been approved to ease the current constraints:

- reopen primary schools and children's centers for children aged 0 to 4 on May 11;
- the size of classes in primary schools will be halved at the expense of distance learning, with pupils from special education schools being able to attend school every day.
- it is recommended that commuting to be made on foot or by bicycle in order to facilitate urban transport;
- from 29 April children and teenagers have more opportunities to participate in organized sports and outdoor play. Formal matches will not be allowed;
- children under the age of 12 to practice outdoor sports together under surveillance.
- young people between the ages of 13 and 18 to exercise together under observation, keeping a distance of 1.5 meters.

- top level athletes to resume training in specialized training facilities, keeping a distance of 1.5 meters.
- the ban on cultural and sporting events until 1 September 2020.

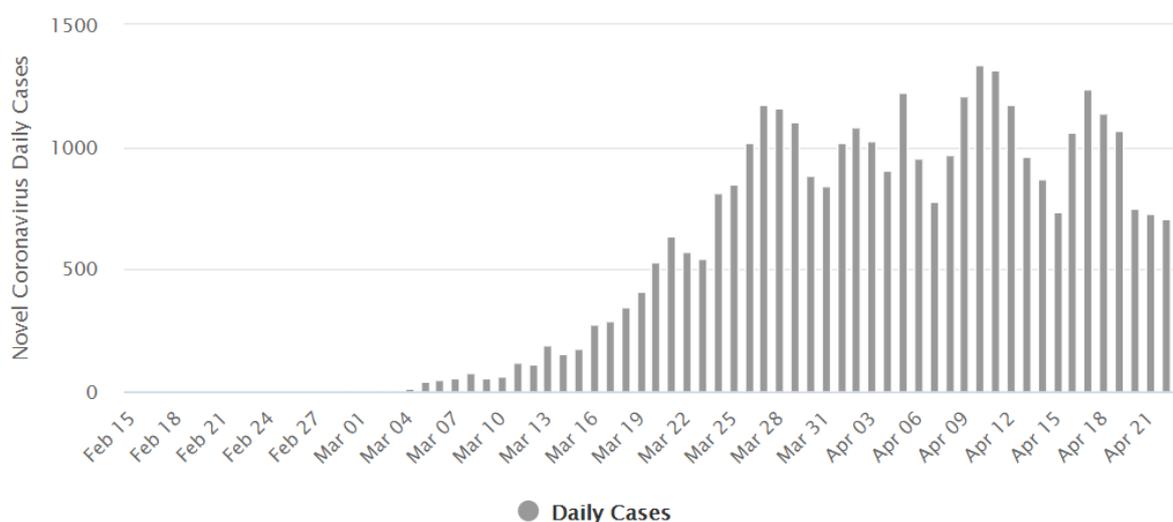


Figure 1 Број заразени по дни в Нидерландия

The Netherlands National Institute for Public Health and the Environment - RIVM has launched a large-scale study on how many people have antibodies to the new coronavirus. Invitations to the survey were sent to 6,000 people from all over the country and across all age groups. In the coming months, antibodies in the blood will be measured in several rounds of testing. With the results, the Dutch National Institute for Public Health and the Environment aims to learn more about the spread of the virus and the development of "herd immunity" across all age groups. Anyone who has been in contact with the virus will generate antibodies. Measuring these antibodies in their blood reveals how many people in the Dutch population have been in contact with the virus.

The participants are people who have previously participated in the PIENTER study. Nearly 8,000 people between the ages of 0 and 90 are being surveyed in 2016/2017. The National Institute of Public Health and the Environment collects blood samples from the people who participated in the study and gave permission to store their samples. Blood samples will be taken again for the study of this part of the population. The two blood samples will be compared, which will provide important information on the spread of the virus and the development of immunity of the population. The studies will cover the period before, during and after the outbreak of the new coronavirus.

#### *vi. France*

On April 11, France (Annex 11) declared that the plateau of the coronavirus epidemic had been reached in the country, as there was a significant reduction in daily deaths in the country. During the period, hospitalizations continued to decline. This is considered a successful first step and the country's closure seems to prove effective.

However, the situation in the country does not seem so encouraging so far. Here, the acceleration graph is closer to zero. Removing the restrictions now would give a rapid impetus to the spread of the virus. The reported mortality rate is very high. Also, the number of deaths

per day exceeds that of countries registering several times more infections. This is indicative of a difference in case classification standards already reported by CMDR COE. The number of tests performed is just as many times smaller, which proves that in the country the number of infected persons is not only higher, but also a number of cases with average sympathetics are not reported.



As a result of the restrictive measures taken, it has been found that violence in France has increased by over 30 percent. This justifies the government to take a number of measures to assist victims of domestic violence

- Temporary support centers outside supermarkets are set up and pharmacists receive guidance to advise victims of domestic violence who come to them for help;
- The government will pay 20,000 nights in hotels and shelters for victims who choose to leave their partners during restrictive measures in the country.
- A Guide to Increasing Workplace Violence and Aggression during the Pandemic has been prepared, providing advice for employers and workers and covering occupations in sectors at particular risk: healthcare, nursing homes, information centers, grocery stores goods, suppliers and security professionals.

Another important issue for the last two weeks is the increase in the budget the French government is providing to support the economy. This includes strengthening the emergency plan to support the economy - an increase from EUR 45 billion to EUR 110 billion. The package includes € 20 billion to help large companies and bonuses of € 1,500 for medical staff.

The main topic that has attracted the country's attention over the last two weeks is the planned process of partially removing the blocking restrictions. On 13 April, it was announced that the restrictive measures for the population had been extended until 11 May. Non-European borders will remain closed. The measures result in millions of people imprisoned in their homes in France solely able to buy essentials, visit doctors or play sports. As a result of social distance, contact between people in France has been reduced by 80%.

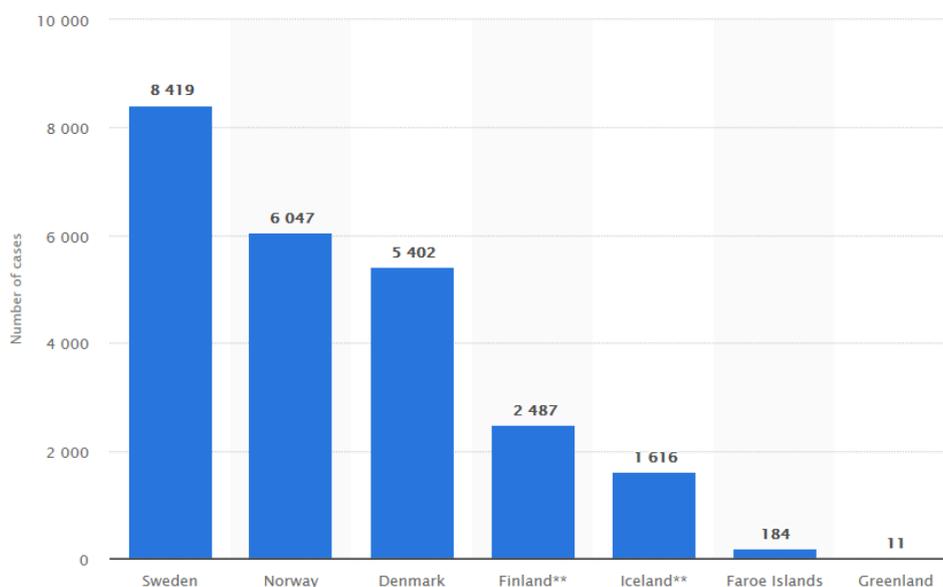
: Highlights of the May 11 partial lifting of restrictions include:

- nurseries, primary and secondary schools will gradually reopen, but higher education will start again "not before summer";

- restaurants, cafes, hotels, cinemas and other leisure activities will remain closed and there will be no summer festivals "before mid-July;
- mandatory use of masks in public transport or in the most exposed occupations;
- more massive investment in research and everything that is done about treatment is guaranteed.

### vii. Finland, Norway, Denmark, Sweden

(Annexes 12,13,14 u 15)



Комбинирана графика на реакцията на Covid-19 за Скандинавските страни

**Sweden** is one of the countries that initially took a different approach and did not impose strict restrictions. The number of tests performed is still relatively small, which makes it impossible to determine the spread of the infection more precisely.

However, as a result of the rapid increase in the number of people infected and under pressure from public opinion, the country has banned large gatherings, closed high schools and universities and advised seniors to isolate themselves. Restaurants, bars, elementary schools and most businesses are still open. Despite the slight limitations, statistics show that hospitals in Sweden are not congested (80% so far). Against this background, it is not surprising that Sweden is less affected economically. Expenditure in the country has fallen to only 30%, unlike its neighbors Denmark - 66% and Finland - 70%. Unemployment in Sweden is rising four times slower than in Norway. If the situation remains in this state, it may be that the economy of the country will not suffer to the same extent as that of other countries of Central and Western Europe.

Based on statistics, charts and research, it is difficult to conclude that Sweden is on the wrong track to overcome the crisis. The impact of a Corona virus can not only be measured by its effect on health, but also on the economy, investment, unemployment, etc. It is very likely that the Swedish government has relied on a strategy based on minimal negative social disruption and minimal financial negative effects, which, on the other hand, is likely to have long-term political consequences. Keeping social structures open can be considered risky, but it will reduce social pressures and further create conditions for faster economic growth.

In **Norway**, life is slowly recovering as kindergartens and many businesses begin to reopen. The government said it was "controlling" the epidemic. In the last two weeks, the number of hospitalized people and respirators has tended to fall. Some of Norway's restrictive emergency measures are in the process of relief. This includes re-opening kindergartens and schools for the youngest children. Companies such as hair salons will be allowed to reopen and the controversial ban on cabin stay has been lifted. The exact dates for the removal of specific measures vary, but life will be much more normal than April 27. At this time, most small and kindergarten schools will be open. Other measures, however, remain in force for much longer. Public gatherings, including cultural and sporting events, will be closed by June 15. It is quite possible that the ban on public events will be extended once again. Anyone caught breaking the quarantine faces a heavy fine and even jail time.

Based on statistics, charts and research, it can be assumed that Norway is on the right track to overcome the crisis with minimal negative social, financial and political consequences. Opening up social structures may be considered risky, but it will inevitably reduce social pressure and provide additional conditions for a return to normal life.

The situation is similar in the other Scandinavian country, Finland, which has also taken timely measures to limit the spread of the corona virus.

**Finland** has expanded and strengthened border controls, restricting travel to and from the country until 13 May. This is in addition to the current restrictions, and under the new conditions travel to neighboring countries will be limited to the implementation of urgent activities. The government has recommended that shipping companies stop all passenger ticket sales from Sweden, Estonia and Germany until restrictions are lifted.

The Bank of Finland has estimated that COVID-19 will drastically reduce the country's GDP this year. If restrictions and closures continue for more than three months, the projected decline will be around 5-10%. Based on this forward-looking analysis, the Finnish government will discuss canceling or restricting summer vacations. Business stakeholders believe that summer should not be a time for rest, but rather focus on restructuring the economy.

Finland is also presumed to be on the right track to go through the crisis with minimal negative social, financial and political consequences. All trends in the disease are decreasing and the spread of COVID 19 is likely to be under control. Although there are debates and discussions on reducing restrictions, the Finnish government still requires additional measures to curb the COVID pandemic 19.

In **Denmark**, the total number of hospital admissions and intensive care patients has decreased since the beginning of the month. The country is about to make its first move to ease the restrictions imposed to fight the corona virus. It is also among the first European countries to seek to phase out blockages, just as it was one of the first to impose restrictions. The spread of coronavirus seems to be under control and the government wants to get the economy back

on track. Denmark's moves will be consistent and cautious. The measures taken in this regard are as follows:

- • the work of kindergartens and schools has been renewed as a first step in the loosening of measures;
- • On April 20, small businesses such as driving schools, hairdressing and beauty salons are allowed to start work.

It can be assumed that Denmark is on the right track to go through the crisis with minimal negative social, financial and political consequences. Denmark and Norway are very likely to follow a similar exit strategy.

#### *viii. Belarus*

The first recorded case of COVID-19 in the country is in Minsk on February 28, 2020 (Annex 16).

Following criticism, both at home and abroad, that he did not introduce measures to limit the spread of the virus, President of Belarus Alexander Lukashenko called on experts from the World Health Organization (WHO) to assess the situation and to show Belarusian citizens, that they are safe and the government is hiding nothing.

As of April 12, a total of 2,578 cases were confirmed, including 203 recoveries and 26 deaths, 50 patients requiring assisted ventilation. To date, over 64,000 COVID-19 tests have been conducted.

The president defines the anxiety about the coronavirus as a 'psychosis'. He demanded the government to provide a significant amount of protective clothing for medics and claimed that quarantine measures should be followed strictly. In Belarus, the infected are forbidden from leaving the home, so that no further spread of the virus is avoided.

On March 25, 2020, a mandatory 14-day self-quarantine requirement was introduced for persons entering Belarus from countries affected by the pandemic, with the exception of diplomats and their families, air crews and persons transporting Belarus when returning to their home countries.

As of March 30, no national quarantine measures have been taken in Belarus. This, as well as the gradual decrease in the transparency of official pandemic reports, has led to criticism from the press and the population.

#### *ix. Poland*

In Poland (Annex 17), the number of infected persons is still increasing, but the rate of growth of the disease is declining steadily.

The country announced that it would gradually reduce restrictions introduced to combat the COVID-19 pandemic. This process will be divided into stages - in order to maintain maximum security for citizens. The dates of entry into force of the next steps will be determined on the basis of the dynamics of the new cases. The first phase will start on Monday 20 April and will include:

- recreational movement, which means that walking, jogging or cycling in the forests and parks, with the exception of playgrounds, is allowed, but physical distance and use of masks remain mandatory;
- • in shops up to 100 m<sup>2</sup> - with no more than 4 customers at a time;

- in stores over 100 m<sup>2</sup> - the number of customers must be calculated by taking the formula 1 person for every 15 m<sup>2</sup>
- the restriction of people in religious places will be increased to 1 person per 15 m<sup>2</sup>;
- Children over 13 will be able to move without an adult.

The government has announced that the opening of small trade and services facilities will be further steps in reducing restrictions on the coronavirus epidemic. The decision to move to the next stage will be made after the necessary conditions have been met: analysis of the trend of new cases, efficiency of healthcare and implementation of sanitary guidelines.

Since the launch of the anti-crisis protection program (last 3 weeks), 1.5 million requests for assistance have been received, enabling small businesses to survive in the market and maintain jobs.

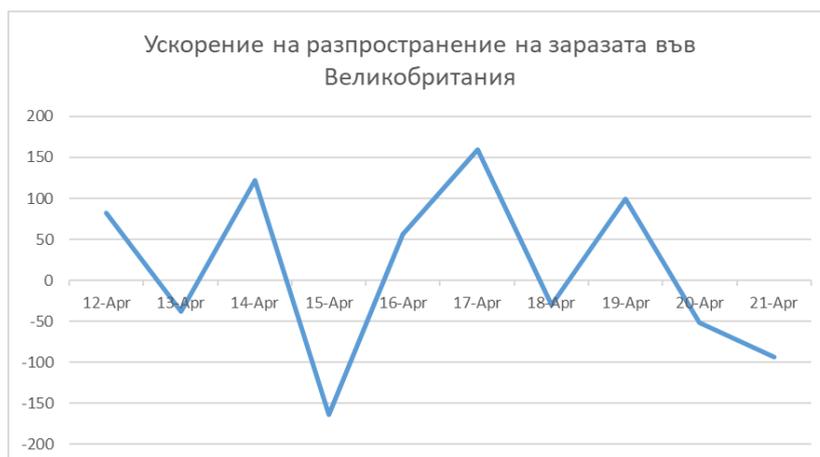
The government has received much criticism for its decision not to postpone the May 10 presidential election. To this end, the Polish authorities allowed citizens over the age of 60 and those under hospital or home quarantine to vote by mail.

#### *x. Great Britain*

Globally, the UK remains the 6th most infected with COVID-19 with a total of 133,495 people (50% increase since the start of the period under review).

The UK is also a case of significant distortion of the incidence data, which may be criticized subsequently. An example is the number of critical cases that have been reported. They are 4.5 times less than those in Spain - 1559. At the same time, the number of victims of the virus in the UK is 1.2 times higher. The difference is illogically large and suggests rather that the UK headquarters are misreporting statistics. The country has been pursuing a collective immunity strategy from the outset. This has met with support from society, which needs to find its identity after breaking away from the European Union. Ignoring the problem is such a step. This would explain to some extent the manipulation of infection data in the country. For now, accelerations are moving around zero, which means a slight change in the number of infected day and night in the coming days.

In the UK, there are currently conditions for the expansive development of the contagion of the measures. The mortality rate of more than 10 percent indicates a latent incidence at times higher than declared. Even so, the necessary 30% has not yet been reached to establish a linear rate of crisis. According to CMDR COE, people who have had contact with the virus are approaching 20%.



During the period under review, 206,961 PCR tests (approximately 20,000 tests / day) were conducted in the UK, which is 8,248 tests / 1 million population. The number of tests carried out in one day is still far from the level of ambition of the government. As part of the emergency response strategy, the government announced that the number of tests / day should reach 100,000 by the end of April.

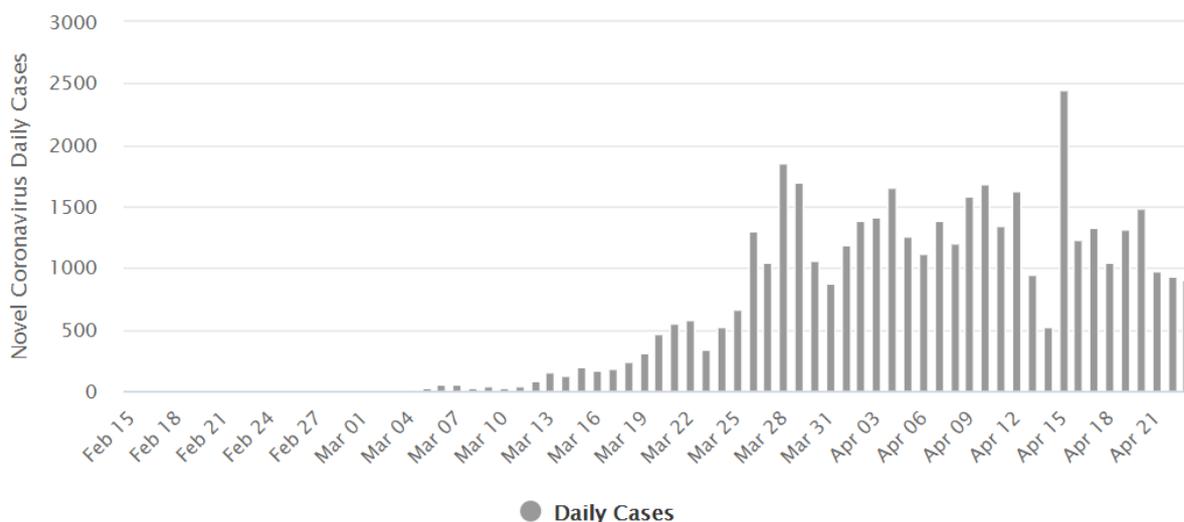
There are no new measures and restrictions introduced to combat COVID-19 in the past. Although there is a slowdown in infection rates, authorities say it is too early to remove or weaken the measures as numbers have not begun to decline and some scientists believe there may be up to 5 waves of infection. At the same time, the government decided to extend the state of emergency by another 3 weeks.

**A working group has been set up to coordinate efforts between government, academia and industry to accelerate the development of the coronavirus vaccine. 21 new research projects have been launched to fight the Corona Virus, which will receive government funding of £ 14 million to significantly speed up the search for treatment and vaccines. These actions are in response to the government's promise to invest £ 250m in vaccine development, putting the UK at the forefront of international efforts to fight the virus. The Kingdom's health secretary announced that a vaccine test for humans began at the University of Oxford on April 22. Researchers believe it will be possible to start producing the vaccine by early September.**

### *xi. Belgium*

In Belgium (Annex 8), a relatively unstable tendency to decrease the morbidity curve continues. However, it is the intention of the country to move to the next stage of the crisis, namely to ease measures to tackle Covid-19. The aim is to take steps to gradually ease the measures taken, starting from the beginning of May. The strategy is based on several pillars: social distance, large-scale screening, tracking and developing new rules that will apply.

The positive news is that the number of patients discharged from hospital with improved health has exceeded the number of newly admitted patients. Strict restrictions on public life imposed by the federal government three weeks ago may continue until May 3. Citizens are advised to continue strict compliance with the measures for a few more weeks. The Belgian government has allocated 5m. euro for the development of a coronavirus vaccine.



*Figure 2 Брой заразени по дни в Белгия*

: On 15 April, the Belgian National Security Council made several decisions based on the opinions of

- extension of restrictive measures until 3 May inclusive;
- opening of small shops and gardens in strict compliance with the rules of social distance;
- providing greater opportunities for visiting social care facilities and hospices, provided that visitors do not show symptoms of the disease;
- Prohibition of sports and cultural activities until 31 August.

### *xii. Hungary*

In Hungary (Annex 19), the restrictions imposed by the government are still in force, but local authorities will be able to issue stricter traffic restrictions over the next two weekends - they will remain in force until May 3. The police constantly checks compliance with the ordered restrictions and rules. According to a government decision, 50 percent of all hospital beds were successfully released.

With regard to education and graduates, an educational platform will be created in the coming days so that higher education applicants can submit their documents online.

Based on statistics, charts and research, it can be assumed that Hungary is on track to overcome the crisis with minimal negative social, financial and political consequences. Trends in the disease have declined and COVID 19 prevalence is likely to be under control. Hungary is likely to try to replicate Singapore's success in Europe. Thus, Hungary will have to understand and "reconstruct" the essence of the economic success of the city-state. But to fully embrace Singapore's recipe for success, Hungary is likely to need a new model of healthcare, lifestyle, financial system, education system, business sector and government operations.

The Hungarian government still imposes the following measures:

1. All travel and entry restrictions are still in place.
2. National ceremonies have been canceled.
3. Visits to hospitals or social institutions are prohibited.
4. The state of emergency is indefinite.

5. Public gatherings, indoor and outdoor sports events are prohibited.
6. Primary schools and high schools are closed.
7. On 27 April, wearing a mask will be mandatory in Budapest's public transport.

### *xiii. Austria*

There is a positive trend in Austria in dealing with the virus. For this reason, as of April 14, the government has eased some of the measures previously imposed to combat the pandemic - small shops, convenience stores and garden centers have been opened. However, there are strict requirements for wearing a mask and a limited number of clients at the sites. Wearing a protective mask is also mandatory in public transport. The recommendation against going outside the home will be in place until May 1st.

**The "loosening" of measures in Austria is made possible by the significantly reduced number of new people with the virus and the serious attitude of citizens in the country, which is** further compounded by the need for strict controls by the authorities. The tendencies are for a smooth renewal of the healthcare system, which begins to carry out emergency and delayed operational activities. The rules for hospital visits remain very strict.

The second phase of liberalization is under the motto of "secure and controlled" opening up of the economy. The main objective is to prevent a second wave of the pandemic

From an economic point of view, Austria is reducing income and corporate tax payments, delaying tax payments, allowing contributions to be paid in taxes, reducing or providing relief for late tax payments and suspending tax audits. Subsidies are provided for businesses that need to reduce working time. In the tourism and culture sector, direct assistance is also provided to sole traders and family businesses. For corporate tax payments, taxpayers can apply for advance payments, which can be reduced to zero or receive a deferred payment or down payment. Value-added tax (VAT) payments can also be deferred on a case-by-case basis and payments are not necessary while the application for a deferral is pending to the tax authorities. VAT due on June 30 is delayed until August 31.

### *xiv. Switzerland*

In neighboring Switzerland, there is also a strong tendency to reduce the number of infected. The country is still in a state of emergency, under threat from a pandemic. Measures are in place to protect the population, organizations and institutions, and cantons / districts. The government plans to gradually ease these measures. Taking steps to ease the measures, the government has set two goals: to continue protecting the health of the population, especially those at high risk, while at the same time limiting damage to the economy. In this regard, the government of the country did not accept the idea of isolation of risk groups of the population, suggested by some experts for economic reasons. People at high risk of infection, such as those over the age of 65 and others with comorbidities, make up a large percentage of the population. According to the government, it is not possible for these groups to be completely isolated.

The Swiss Federal Council intends to gradually ease the current measures imposed, with the process going through three phases:

Phase 1: 27 April 2020: Opening of hair salons, cosmetic studios, medical and physiotherapy offices, garden centers and building materials stores.

Phase 2: May 11, 2020: (to be confirmed by the Federal Council on April 29, 2020) Open schools (1st through 9th grade), all other stores, including outdoor markets.

Phase 3: 08 June 2020: (to be confirmed) Open other schools, museums, zoos and libraries.

Despite the relaxation of the precautionary measures, the Federal Council urges the public to continue to respect the rules on hygiene and social distance.

### *c. Soth Eastern Europ, Bulgaria's neighbors*

#### *i. Romania*

As of April 22, 2020, the number of confirmed cases is still rising, reaching 9 710. The rate of growth of the disease is relatively low compared to other countries, and currently the average number of infected is 356 people a day in the last a week that holds Romania 14th in Europe and 31st in the world. (Annex 21)

So far, 512 people have died (326 men and 186 women), the average age is 67, and the youngest is 27 years old.

According to the health ministry, about 10% of the deceased were under 50 years of age. This is a fact that differentiates Romania from other countries. According to statistics, the deceased patients had additional comorbidities, most notably: obesity, cardiovascular disease, diabetes, hypertension, cirrhosis or hyperplenism.

In recent days, Romania's armed forces have become actively involved in the fight against COVID-19, the main tasks being fulfilled are to assist the police in maintaining public order and protecting national borders. Also, chemical formations were used to decontaminate contaminated areas and military medical units to build a medical module to isolate and treat infected patients in Timisoara.

#### *ii. Greece*

The number of infections, hospitalizations and deaths in Greece, with few exceptions, is progressively decreasing. It is estimated that the country has the potential to deal with the spread of the virus definitively in the next few weeks.

The government, noting that the timely measures taken to protect citizens are already yielding first results, is ready to move on to the next steps. A decisive factor in this decision is the state of the economy, which is unable to sustain more than two months of quarantine, as businesses will collapse and create a new wave of unemployed people, causing a financial collapse.

The government scenario envisages the gradual opening of factories with the normalization of the situation by the beginning of June. Specifically: there will be shopping malls open but not shopping malls, which is scheduled for Saturday, May 2. The government will also evaluate the first reactions of citizens who have been warned to be careful because the virus will not be eliminated forever.

After a week of observing people's behavior, the turn comes to the big companies that are currently operating with reduced capacity. After the first two weeks of May, and if the situation allows, schools, training centers and maybe even kindergartens will be opened.

Schools will open and close within a few weeks so students can prepare for the matriculation exams.

In the last week of May, the expectation is to continue the same scenario of normalizing public transport in order to stabilize the labor market, if conditions permit and people comply with the regime. At the same time, work rates in the country are expected to start to normalize. **Bars, cafes, restaurants, shopping malls, gyms, department stores will open last. Last but not least, there are measures to restrict the movement of citizens, but they will not be as stringent as they are today.**

### *iii. Turkey*

On January 10, 2020, the Ministry of Health in the Republic of Turkey established a Scientific Advisory Board to combat COVID 19 (Annex 22). The Council has developed treatment guidelines and considered measures to be taken to stem the spread of the pandemic in the country.

On March 11, 2020, the first case of a coronavirus infected in the country was registered. Authorities say the virus was imported by a man who has returned from Europe.

### *iv. Serbia*

The situation is similar in Serbia (Annex 24), where rigorous isolation measures also have a positive effect

At a meeting of the Serbian Government, given the current epidemiological situation and the opinion of experts, it was decided to ease some measures as of 21 April:

- • Citizens over 65 can go up to 30 minutes with some restrictions;
- • it is permitted at retail outlets that provide essential services and goods;
- • markets (open and closed) are allowed, with mandatory safeguards introduced;
- • the construction sector to start working at full capacity;
- • all employers are obliged to provide workers with protective equipment (masks, gloves and disinfectants), the activities are carried out according to the specified distance;
- • employers are required to develop a contingency plan;
- • Physical contact services, namely - hairdressing salons, beauty salons, gyms and fitness centers will remain closed.

Commercial activities, which have been authorized since 21 April, are carried out only in strict compliance with coronavirus protection measures and the use of disinfectants and protective equipment - masks and gloves.

### *v. Northern Macedonia*

For the first time since independence, Northern Macedonia has declared a state of emergency. It was introduced on 18.03., And the first case of coronavirus was 26.02. At this point, the country has a prime minister-designate appointed by the president and parliament dissolved. The appointed date is 12.04. for holding parliamentary elections has been canceled. The Appointed National Crisis Staff is led by the Prime Minister (Oliver Spasovsky).

With the announcement of the global pandemic, as of 14.03. the government has decided to close all major retail outlets, with the exception of supermarkets, grocery stores and pharmacies. The operation of cafes, bars, clubs, casinos and sports betting halls is completely

forbidden. All catering establishments that prepare and sell food can work, but without visitors, and sell alternatively, that is, sell online and deliver outside the diner.

Initially, the state of emergency was declared for a period of 30 days. This allows the government to adopt and implement disease control regulations in the absence of parliament (Annex 24).

#### *vi. Albania*

According to recent data, approximately half of the coronavirus infected have already been recovered (Annex 25). The Ministry of Health and Welfare continues to encourage citizens to comply with measures such as social distance and exclusion. "It is important that infection control measures are strictly followed in family circles, which includes avoiding family visits in all cases to limit the spread of the virus," the health minister said.

Due to its restrictive measures, Albania is one of the countries with a relatively low morbidity and mortality rate.

#### *vii. Russia*

The coronavirus epidemic in Russia (Appendix 26), which until a month ago did not exist on officially submitted data from the country, is now setting anti-records. Over 15,000 are infected per day, which is higher than the number of patients in South Korea. The opaque methods of presenting the scale of the epidemic make the situation even worse.

The current development of the situation confirms that it is well retracted and that it is ready to execute the scenario for the maximum delay. Part of the cities in Russia and the encircled Moscow moved to self- isolation. Special permits for moving and imposing fines were introduced in the capital.

In one of its previous reports, CMDR COE predicted the current state of the country. The significant and short-term reduction in acceleration may be due to restrictive measures taken. We will find out about their effective implementation in the coming days. A large number of tests are being carried out in the country, which allows rapid diagnosis and mortality of about 1%. With the burden on the health system, this percentage is expected to increase. This will be due both to the inability to provide adequate care in all serious cases and to the failure to account for patients with low symptoms.



The epicenter of the epidemic is the capital city of Moscow, where more than half of COVID-19 cases have been identified. The peak of the crown virus in Moscow is expected in the next 2- 3 weeks. Local authorities have warned that the epidemic is spreading in the Russian regions 2-3 weeks later in the capital. Analyzing the events since the middle of March, we can conclude that the breakdown in the capital has occurred during this period and continues to deepen.

The fact is that at the National Medical Research Center of Herzen at Ministry of Health of the Russian Federation, which treats cancer patients, coronavirus is diagnosed at 138 of 277 employees.

In a statement to the media Moscow Deputy Mayor for Social Development Anastasia Rakova has said that metropolitan hospitals and ambulances operate to the limit.

She emphasized, that hospitals are not only full of coronavirus patients, but also with pneumonia ones - approximately 85% of the total number of patients, of which it may be admitted that the current model of opaque disclosure for those infected with SOVID-19 continues to be applied in Russia.

Moscow remains under strict quarantine. The president has warned that the peak is yet to come. Authorities in Russia are considering including Ministry of Defense medics in the fight against the epidemic. On April 16, the president announced that the parade and the accompanying events on the occasion of the Victory Day over Hitlerist Germany would be canceled.

#### *viii. Ukraine*

The first data on the spread of the COVID-19 pandemic in Ukraine were confirmed on 3 March 2020, after the hospitalization of the first case of a man traveling from Italy to Romania by plane and then arriving in Ukraine by car. (Annex 27)

Previously, the Ukrainian government was criticized for not providing more information on possible cases of coronavirus.

The dynamics of the coronavirus epidemic in Ukraine is changing at an increasing rate.

According to the Ukrainian Ministry of Health the number of coronavirus infected in Ukraine has increased to 7640 people after an increase of 470 people since last day (April 23). That leads to the conclusion that the introduced stringent restrictive measures in the country to limit the spread of the virus are delayed.

#### *ix. Moldova*

During the WHO statement on 12 January on the emergence of the COVID-19 virus and the threat of a global pandemic, the situation in Moldova is completely calm and no cases of infected people are registered (Annex 28).

However, following the WHO recommendations and the example of already infected countries, the Moldovan government has taken various measures to limit the risk of infection.

On January 27, the Ministry of Health, Labor and Social Welfare convened an emergency meeting of the Emergency Committee. The meeting was attended by representatives from other ministries such as the Ministry of Foreign Affairs, the Ministry of the Interior, the Ministry of Finance, the Border Police, the Customs, the NFP, the Food Agency and the Public Health Agency. The meeting discussed the measures that should be taken in Moldova.

On February 2, an extraordinary National Public Health Committee was established. The Commission reviewed and analyzed the information available from the Ministry of Health, Labor and Social Welfare on the new Crown virus and considered that the situation was very serious, leading to the announcement of a global pandemic. The Commission has decided to monitor the epidemiological situation in the country and around the world and, if necessary, to declare a code to increase the risk of infection.

#### *d. America*

##### *i. USA*

The acceleration of the spread of infection in the United States is decreasing, which does not mean that there will be a sharp change in the rate of infection in the coming days. We expect this to happen in 4-5 days at the earliest, provided that no major metropolitan areas are seriously affected. Unfortunately, the CMDR COE death toll for 24 hours turned out to be completely correct, reaching 2000 in 24 hours in the middle of the month, and reaching nearly 1,000,000 detected infected by the end of April.

The country is demonstrating its own crisis management approach. It is characterized by the decentralized identification and implementation of measures across states, which distinguishes the American approach to combating the spread of coronavirus from that in Europe and China. The reason is the differences in the moral and value systems that are characteristic of them. This is also due to the low level of social discontent and tension at the moment. Although there has been a significant increase in the number of tests in recent days, the lack of a system for prioritizing them is considered as a disadvantage.

Like most Western European countries, the United States has waited for the infection process to start at a sufficient rate to implement certain measures. As a result, the numbers continue to grow and the country is ranked number one in the world. In the last week there has been a trend towards a permanent reduction in the acceleration of the infection.

There are around 150,000 tests a day in the country, while experts recommend that at least 500,000 tests should be done before social distance measures are discontinued. Building both testing and control capabilities is crucial to the economic recovery. This is also the goal of social distance to gain the time it takes.

On April 15, the president of the country cited government figures showing that the US had "peaked" the epidemic and was in a very strong position to provide guidelines for reopening the country. He announced a temporarily suspension of WHO funding because of problems related to the coronavirus epidemic. The next day, April 16, the administration unveiled new federal guidelines, called "Reopening America Again", for a three-step approach to restoring normal trade and services, but only for places with a well-established COVID testing and monitoring system -19, At the same time, most public school principals say their buildings will have to remain closed until at least the end of summer or fall.

In the coming days, similar values are expected for the infected for twenty four hours. The change will occur in about two weeks, which will first be associated with a reduction in the number of new infections and after a week and a significant reduction in deaths.

Due to the peculiarities of the country's management, the measures to limit the spread of the infection are not centralized. Amid protests against the restrictions imposed, some

governors intend to implement plans to at least partially reopen their states, though they have not followed the White House's instructions to do so.

On April 21, the US president issued an immigration restraining order to protect American workers from foreign competition.

### *ii. Brazil*

The coronavirus pandemic was confirmed to have spread to Brazil (Annex 31) on 25 February 2020 after a 61-year-old man from São Paulo, who returned from Lombardy, Italy, tested positive.

Brazil remains one of the most severely affected countries in the South American continent. The number of new cases is growing exponentially and uncontrollably at the moment. In the last 4 days, there has been a significant increase in post-sickness recoveries, reaching up to 56% of all infected.

In the course of the epidemic, a partial closure of the border with Venezuela has been announced at national level, and individual states have self-epidemic measures, depending on the situation, limited to the declaration of a state of emergency, public emergency and partial quarantine (closing all commercial and non-essential services) and restricting cross-country traffic. There is a lack of complete information on the specific measures in the various states, but the conclusion is made about not very rigid anti-epidemiological measures.

The measures taken are aimed at attempting to protect against the collapse of the health system and the economy and stabilize the business.

The situation to date shows the ineffectiveness of the measures.

The initial underestimation of the situation and the delayed and reactive measures have led to the uncontrolled spread of COVID 19 in Brazil, a huge number of infected people and death.

### *iii. Australia*

Following the announcement by the World Health Organization on 12/01/2020 of the emergence of a new coronavirus infection, a number of measures have been launched by the Australian authorities to prevent the spread of the infection throughout the country. (Annex 33)

As early as 23/01/2020, the State Biological Protection Authorities began continuous screening of Wuhan-Sydney flights. Passengers were given information leaflets and required to report to the relevant airport staff if they had a fever or were suspected of being carriers of the disease.

Australia and New Zealand are the countries most advanced in the fight against coronavirus. In both island countries, a significant drop in both infected and active cases is observed, suggesting that the countries will achieve a complete victory over COVID-19 in the next 2-3 weeks.

The rapid restriction of the number of infected people is primarily due to the decision to close borders and take control of the transmission of the virus within countries.

The two countries are one of the worlds leading providers of testing existing medicines in an attempt to treat the disease. The program is called the AustralaSian Covid-19 Trial (ASCOT). Clinical tests will include 2,000 patients from more than 70 hospitals in Australia and 12 hospitals in New Zealand. The drug lopinavir / ritonavir already used in the UK for the

treatment of AIDS will be tested. Hydroxychloroquine, which is nationally approved for the treatment of malaria and certain autoimmune diseases such as rheumatoid arthritis, will also be tested during the tests.

*e. Africa*

COVID-19 cases continue to grow rapidly in the African continent. To date, 45 (96%) of the 47 countries in the African region have reported COVID-19 cases. Comoros and Lesotho are the only countries to which no cases have been reported so far. In the last two weeks, there has been a 51% increase in the number of deaths and a 60% increase in the number of deaths in the WHO African region. As of 22 April 2020, a total of 22 625 confirmed COVID-19 cases with 1 136 deaths were reported in the 45 affected countries in the region (CFR death rate: 5.02%). The most affected countries in the African region are: Egypt (3 333 cases), South Africa (3 300 cases), Morocco (3 046 cases), Algeria (2 718 cases), Cameroon (1 017 cases), Ghana (1 042) etc.

There is a trend of decreasing incidence in Algeria and Cameroon, while a growing trend is observed in Côte d'Ivoire, Ghana, Niger and South Africa.

The Director-General of WHO expressed his gratitude to the G20 Health Ministers for their support and to the support received from the G77 (which includes 135 countries). During a virtual meeting convened by the WHO, national regulatory authorities and national staffs in Africa agreed to share their experiences to speed up the reviews and results of clinical trials. The WHO continues to provide vital supply chains, set up logistics centers and deliver critical supplies.

From the analysis to date, it should be noted that African states are NOT currently discussing quarantine relief measures. African countries are stepping up efforts to curb the spread of the virus, in light of the conclusions that the peak of the infection has not yet passed.

*f. NATO*

As a political-military alliance, NATO is demonstrating that it is adequate for the new challenge. Through its actions, NATO supports the development of solidarity between its member and partner countries, showing its ability to grow despite the difficulties and constraints (adopting North Macedonia).

NATO, with the Euro-Atlantic Disaster Coordination Center (EADRCC), stands ready to assist in coordinating any proposals under consideration in support of the affected countries. To date, 5 Allies and 5 partner countries have requested international assistance through the EADRCC. In chronological order, these are: Ukraine, Spain, Montenegro, Italy, Albania, the Republic of Northern Macedonia, the Republic of Moldova, Bosnia and Herzegovina, Georgia and Colombia. In Appendix 8 you can see the synchronized / summarized contribution of the EADRCC in the Matrix of International Claims and Bids Reported as of 23 April 2020.

№	Date	Activity	Conclusion/Proposal
1.	06.03.	The organization's website reports that NATO, along with other international organizations, is closely monitoring the spread of the	<b>Till 06.04. The Ministry of Defense website (www.mod.bg) does not have any information on the current pandemic situation. The same is to</b>

		<p>disease. NATO also supports the World Health Organization's (WHO) leadership role, as well as its outreach activities and guidance to countries on combating the virus.</p> <p>NATO's core activity is to maintain the readiness of military medical teams, ready to assist the Allies in carrying out their operations and missions.</p> <p>According to WHO recommendations, NATO military and political leadership is taking preventative measures at the headquarters of the organization to reduce the risk of spreading the disease. The measures include:</p> <ul style="list-style-type: none"> <li>- Travel limitation;</li> <li>- Work from home as a means of social isolation;</li> <li>- Restricting access of groups to NATO HQ in Brussels.</li> <li>- Detailed information covering all aspects of the disease and its spread is published on the NATO's website: <a href="http://www.nato.int">www.nato.int</a>.</li> </ul>	<p><b>websites of other ministries (Tourism, Ministry Of Regional Development and Public Works, etc.).</b></p> <p><b>The website of the Ministry of Interior and the Ministry of Transport has a button / link through which visitors can obtain information about the current state of the crisis.</b></p> <p><b>Could be placed a link to the Ministry of Health website (or other source with more detailed information) on <a href="http://www.mod.bg">www.mod.bg</a>, to keep up-to-date information.</b></p>
2.	09.03.	The web-site reports an infected NATO staff member who is showing symptoms of COVID-19 after traveling to northern Italy. Measures have been taken to inform the contact persons.	
3.	11.03.	<b>WHO Announces World Pandemic Due to Threat of CORONAVIRUS</b>	
4.	18.03.	A meeting of the North Atlantic Council was held. Coronavirus has been identified as a worldwide threat. The measures that the Alliance and	

		<p>the parties must take to limit the infection are discussed. The willingness of NATO forces to continue their missions and missions is expressed. NATO's European Commander (SACEUR) has declared that the capabilities of its forces are affected by the new virus and NATO continues to perform its tasks: Air policing, maritime deployments, multinational combat groups in the Alliance's eastern flank, and operations in Afghanistan and Kosovo.</p>	
5.	19.03.	<p>The Secretary-General of NATO, in presenting his Annual Report for 2019 (for the first time by VTC), emphasized the Alliance's readiness for action in response to the spread of the COVID-19 pandemic. He states that the forces are fulfilling their missions. NATO is monitoring the crisis, consulting and taking all necessary measures to safeguard the security of its allies (1 billion people).</p> <p>The Secretary-General seizes the opportunity to thank NATO partners for their swift action in combating the virus.</p>	
6.	19.03. 23.03. 31.03.	<p>Czech Republic and Slovakia use Strategic Airlift International Solution (SALIS *) AN-124 to transport medical equipment from China to the Czech Republic and Slovakia in connection with the fight against COVID-19.</p> <p><i>*SALIS is managed by the NATO Support Procurement Agency и в нея участват 9 държави (Belgium, Czech Republic, France, Germany, Hungary, Norway, Poland, Slovakia and Slovenia)</i></p>	

7.	23.03.	Ukraine makes a formal request for assistance to the EADRCC.	
8.	24.03.	Spain makes a formal request for assistance to the EADRCC.	
9.	24-26.03.	<p>The NATO Secretary General conducts a series of consultations with NATO foreign ministers as well as with partner countries. Also with the EU foreign minister. The subject of the consultations are: a global pandemic, NATO's willingness to assist in combating the virus and reducing its effects.</p> <p>Video conference was organized with the foreign ministers of the Member States on 02.04.</p>	
10.	26.03.	<p>Italy makes a formal request for assistance to the EADRCC.</p> <p>Montenegro has formally requested assistance from the EADRCC.</p>	
11.	27.03.	<p>North Macedonia has announced the use of NATO's Next-Generation Incident Command System (NICS *) to coordinate its national response to the COVID-19 crisis and to provide the public with up-to-date information on the pandemic and national action. The article states that NCIS enables all institutions in the country, including the Red Cross, to coordinate their actions.</p> <p><i>*The NICS system is part of the NATO Science for Peace and Security (SPS) project "Advanced Regional Civil Emergency Coordination Pilot" (ARCECP), a collaboration between the</i></p>	<p><b>The Macedonian Crisis Management Center updates website:</b>  <a href="http://nicspublic.cuk.gov.mk/index.php/pocetna?lang=mk">http://nicspublic.cuk.gov.mk/index.php/pocetna?lang=mk</a></p> <p><b>Everybody can keep track of the current status and development of the pandemic – new cases, quarantined, dangerous areas, actions by the authorities.</b></p> <p><b>At the moment (04.04.), the Republic of Bulgaria does not have such capabilities.</b></p> <p><b>The National Assembly in September 2019 adopted the National Security Status Report for 2018. The document states that in 2020 it is necessary to create a Register of all critical infrastructure of the country, improve communication between institutions and</b></p>

		<p><i>Massachusetts Institute of Technology Lincoln Laboratory (MIT LL), the United States Department of Homeland Security (DHS) Science and Technology Directorate (S&amp;T) and the nations of Bosnia and Herzegovina, Croatia, North Macedonia and Montenegro.</i></p>	<p><b>foundation of <u>National Crisis Management Center.</u></b></p> <p><b>The Updated National Security Strategy of the Republic of Bulgaria, adopted by decision of the National Assembly of 14.03.2018, states:</b></p> <p><b>Art. 79. Other long-term priorities for national security are:</b></p> <ul style="list-style-type: none"> <li>• <b>regulating the rules and mechanisms for coordinating the various sectoral policies and actions of the National Security System Offices with the actions of civil organizations and businesses in practical counteraction to national security risks and threats, as well as in crises of various nature, through drafting and adopting a new <u>Crisis Management Law.</u></b></li> </ul>
12.	27.03.	<p>Albania makes a formal request for assistance to the EADRCC.</p>	
13.	29.03.	<p>A second plane lands in Romania as a responding effort against the threat of a coronavirus, loaded with 100,000 protective suits sent from South Korea. The costumes were purchased by the Romanian government. This is the second delivery. The first one arrived on 26.03. The air transport used - C-17 aircraft is from the squadron in PAPA - Hungary. 10 NATO and 2 partner countries share 3 such planes together (sharing flying hours and maintenance costs). This use of aircraft is the first use of shared capabilities as part of the Strategic Airlift Capability managed by the NATO Support and Procurement Agency in an emergency situation.</p>	
14.	29.03.	<p>Spain's C-130 transports 10,000 protective suits to Spain donated by the Czech Republic. The aid is the</p>	

		result of a formal request for assistance from the EADRCC.	
15.	30.03.	A truck delivers a donation of 10,000 protective suits to Milan (Italy). The aid is the result of a formal request for assistance from the EADRCC.	
16.	30.03.	Formal request from North Macedonia to the EADRCC for the receipt of safety suits, goggles and face masks.	
17.	31.03.	<p>NATO (NATO Support and Procurement Agency) is assisting Luxembourg with the provision and deployment of a field hospital (1200 m<sup>2</sup> / 200 beds) to increase the country's bedside in response to the growing epidemic.</p> <p>The aid is the result of a formal request for assistance from the EADRCC.</p>	<p><b>The purchased Hangar Manufacturing Production Line ("UBM Complete Production Line for Metal Structures") in 2010 from the Ministry of Defense could be used, following China's example, to build premises to room patients temporarily.</b></p> <p><b>From the words of the Chief of Defense (Gen. Botsev - 12.2019) it is clear that the machine can build very quickly, it can cover the walls with insulation, it can any type of construction, not only the halls, but also the meeting rooms with offices.</b></p> <p><b>The necessary facilities (including newly donated ones) for treatment / maintenance can be deployed in new built premises.</b></p> <p><b>Partner/Neighbour countries also could be assisted.</b></p>
18.	01.04.	Italy, Czech Republic collaborate with private Sector Companies and Scientific Organizations in 3D Printing Required to produce face masks for intensive care.	
19.	01.04.	Turkish A-400M transports assistance (personal protective equipment, disinfectant and 450,000 masks) provided free to Italy and Spain.	

20.	01.04.	Moldova makes a formal request for assistance to the EADRCC.	
21.	02.04.	<p>Video conferencing between NATO Secretary General and Member States' foreign ministers is held. One of the points discussed is how NATO's capabilities can be used more effectively in the fight against the virus. The readiness and ability of NATO forces to carry out their missions and military operations has been reaffirmed.</p> <p>At the meeting, SACEUR was directed to:</p> <ul style="list-style-type: none"> <li>- coordinate NATO's efforts to combat the pandemic and use of the rapid corridor for military air supplies in transporting assistance to those in need of combatting COVID-19.</li> <li>- set up a task force to step up and speed up military support to allies in response to the pandemic.</li> </ul> <p>The role of NATO in crisis management, as well as NATO's contribution through logistics, transport and medical activities is highlighted.</p> <p>A meeting has been scheduled between the Secretary General and member states' defense ministers to determine future concrete measures.</p>	<p><b>CIS technologies to coordinate their work, which support the meetings.</b></p> <p><b>Now, for example, an article might come out about how the new Chief of Defense coordinates his work with subordinate, national contingent commanders, etc. by VTC.</b></p> <p><b>Better yet, it could be made from CMDR COE, following all the WHO's requirements for distance and disinfection.</b></p>
22.	02.04.	<p><b>“Declaration by NATO Foreign Ministers”</b></p>	<p>1. We, the Ministers of Foreign Affairs of NATO, meet today in the midst of an unprecedented pandemic which is affecting all Allies and partners, imposing a huge cost in lives lost, as well as a sudden and severe shock to our economies. We express our deepest sympathies with all the victims of the Coronavirus disease (COVID-19) and with all those affected by its consequences. We pay tribute to the health care workers, as well as all the others who are on the front line in our battle against this</p>

			<p>disease. These include the men and women in uniform who continue to work daily for our collective security. And we thank our citizens who understand that, working together, we will defeat this challenge more quickly and save lives.</p> <p>2. NATO is doing its part. Allies are supporting each other – including with <b>medical professionals, hospital beds, vital medical equipment, and best practices and ideas on how to fight this deadly disease. We are airlifting critical medical supplies from across the globe, providing medical personnel, essential materials, and vital equipment from military and civilian sources, and harnessing our medical, scientific, and technological knowledge and resources to help deliver innovative responses.</b> Allies are also working together to ensure public access to transparent, timely, and accurate information, which is critical to overcoming this pandemic and to combating disinformation. Because we need a coordinated and comprehensive approach, NATO is working closely with other international organizations, including the United Nations, the World Health Organization, and the European Union.</p> <p>3. Even as we do the absolute maximum to contain and then overcome this challenge, NATO remains active, focused and ready to perform its core tasks: collective defence, crisis management, and cooperative security. Our ability to conduct our operations and assure deterrence and defence against all the threats we face is unimpaired. And we have today taken further decisions to enhance NATO’s role in facing current and future security challenges.</p> <p>4. We welcome North Macedonia as NATO’s 30th Ally. As we face this unprecedented challenge, our 30 nations stand together in solidarity and transatlantic unity.</p>
<p>23.</p>	<p>02.04.</p>	<p>North Atlantic Council is activating the system of simplified procedures for Rapid Air Mobility, in coordination with EUROCONTROL, allows Allied military flights to expedite delivery of life-saving medical supplies.</p>	<p>1. The EADRCC operates on a 24/7 basis, coordinating requests from NATO Allies and partners for help, as well as offers of assistance to cope with the consequences of major crises such as the COVID-19 pandemic.</p> <p>2. The NATO Support and Procurement Agency (NSPA) has a leading role in responding to the crisis. The NSPA provides logistics support and the organisation of transport of key supplies and</p>

		<p>Lieutenant General Rittmann, SHAPE's Vice Chief of Staff is commander of the NATO COVID-19 Task Force.</p> <p>Other NATO mechanisms for assisting Allies include the NATO's Euro-Atlantic Disaster Response Coordination Centre (EADRCC), the NATO Support and Procurement Agency (NSPA), and support to the Strategic Airlift International Solution (SALIS) programme.</p>	<p>equipment to Allies, partners and other international organizations.</p> <p>3. NATO supports the Strategic Airlift International Solution (SALIS) programme, which enables participating Allies to charter commercial transport aircraft.</p>
24.	02.04.	<p>Bosnia and Herzegovina makes a formal request for assistance to the EADRCC.</p>	
25.	03.04.	<p>2 German's aircrafts transport medical equipment to Spain, donated by the German government.</p>	
26.	04.04.	<p>Georgia makes a formal request for assistance to the EADRCC.</p>	
27.	06.06.	<p>Columbia makes a formal request for assistance to the EADRCC.</p>	
28.	07.04.	<p>KFOR delivered today personal protective equipment against COVID19 (4000 non-sterile gloves, 200 sterile gloves, 20 boxes of N95 face masks, 350 patient face masks, 100 patient gowns, bottles of hand sanitizer, and other medical supplies) to the Municipalities of North and South Mitrovica</p>	
29.	08.04.	<p>Third C-17 cargo plane lands in Romania with 100,000 protective suits (45 tons of medical supplies). The Romanian government had purchased the equipment.</p>	
30.	08.04.	<p>An A-400M cargo plane of the Turkish Air Force</p>	

		<p>carrying medical supplies donated by Turkey was dispatched to North Macedonia, Montenegro, Bosnia and Herzegovina, Serbia and Kosovo. The supplies include masks, overalls and test kits.</p> <p>North Macedonia, Montenegro and Bosnia and Herzegovina requested assistance via EADRCC.</p>	
31.	09.04.	<p>1.440 kilos of TYVEK (is made of 100% high density polyethylene fibers) material, donated by Luxembourg, arrived by road in Madrid (Spain). The special material will allow Spain to make protective equipment, notably suits, for its health personnel.</p> <p>The emergency aid from Luxembourg responds to the request for international assistance made by Spain through EADRCC.</p>	
32.	09.04.	<p>NATO STRATCOM activity against Russia's spreading false information.</p> <p>facts: <a href="https://www.nato.int/nato_static_fl2014/assets/pdf/2020/4/pdf/2004-Factsheet-Russia-Myths-COVID-19_en.pdf">https://www.nato.int/nato_static_fl2014/assets/pdf/2020/4/pdf/2004-Factsheet-Russia-Myths-COVID-19_en.pdf</a></p>	
33.	09.04.	<p>The NATO Defense College held its first-ever online graduation, with some 120 course members and College staff connected to follow the ceremony.</p>	
34.	10.04.	<p>Joint Warrior in the United Kingdom - one of the largest maritime exercises in the year. has been de-scoped due to the worldwide Covid-19 outbreak. The exercise ran for two weeks, wrapping up on 9 April 2020.</p>	

35.	10.04.	An AN-124 cargo plane carrying several tons of urgent medical supplies from China, including 190,000 masks and 180,000 protective suits, landed in Wrocław	
36.	10.04.	A military transport aircraft CASA of the Czech Army transported 1,000,000 masks to North Macedonia, in response to the COVID-19 outbreak	
37.	13.04.	Military medics from Croatia, Germany and the Netherlands have arrived in Lithuania to reinforce NATO's enhanced Forward Presence battlegroup in order not to burden Lithuania's health care system	
38.	14.04.	NATO Secretary General Jens Stoltenberg delivered <b>an online press conference</b> before a virtual meeting of Allied Defence Ministers on 15 April. The Secretary General set out what Ministers will discuss, including NATO's response to the COVID-19 crisis and how the Alliance continues to deliver a strong deterrence and defence.	
39.	14.04.	Slovenia requested assistance via EADRCC.	
40.	15.05.	Personnel of the US Army and NATO Headquarters in Sarajevo delivered medical supplies and disinfectants to the Ministry of Security of Bosnia and Herzegovina. (after request to EADRCC)	
41.	15.05.	The Resolute Support mission has helped get supplies to Afghan National Police in the eastern province of Nuristan, including medical and cleaning	

		material, sanitizers and personal protective equipment.	
42.	15.05.	NATO Secretary General Jens Stoltenberg delivered an online press conference with the allies Defense ministers.	It was concluded that it is clear that we must: <ol style="list-style-type: none"> <li>1. Further bolster the resilience of our societies.</li> <li>2. Better plan for pandemics in the future.</li> <li>3. Protect our critical industries.</li> <li>4. Improve our business continuity planning.</li> <li>5. update our existing baseline requirements for civil preparedness</li> <li>6. work even closer with our international partners</li> </ol>
43.	16.05.	Specialists from the Czech Republic (The Nuclear, Biological and Chemical Defence Institute of the University of Defence in Brno) and Serbia (Military Academy in Belgrade) worked together with production companies to create a new high-quality medical protective mask.	
44.	16.05.	NATO Deputy Secretary General, Mircea Geană, explained how NATO is supporting Allies in the fight against COVID-19 during an online event held by the Atlantic Council with the NATO Public Diplomacy Division today	“Our DNA is crisis management, command and control, efficiency and logistics, and putting together in critical moments the pieces that can make an alliance work in times of distress.”
45.	16.05.	The Italian-led Multinational Specialized Unit deployed with the NATO-led KFOR mission has delivered more than 50 donations of food and clothing worth €70,000 to 14 Kosovo municipalities, in coordination with local charities and the Red Cross of Kosovo.	
46.	16.05.	An AN-124 cargo plane carrying around 73 tons of medical supplies from China landed in Wroclaw, Poland. The supplies, purchased by the Polish government, included 14 million masks, 300,000	

		protective suits and a machine to make masks.	
<b>47.</b>	<b>17.04.</b>	<p>A military plane has delivered medical supplies – masks, suits and diagnostic kits – to Bulgaria in response to the COVID-19 crisis. The C-17 Globemaster transport plane landed at Sofia airport from China.</p> <p>The flight was made possible by the NATO-supported Strategic Airlift Capability (SAC).</p>	
<b>48.</b>	<b>17.04.</b>	<p>ACT organizes a challenge, open to entrepreneurs, designers, inventors, engineers, scientists, coders, and others, is looking for innovative solutions to:</p> <p>Support the decision-making of military leaders,          Deliver logistics and supplies to isolated individuals and teams,          Identify false information and mitigate its effects on NATO operations.</p>	<p>The best entries in this edition of the NATO Innovation Challenge will help inform and support the development of future NATO military doctrine, standards and requirements, and the development of new capabilities.</p>
<b>49.</b>	<b>20.04.</b>	<p>Slovakia delivered medical supplies (300,000 surgical masks and 500 liters of disinfectant concentrate) to Italy in response to the COVID-19 pandemic.</p>	
<b>50.</b>	<b>20.04.</b>	<p>A vital shipment of protective medical equipment (surgical masks, isolation gowns and thermometers) arrived in Spain from Luxemburg.</p>	
<b>51.</b>	<b>21.04.</b>	<p>The NATO Chief Scientist, Dr Bryan Wells, has just launched the “NATO Chief Scientist Challenge”, calling for solutions in virus detection, improved situational awareness, decontamination, resilience and the post-COVID-19 future.</p>	

		The Challenge was sent out to over 6000 scientists in NATO's network. Proposals, from research articles to prototypes, are expected by the end of April.	
52.	21.04.	Estonia has donated medical supplies to <b>Italy</b> and <b>Spain</b> , including 30,000 face masks and 2,000 units of disinfectant manufactured by the local producer. Additionally, Estonia allocated 100,000 EUR through the International Red Cross to both countries. The delivery was carried out first to Spain on 21 April 2020 with a cargo plane of the <b>Spanish Armed Forces</b> .	
53.	23.04.	Afghanistan makes a formal request for assistance to the EADRCC.	
<b>The information is taken from <a href="http://www.nato.int">www.nato.int</a> concerning NATO activities during the pandemic</b>			

Last week, NATO forces continued their active involvement in assisting governments and health authorities in the fight against COVID-19.

Estonia donated medical supplies to Spain - 30,000 face masks and 2,000 disinfectants manufactured by local manufacturer Nordic Group OÜ. Delivery to Spain was made on 21 April 2020 by a cargo aircraft of the Spanish Armed Forces. In addition, Estonia has donated € 100,000 to the International Red Cross.

Slovakia delivered to Italy a shipment of 300,000 surgical masks and 500 liters of disinfectant concentrate, transported by the Italian Air Force. Slovakia's assistance was provided through the European Union Emergency Response Coordination Center (ERCC) and in close cooperation with the Euro-Atlantic Disaster Response Coordination Center (EADRCC), NATO's main disaster response mechanism. This is yet another demonstration of solidarity and mutual support between NATO and EU member states.

On 22 April 2020, the Netherlands transported 7 tonnes / 70 million personal protective equipment and medical supplies from Beijing to Podgorica in response to Montenegro's request for assistance through EADRCC. The shipment includes masks, gloves, test kits, protective clothing, goggles, thermometers and face shields delivered by cargo aircraft to the Dutch Air Force. A second supply of medical donation funded by the Netherlands for Montenegro is planned to be organized in early May.

On April 23, 2020, a mission from the Warsaw Military Medical Institute left for Chicago to engage in the battle there against COVID-19. The two countries will also share lessons learned and practical lessons.

The NATO Support and Procurement Agency (NSPA) will deliver a fully equipped field hospital in Italy. The Italian army has requested support from the NSPA in the coronavirus outbreak to augment and modernize its military field equipment used in missions by the Ministry of Defense.

*g. European Union action to tackle the crisis caused by the coronavirus SARS-CoV-2 and the disease COVID-19<sup>6</sup>*

The European Union, at its core, is not a crisis response organization. For the time being, this is, above all, an economic integration alliance with limited political powers and very limited competences in the fields of health, security, defense and crisis management.

In this context, the EU's "blaming" of inaction on the coronavirus crisis is not correct, as crisis management is simply not within its competence and is largely outside the mandate of the Union as an international organization. It is perfectly logical for the EU crisis response institutions to be underdeveloped and in no case can they replace or replace the institutions of nation states. Attempts to "transcend" the EU's role in security and crisis management show, in fact, ignorance of the EU and lead to the creation of unrealistic expectations among European peoples and, consequently, disappointment and low confidence in the European institutions. The sharpest hybrid operations against the EU are those that, while ostensibly magnifying it, do in fact diminish its credibility in the long run by setting unrealistic expectations in the public mind.

In terms of terminology, it should be borne in mind that the term 'crisis' itself is not present in major EU constitutional acts, such as the Treaty of Lisbon, for example. In lower-ranking EU documents, such as administrative acts, the term 'crisis' is most commonly used interchangeably with the term 'disaster'.

Attempts to formulate a pan-European crisis management policy are based on two constitutional principles recognized in the Treaty of Lisbon. According to the first principle, the principle of subsidiarity (complementarity), a disaster (crisis) should be managed at the lowest possible level (national or local). The second guiding principle (laid down in Article 222 of the Treaty of Lisbon) is the principle of solidarity, according to which Member States must assist each other in large-scale crises or emergencies. The actual implementation of these abstract principles as EU policies is very problematic, as the coronavirus crisis clearly shows. In practice, the EU has a partially established Civil Emergency Response Mechanism with limited operational capabilities. The EU mechanism is

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<sup>6</sup> Prepared from prof. Stefan Hadjitodorov and Nikolay Pavloff, Center for National Security and Defence

institutionally implemented by the EU Emergency Response Coordination Center (ERCC), which is part of the Directorate-General for Humanitarian Aid and Civil Protection. According to up-to-date information on the ERCC website, its main activity in relation to the coronavirus crisis is to coordinate the repatriation of 12,000 EU citizens from different countries around the world and to send an EU medical corps to the affected areas of Italy.<sup>7</sup>

At the central political level, a Coronavirus Response Team has been set up under the President of the European Commission, with the Directorate-General for Health and Food Safety playing an active role. The main activities of the Commission in this direction are financial and technical in nature. The European Commission will finance with € 3 billion. The Emergency Management Instrument and the RescEU Initiative. The RescEU initiative is aimed at acquiring vital equipment, including fans and personal protective clothing for healthcare professionals.<sup>8</sup> The European Commission is trying to organize a centralized (EU-wide) purchase of masks and protective clothing, but procedures are still ongoing. In the field of transport, major efforts at EU level are aimed at ensuring the so-called green corridors and easing some requirements for airlines, which further exacerbate the current difficulties in the sector. The European Center for Disease Prevention and Control, which has EU Agency status, is also trying to counteract it.<sup>9</sup> The Center performs a risk assessment and reports on the global spread of the coronavirus. In the field of research, the EU funds 18 projects, mainly in the field of the development of coronavirus diagnostic tests.<sup>10</sup> The Innovative Medicine Initiative also finances vaccine development projects (see below). At the same time, the idea of creating a stand-alone scientific program to combat COVID-19 was not adopted.

In general, at this stage, EU activities have a limited scope and impact that is fully consistent with the nature and mandate of the organization. The European Union does not have its own sovereignty and cannot exist without national Member States. It is significant that the borders between Member States have been closed and each state has declared a state of emergency on its own. According to the classic definition of Karl Schmidt, it is the sovereign who has the power to declare a state of emergency.<sup>11</sup> Obviously, sovereignty is borne by nation states and their governments, not by the EU at central level. Like all other international organizations, the EU is a secondary, derivative subject of international relations. This fact has a direct impact on the EU's

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<sup>7</sup> <https://ercportal.jrc.ec.europa.eu/>

<sup>8</sup> [https://ec.europa.eu/echo/what/civil-protection/resceu\\_en](https://ec.europa.eu/echo/what/civil-protection/resceu_en)

<sup>9</sup> <https://www.ecdc.europa.eu/en>

<sup>10</sup> [https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research\\_en](https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research_en)

<sup>11</sup> Carl Schmitt, *Political Theology: Four Chapters on the Concept of Sovereignty*, 70 (Cambridge, Massachusetts: The MIT Press 1985)

response to the current non-military crisis. Even in the area of civilian crises, the EU's claims should be weighed against its real capabilities.

It can be expected that the most significant EU contribution will be measures to support the economic recovery of Member States after the end of the crisis through financial instruments (see below), such as: the SURE tool for combating unemployment. Larger economic measures are also discussed at the political level, such as: the issuance of Crown Bonds, the new Marshall Plan and similar. However, negotiations on these measures have serious conflicting potential and it is difficult to predict their future development at this time. Below are some of the measures the EU has decided and announced it will take. In any case, the role of the EU should be considered on a comparative basis with other international organizations such as NATO and the World Health Organization, which are also severely criticized for their not particularly active response to the coronavirus crisis.

Notwithstanding the aforementioned circumstances related to the EU's powers, it should be noted that, in addition to actions taken at national level, there is a clear political will for the EU to be a catalyst for a collective response by national governments. In fact, it is debatable whether the current members of the Union have a state that has autonomous production and research capacity, as well as the necessary financial resources to cope with the onset of the coronavirus crisis, but it is certain that for many of the Member States, collective action through Union structures is of particular importance in order to ensure that the daily fight against the virus, which is yet to influence the socio-economic aspects of political vote in Europe.

What are the specific EU actions on the COVID-19 crisis? They focus on three main areas:

1. limiting the spread of the virus and ensuring the provision of medical equipment;
2. support for businesses and the economy;
3. promoting research in the field of treatment and vaccines.

What exactly has been done in these three directions:

1. Restricting the spread of the virus and ensuring the provision of medical equipment

In many countries, export restrictions have been imposed that ignore the integrated supply chains established in the EU. These restrictions create barriers to the production of essential goods by blocking raw materials in certain Member States. They disrupt the functioning of the logistics and distribution chains and encourage supply chain hoarding. The European Commission publishes guidelines

for Member States on how to put in place appropriate controls on trading structures and transport corridors in and between Member States to ensure security of supply across Europe<sup>12, 7</sup>.

In addition to road transport, special attention is paid to ensuring unhindered sea and river transport. These sectors are of key strategic importance for the collective interests of the European Union and the individual interests of the national governments of the Member States:

- 75% of goods arrive in the EU by sea,
- 30% of intra-EU trade is carried out by vessels.

The European Commission (EC) is currently working on coordinating activities with Member States to ensure a constant flow and functioning of the internal market. To this end, the Commission publishes: "Commission Guidelines on EU rules and common objectives for export measures adopted in the context of the Covid-19 crisis"<sup>13</sup>

## 2. Support for business and the economy

The EU Coronavirus Investment Initiative aims to provide immediate liquidity to Member States' budgets. To this end, the following actions will be taken:

- A. Provision of EUR 37.0 billion in European public investment. Part of this will be the unspent advance funding from the European Structural and Investment Funds, which was made available to national governments in 2019. At the beginning of the crisis, EUR 8 billion of unused capital was available to all beneficiaries of these funds. The amount was to be restored to the EU budget by the end of June 2020. On a proposal from the EC, the EP approved these capital assets, combined with co-financing from the EU budget of some € 29 billion, to be made available to stabilize the European economies to some extent in their forthcoming efforts to address the economic impact of the crisis.<sup>14</sup>
- B. The EC has decided to apply maximum flexibility in the application of EU rules on the disbursement of already available, but already allocated, structural and investment funds. In practice, the EC will enable governments to use funds from:

<sup>12</sup> "COVID-19 - Council Adopts Immediate Disbursement Measures", Council of the European Union, Press Release, 193/20 of 30/03/20.

<sup>13</sup> "Commission Guidelines on EU rules and common targets for export measures adopted in the context of the Covid-19 crisis", Official Journal, C 91 I, 20 March 2020.

<sup>14</sup> 'Coronavirus: Parliament approves securing EUR 37 billion against crisis', European Parliament, 20200323 / STO / 75617, Brussels, 25-03-2020

- the European Regional Development Fund and the European Social Fund to invest in their health systems for the purchase of health and safety equipment, disease prevention, medical devices (including respirators, masks, etc.), to ensure a working environment in the healthcare and providing access to healthcare for vulnerable groups;
- the European Regional Development Fund to help companies cope with the short-term financial turmoil associated with the crisis. This could include, for example, the working capital of SMEs, paying particular attention to sectors that are particularly affected by the crisis;
- the European Maritime and Fisheries Fund to guarantee the income of fishermen and aquaculture producers affected by the crisis<sup>15</sup>.

Given the importance of tourism for the Bulgarian economy, a brief look at the approach of the European institutions to alleviating the economic impact on tourism is appropriate. In order to monitor the problem and assess its impacts and risks, the EC has been in constant contact with the ministries responsible for tourism in the Member States, the specialized international organizations (UN World Tourism Organization and the Organization for Economic Co-operation and Development) and the EU industry. In addition, the EC, in cooperation with the European Commission on Tourism, is setting up an ad hoc network of European travel agencies and travel industry associations to exchange information and real-time impact assessments to support the Coronavirus Action Team.<sup>8</sup>

### *3. Promoting treatment and vaccine research*

*The EU is accelerating and promoting COVID-19 research through a total investment of approximately EUR 302.5 million:*

- *EUR 48.5 million allocated to 18 vaccine and treatment projects will be made available through the Horizon 2020 research program;*
- *EUR 90 million will be invested in public and private funds for therapy and diagnostics funds will be available through the Innovative Medicines Initiative (IMI);*
- *EUR 164 million will be available for start-ups, small and medium-sized enterprises whose activities are related to innovative solutions to the COVID-19 pandemic through the European Council for Innovation Accelerator program.<sup>16</sup>*

*Finally, it should be noted that in an prolonged stress environment posed by the threat to the health and life of an unprecedented number of European citizens, it is essential to pay attention and*

<sup>15</sup> "Coordinated European Virus Response", QANDA / 20/458 European Commission, Brussels, 13.03.2020

<sup>16</sup> *COVID-19: research package is welcomed, EU needs to be better equipped in future* ", European Parliament, 20200313 / IPR / 74903, Press Release, 20-03-2020

*make systematic efforts to ensure the public's confidence and transparency of communication and information structures. With the increase in the number of information channels, there is a serious increase in the importance of three important socio-political problems in the EU Member States.*<sup>17</sup>

*The problems are the following:*

1. *Increasing false news and deliberate spreading of misinformation by foreign and / or politically biased social groups.*<sup>18</sup>
2. *Increasing economic abuse - financial fraud and speculative distribution of goods that do not meet their quality standards.*<sup>19</sup>
3. *The low media culture of some EU citizens (from all Member States, but we can speak in particular about Central and Eastern European countries), which, under the influence of a systematic and structured misinformation campaign, creates risks of all kinds (mainly for health) and creates prerequisites for financial abuse*<sup>12</sup>.

And, as can be seen from the sources cited above, related to these problems, in this regard the EC and the EP have also reacted and adopted and published certain documents and guidelines.

### ***Measures recommended by EU to limit the spread of the virus***<sup>20</sup>

Responding to the call of the European Council of 26 March, the Commission, in cooperation with the President of the European Council, has put forward a European roadmap towards lifting coronavirus containment measures. It takes into account the expertise of the European Centre for Disease Prevention and Control, the Commission's Advisory Panel on the Coronavirus, experience of Member States and guidance from the World Health Organization. Evidently, any such reflection is based on the scientific knowledge available today, and should be revised as further evidence appears.

A gradual rollback of confinement measures will unavoidably lead to an increase in new cases of infection with the coronavirus. Constant monitoring and a readiness to adjust and reintroduce new measures is required. Clear and timely communication and transparency with

<sup>17</sup> Fight against misinformation, European Commission, Brussels

<sup>18</sup> "Misinformation: How to Recognize and Stop Myths about Coronavirus", European Parliament, Brussels, 30.03.2020. 20200326 / WTO / 75917, European Commission, 3 APRIL 2020

<sup>19</sup> "COVID-19: Commission and national consumer protection authorities are in a state of vigilance and call on platforms to stop fraud and unfair practices" 3 APRIL 2020, JUSTICE AND CONSUMERS

<sup>20</sup> Information is collected by CMDR COE [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response\\_en](https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en)

citizens is essential in this respect. Three main sets of criteria should be considered when assessing whether the time has come roll back the measures:

- **Epidemiological criteria** indicating a sustained reduction and stabilisation in the number of hospitalisations and/or new cases for a sustained period of time.
- **Sufficient health system capacity**, for example in terms of an adequate number of hospital beds, pharmaceutical products and stocks of equipment.
- **Appropriate monitoring capacity**, including large-scale testing capacity to quickly detect and isolate infected individuals, as well as tracking and tracing capacity.

Even though the situation differs drastically between Member States, it is essential to operate under a common approach. Three principles should guide the EU and its Member States when gradually lifting restrictive measures:

- Action should be based on science and have public health at its centre, while balancing social and economic remedies.
- Action should be coordinated between the Member States to avoid negative effects for all Member States and political friction.
- Respect and solidarity between Member States remain essential to better coordinate, communicate and to mitigate the health and socio-economic impacts.

Successfully lifting confinement measures requires a policy-mix of accompanying measures that are relevant for all Member States. The EU is taking steps to support all of them.

- Gather data and develop a robust system of reporting. Harmonised gathering and sharing of data at national and subnational level by public health authorities is essential to better manage the lifting of measures.
- Create a framework for contact tracing and warning with the use of mobile apps, which respect data privacy.
- Testing capacities must be expanded and harmonised. Fast and reliable testing is key to swift diagnoses and to measure the population's acquired immunity. The Commission has presented

#### Guidelines on coronavirus tests.

- The capacity and resilience of health care systems should be increased. Particularly, to address the predicted rise in infections after rolling back the containment measures. The EU budget has been mobilised to help.
- The availability of medical and personal protective equipment should be increased. The Commission supports Member States by stockpiling and distributing supplies and equipment via rescEU and via Joint Procurement.
- Develop and fast-track the introduction of vaccines, treatments and medicines. The development of a safe and effective vaccine would be game-changing and essential in putting an end to the coronavirus outbreak.

The following recommendations should guide Member States' reflections on gradually lifting containment measures:

- Action will be gradual. Measures will be lifted step by step and sufficient time should pass between the steps (e.g. one month), as their effect can only be measured over time.
- General measures should progressively become targeted. This would allow gradually going back to normality, while continuing to protect the EU population from the virus. For example:
  - The most vulnerable groups should be protected for a longer time.

- Diagnosed people should remain quarantined and treated adequately to decrease transmission risks.
- Safe, targeted alternatives should replace existing general prohibitive measures.
- General states of emergencies should gradually be replaced by more targeted interventions by governments. This would ensure the democratic accountability of the measures taken and a wide acceptance by the populations.
- The lifting of measures should start with those with a local impact and gradually extended to measures with a broader geographic coverage, taking into account national specificities. This would allow for effective and tailored actions and the potentially swift redeployment of measures in case new infections occur.
- A phased approach to opening internal and external borders to allow for the flow of essential workers and goods.
  - Internal border controls should be lifted in a coordinated manner. Travel restrictions should first be eased between identified low-risk areas. Neighbouring Member States should stay in close contact to facilitate this.
  - In a second phase, external borders would reopen access for non-EU residents, taking into account the spread of the coronavirus outside the EU. Restrictions to non-essential travel to the EU must be continuously reviewed.
- Economic activity should be phased in to ensure that authorities and businesses can adequately adjust to increasing activities in a safe way. The whole population should not return to the workplace at the same time and social distancing should continue to apply. Teleworking should be encouraged. At the work place, occupational health and safety rules should be observed.
- Gatherings of people should progressively be permitted. When reflecting on the most appropriate sequencing, Member States should focus on the specificities of different categories of activity, such as:
  - Schools and universities;
  - Commercial activity (retail) with possible gradation;
  - Social activities (restaurants, cafés, sport centres) with possible gradation;
  - Mass gatherings.
- Efforts to prevent the spread of the virus should be sustained with awareness campaigns to encourage the population to keep up the strong hygiene practices and social distancing.
- Measures should be continuously monitored and a certain readiness should be developed, as there is a risk of a strong resurgence and a return to strict containment measures. This is particularly important for health care systems.

An [EU COVID-19 Data Platform](https://www.covid19dataportal.org/)<sup>21</sup> has been established by the European Commission and partners to rapidly collect and share comprehensive coronavirus research data, such as DNA sequences, protein structures, data from pre-clinical research and clinical trials, as well as epidemiological data, to advance research efforts. The Commission supports the research and innovation to develop vaccines, new treatments, diagnostic tests and medical systems to prevent the spread of the coronavirus. The platform is an important part in the building of Europe's Open Science Cloud and researchers will be able to store, share and analyse a wide variety of findings on coronavirus, from genomic data to microscopy and clinical data..

<sup>21</sup> <https://www.covid19dataportal.org/>

## 2. Analysis of COVID-19 crisis development in Bulgaria till 23 April 2020

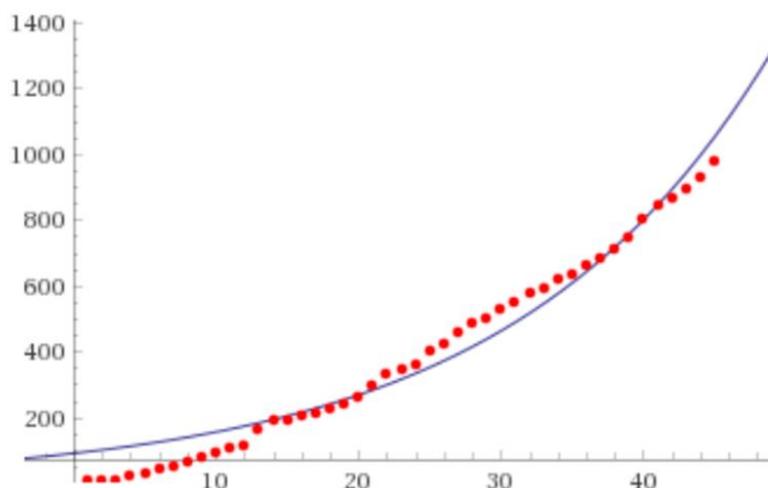
### a. General situation:

The situation in Bulgaria, with some exceptions, has not changed significantly over the past week. The development of the spread of the infection still has its potential and containment is due to the measures taken. The number of infected people remains significantly below the maximum load capacity of the health system. The country has taken a stand by position and is still refraining from taking more serious acts to ease the measures and to set a deadline for the emergency situation. Easter holidays presented the major challenge as a large part of the population, mainly from the capital and other major regional cities, neglected the quarantine and went to the countryside to visit friends and relatives. The "effect" is expected to be reflected on the infection curve by the end of April.

The acceleration of the spread of the infection in Bulgaria is currently over 1 and indicates that an exponential development is possible. In practice, the country is still in the very oblique, close to the linear section.



In its previous report, based on statistics, CMDR COE determined the number of contacts with the virus at 5-10%. This assessment is confirmed by information received from laboratories in the country. The problem for the country right now is the very low rate of infection. In this situation, the necessary 30% with acquired immunity needed to limit the rate of spread of the virus will be reached for a much too long period in which our economy could be retained functional. There is also a risk that the country will not have such a nucleus by the beginning of autumn and dropping the temperatures. In the previous report CMDR COE recommended a gradual alleviating of restrictions within 2-3 weeks. The aim is the adverse conditions for the virus - the hot weather - to limit the expansive spread so that the health system would not overload



This is what the pattern of contagion development in the country looks like for now. According to this model, in the next 10 days the number of infected should increase as demonstrated: 1049; 1108; 1171; 1237; 1307; 1381; 1459; 1541; 1628; 1720

Optimistic is the fact that the last section of the chart shows a deviation in favor of the less infected.

In general, a reduction in the acceleration of the spread of the virus is observed globally. The graph for the total number of cases loses its exponentiality and begins to approach linearity. CMDR COE believes there are several reasons for this. Among the most important are the undertaken measures to limit the infection. The load on health systems also has an impact. With the increase in the number of infected, those with mild symptoms start to be skipped or overlooked. This later leads to an increase in the reported mortality rate. Spain and Italy can be mentioned as such, which health systems were congested. On the other hand, in countries where health systems have not yet been overwhelmed and many tests are being carried out, the mortality rate is about 1%. This confirms CMDR COE analysis of 3 weeks ago that the number of infected in Italy and Spain was then about 6-7 times higher than registered. The immunity built up in the community has an increasing influence. CMDR COE estimates that in Europe, people who have had contact with the virus are around 5-10%. This is not enough to stop the infection, but has an effect on the speed of spread.

#### *b. Impact by sector.*

With the current approach, the need to implement passive safeguard measures may continue for a considerable period of time. This is mainly due to the inability to entirely control the internal and external for the country incoming to and outgoing flows. It can take more than two years for the virus to circulate globally till specific vaccine and medicines are found. Some businesses and people are beginning to realize that the crisis and the danger will not come to an end soon. Restart work and the reopening of some industries are being observed, while others are beginning to reorganize or reorient to other types of production.

It is a great concern that some industries are entirely dependent on imported raw materials or customers abroad. In either case, the restart is impossible. Keeping the current situation for

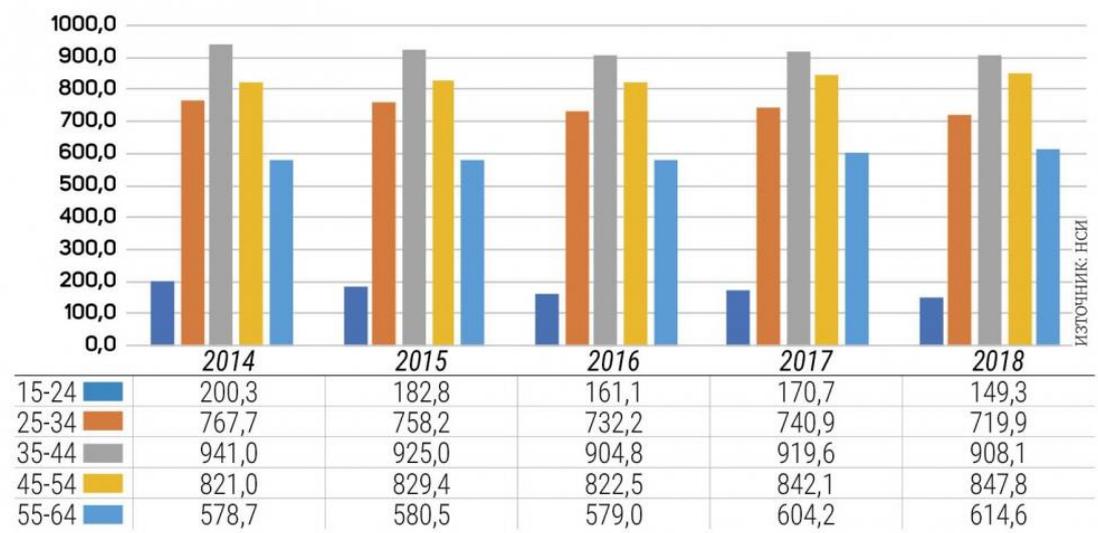
more than a few months will mean not only a permanent loss of job positions, but also a permanent loss of labor. This process should be followed in a short time and a clear action plan to be developed with the formation of a working group under the Minister of Economy. They will draw up a detailed map by industry and outline the specific path for each of them to restart production. It is important to note that the country is to provide its own production of essential goods and services (food, water, security, communications, transport, information, electricity, heating, fuel, schools, kindergartens, right to work and pay). Meanwhile, the fundamental democratic rights of the population under the Constitution must be preserved which can only be achieved through quality control for compliance with the obligations of the entire population residing on the territory of Bulgaria.

For some of the industries the measures currently in place - wearing of individual protective equipment, personal hygiene and distance between individuals will be sufficient. For other spheres, reorganization and investment will be needed to ensure the safety of workers. Sectors where this is not possible due to disruption of supply lines will need government assistance. These analyzes must be carried out within short time by expert objective commissions. This approach is characterized by initiative and reducing the risk of entering a long recession and suffering severe secondary effects on the country's population. Keeping the a passive position, such as the present one, risks the considerable time to find treatment and vaccines, but more importantly, different groups, dissatisfied with the restrictions imposed, will be formed. This may affect political life and lead to getting out of control of the environment and directly influencing one of the most important criteria for ensuring continuity of statehood. For the right approach to restart production it is necessary to carry out a mass age-differentiated information campaign and aim all measures at preserving the most risky part of the society - elderly and especially those with concomitant diseases (cardiovascular, diabetes, aspirational and other). It is of utmost importance to coordinate activities with neighboring countries and the EU, both, to tackle the spread of the contagion and to work out a common concept for the upcoming economic crisis.

The crisis will bring about a dramatic economic collapse, with a working population of 3.233 million (by 2019), all will be affected for one reason or another. It is expected at least one third of the 800,000 to rely on the social system and that the country will not be able to cope with this for more than 2-3 months. The general business structure of the country is 67% in services, 28% in industry and 5% in agriculture.

Total social assistance revenue is about BGN 18 billion, with social protection expenditure around BGN 17 billion, i.e. we have free resource of no more than about BGN 1-1.5 billion that will cover the needs of not longer than 1-2 months to help those affected by the crisis.

### Работна сила по възрастови групи 2014 – 2018 г., хиляди души



### ЗАЕТИ ЛИЦА ПО ИКОНОМИЧЕСКИ ДЕЙНОСТИ И ПОЛ ПРЕЗ 2019 ГОДИНА

Икономически дейности	(Хиляди)		
	Общо	Мъже	Жени
<b>Общо</b>	<b>3 233.1</b>	<b>1 732.1</b>	<b>1 501.1</b>
Селско, горско и рибно стопанство	214.1	149.5	64.6
Добивна промишленост	33.9	25.8	8.1
Преработваща промишленост	607.3	316.5	290.8
Производство и разпределение на електрическа и топлинна енергия и на газообразни горива	43.7	33.9	9.8
Доставяне на води; канализационни услуги, управление на отпадъци и възстановяване	33.2	23.5	9.7
Строителство	252.5	237.2	15.3
Търговия; ремонт на автомобили и мотоциклети	539.8	240.6	299.2
Транспорт, складиране и пощи	212.7	174.4	38.2
Хотелиерство и ресторантьорство	182.6	70.7	111.9
Създаване и разпространение на информация и творчески продукти; далекосъобщения	99.9	64.7	35.2
Финансови и застрахователни дейности	67.3	20.4	46.8
Операции с недвижими имоти	13.7	5.7	8.0
Професионални дейности и научни изследвания	113.3	37.8	75.5
Административни и спомагателни дейности	124.3	86.7	37.6
Държавно управление	224.8	120.0	104.8
Образование	185.8	37.8	148.0
Хуманно здравеопазване и социална работа	166.5	36.1	130.4
Култура, спорт, развлечения	53.0	28.6	24.4
Други дейности	64.8	21.9	42.8

The main sectors that will be affected are also the sectors that have the largest share capital in the GDP formation of Bulgaria:

- tourism - working for and directly dependent on income in this sector are up to 400,000. The country will lose almost BGN 3.7 billion in revenues (statistics for 2019). Apart from the winter season being terminated at its peak, the summer season is expected to completely end to zero and also the forecasts for the new winter season are not encouraging;
- construction works - working for and directly dependent on income in this sector are up to 300 000. Revenues will sharply decrease in the investment of new sites and by nearly BGN 27 billion (statistics for 2018) will also be drastically

reduced, with only a boom in purchase of real estate expected, with a view to preserving financial resources in the event of inflation;

- services, culture, sports and entertainment - working and directly dependent on income in the industry are up to 100,000;
- education - According to recent data, 80 percent of students worldwide were unable to attend school or university since early April 2020. However, the crisis also made it possible to develop distance learning and, respectively, implementations of and investments in digital platforms. These efforts are a global trend and may even revolutionize the current global form of education;

### *c. E-management, digitalization and cyber resilience.*

The current crisis demonstrates that e-government must already be seen as an element of national security, and not just a tool for facilitating the work of businesses and citizens. E-government is possible and imperative.

The ViruSafe mobile application is developed on the principle of public-private partnership. It can be downloaded on any smartphone in Bulgaria since April 6. It is developed on a voluntary basis by Bulgarian IT specialists and allows anyone who wants to register with their health status and current status and this information to be automatically sent to their GP by email in case of suspected coronavirus symptoms. This aims to help both, consumers get in touch with the health authorities involved in the fight against Covid-19 and the authorities to have a more complete picture of the population morbidity. Activation is by receiving an SMS code on the phone from which registration is done. The app is free.

A one-month free electronic signature has been introduced. Business representatives and citizens wishing to take advantage of e-services can receive a free cloud or mobile qualified electronic signature (QES) to sign up for electronic administrative applications for a period of one month. The free electronic signature is valid for one month from the date of its receipt, which must coincide with the period of declared emergency. The State Agency for Electronic Governance, with the agreement reached with the operators Borika and Eurotrust Technologies, provides online the possibility of applying for the signature from March 18, 2020 in order not to visit a physical office of the respective administration.

### *d. Information space.*

#### *i. Strategic communications and counteracting desinformation.*

At this stage, the state is trying to provide comprehensive and adequate information on the current state of the crisis. The National Operational Staff daily briefings are open and thorough with regard to the development and control of the coronavirus at national level. The messages got across the public are clear, accurate and consistent. The fact is that because of this so far no unnecessary panic in the society or uncertainty that the government is successfully coping with the problem have been allowed.

In counteracting desinformation, experts in the country give three practical tips: information hygiene, disciplining one's own thoughts and analyzing one's own emotions. Information hygiene means selecting and verifying sources of information. Mental discipline means critical thinking, ability to see historical analogies that protect against incorrect conclusions. As for emotions - it is obvious that fear can cloud the realistic evaluation, and the panicked person is easily prone to manipulations and intimations of some invisible enemy.

## *ii. Media*

The information model adopted in our country at the beginning was pyramidal, at the top of which there was a state-appointed Staff, and the media generally reproduced its position. Subsequently, it was possible to present expert positions underpinned by scientific prominent figures.

In terms of the amount of information, it is indisputable that in our country no other topic has been talked about so much over the last 80 years. It is even noticeable that information is often overprovided by all medias, at any time, which could have the opposite effect.

The question of the quality of the information provided to us comes down to its veracity. In this regard, media try to inform the population professionally and in a timely manner about the development of the crisis, to carry out a consistent and accurate analysis of the measures taken and to ensure that more diverse points of view are reflected in their diversity and controversy.

The measures taken by some media to combat phone scams turned out to be timely. For those fraudsters the current situation provides an ideal opportunity for the development of this kind of a « busines ».

If there is anything that can be improved, it is the effort to counteract fake news and rumors, as well as the need to differentiate the target audience and send clear messages to the appropriate age groups.

### Desinformation and hybrid risks.

In just a few weeks a variety of sorts of books with tips on how to prevent the virus have appeared on the market. But they also contain dizzying theories about the "secret levers" of the epidemic. Apart from the rumours and lies there are mass false promises for a quick remedy for Covid-19 disease. The current situation practically creates favorable conditions for the realization of the so-called "fishing in muddy water".

For example, in Bulgaria a rumor is spread that the epidemic is in fact an American biological weapon attack. At the same time, it is claimed that the 5G network emits radiation, which weakens the human immune system against Covid19, and it is pointed out that China is a world leader in the use of 5G. Others say the coronavirus was released to justify the forthcoming global economic crisis.

On social networks especially, people massively trust first-hand allegations and advice and believe in unverified news. Many users tend to accept that the government, authorities, or some invisible forces are misguiding common people, hiding the "truth" and manipulating them for specific political or economic goals. That is why "authentic information" that comes from users and is off the news mainstream or official news reports is enjoying a great, and very dangerous, popularity.

One of the most dangerous but widespread theory in Bulgaria is that the virus is not that scary and deadly, and yet it was the governing to "feather their own nest", because the EU would grant a lot of money to fight the pandemic.

Desinformation and hybrid attacks during a health crisis can lead to fear and stigma. False statements can also lead to more people being left unprotected and more vulnerable to the virus. There are attempts for misleading the public about the treatment and provision of medicines against COVID-19. A group of people tries to benefit from the occasion and make profit out of

people's fears, lack of awareness in some layers of the society and people's credulity. A number of measures have been taken in the country to reduce the effect of fake news and people's misinformation - the daily briefings of the National Operational Staff, a number of scientific and educational programs on the national television, etc.

#### *e. Institutional measures.*

For the time being, the Staff and the government have been calling only for perseverance in isolation, without revealing their plans for a gradual return to the normal rhythm of life. The next stage will require a MoI resources, and the shortage of patrol policemen has been a problem in Bulgaria for years. If the measures are loosened, police will have to do by far more than the current patrols at park entrances and alleys, which in turn may require the use of the armed forces to relieve the MoI overburdened staff.

##### *i. Parliament.*

Against the backdrop of the enforced state of emergency and the measures to curb social distance, the Parliament guarantees the government legally the possibility of billions in loans. So far, there has not been any announcement on how much public resources have been spent on the fight against the Crown virus - for diagnosis, treatment, medication, new laboratories, consumables, etc.

##### *ii. Government.*

The current government has the difficult task to find the right way out of the growing crisis of the coronavirus spread. The best use was made of the fact that the infection arrived relatively late in the country. Initial steps taken to curb the spread of COVID-19 have been steadily reinforced in view of the growing threat in Europe and the world. Time of social and physical limitations was used to adjust the economy and population to the new living conditions imposed by the contagion. This included reconfiguring of manufacture to produce protective equipment for the needs of healthcare professionals and the general public, producing and supply of medical equipment and medicines to combat COVID-19, taking action to support businesses and workers in the COVID-19 pandemic and a introducing the state of emergency. In this regard, the government has taken a wait-and-see position, largely guided by the way other countries handle the problem. Currently, there is no clearly stated strategy or plan for the next steps required for the gradual restoration of normal status.

##### *iii. Armed Forces activities.*

The State of Emergency Act allowed the Armed Forces to assist the Ministry of Interior in "imposing measures to prevent, limit and overcome the effects of infection". For this purpose the military training activities were stopped, as well as the participation of Bulgarian servicemen in missions abroad. So far, the military are not yet directly involved in the implementation of the measures to overcome the contagion. This can be expected at the moment when the Ministry of Interior resource is to be relieved and supported with personnel and equipment. Enhancing the role of the army in the fight against the Coronavirus may include, but is not limited to, the following activities:

- psychological assistance of the population;
- involvement of cadets in activities related to provision of food and medicines for adults, persons with disabilities and quarantined persons.
- forming mobile medical teams to assist the population (in cities where military garrisons are stationed);
- deployment of additional points for population testing;

- utilizing the capacity and capabilities of the Defense Institute, the scientific potential of the Military University and Academies and Rakovski National Defence College

#### *iv. Business.*

The key recommendations that go to entrepreneurs and company executives in any crisis have long been known. There are several basic principles of company behavior during a crisis, which are the following:

- focusing on the core business of the company;
- optimizing company costs;
- outsourcing of some administrative and support activities;
- optimization of the team, carried out with responsibility for the dismissed employees;
- working with the most loyal partners offering high quality services.

As a result of the crisis and the return of a large number of working up till now abroad people, there may be unemployed labour force in the future. This assumption, combined with additional measures to encourage investment would set Bulgaria in a relatively good position after the crisis and would accelerate the trend of hiring people by Bulgarian and foreign companies in export-oriented sectors with higher added value.

Currently, tourism, hotels and restaurants, which account for nearly 15% of Bulgaria's GDP, are in a difficult situation. It is difficult to forecast medium-term activity levels and revenues in the absence of clarity about the duration of restrictive coronavirus measures and the magnitude of the damage the crisis will have on the purchasing power of the population. However, this industry would most likely report an increase after the ease of restrictions if the prognosis for loosening the limitations till summer 2020 are met. Economic and financial efforts should therefore be prioritized in areas of higher value-added spheres of activity.

#### *v. Academia.*

Since March 19, a team of scientists from the Bulgarian Academy of Sciences has been attached to the National Operational Staff to help with real-time data on the spread of coronavirus, as well as to provide forecasts. BAS biologists and chemists support the activities of the government and the National Operational Staff with their capacity and expertise in mathematical modeling in biology. The BAS scientists have been working with models that they have been developing in recent years on a national scientific program for information and communication technologies in the fields of science, education and security. The aim is to use mathematical models in the field of epidemiology to make predictions about the development, dynamics and processes associated with the spread of the coronavirus.

A Bulgarian coronavirus vaccine is being developed at the Institute of Microbiology. This is partially funded by the Pasteur Institute in Paris as a part of a larger project, which is being implemented at four BAS institutes. In this way, BAS scientists are joining forces in this larger project that will examine antiviral agents, work on drugs design, look for new approaches for diagnosis of viral infections and develop vaccines. The project to develop a Bulgarian coronavirus vaccine is only a responsibility of the Institute of Microbiology of the Bulgarian Academy of Sciences and its Immunology Department is in charge of it.

In support of the Government and the National Operational Staff, BAS has developed three possible scenarios for the development of our economy under the state of emergency.

#### *Citizens*

There is a social sense of invisible threat in community. The prolonged quarantine and uncertainty about the global and personal development of the crisis have a strong mental impact

on the population. This already manifests in deviations from the normal behavior of certain individuals.

For some of them, this is in a positive direction and is associated with additional motivation to work and develop in order to improve personal and family resilience in times of crisis. There is also not a small number of people who do not respond adequately to what is happening and are prone to reactions in their own and the surrounding people's harm. This ranges from passive and depressive states to aggressive and destructive ones.

In some cases there is an objective and significant reason, material or not. This can be a job loss or high risk, loss of money or a close one. In other cases, it is only the worry and anxiety created by the threat of a very negative turn of events, especially in personal terms. Trapped in this vicious circle, people can cause, deliberately or not, a fast denouement of a devastating character. For many people, the effect of such an impact, as caused by the crisis, is mentally and even physically debilitating. A certain percentage of society will remain demotivated and will not return to the social and industrial life of the country. In addition to not contributing to the society, they will also present an additional burden in several aspects.

A series of measures is now needed to motivate society, to activate and motivate it, to prepare it for a return to production and to maintain a high rate of development.

Measures need to be integrated within an adaptive in accordance with the conditions and needs program. These measures should include activities that help to increase the sense of belonging to the society. Italy is such an example with applauding their medics from the home balconies. Seemingly a small and symbolic gesture, this has a long-lasting effect that can be maintained and be further exploited. Working out on the balconies or at home, seeking feedback on the various communication channels also helps with socialization. It is possible to seek and make public cases of affected people who have overcome difficulties or are on the way to do so with some additional assistance.

### *Main conclusions*

1. The spread of COVID-19 infection continues at a very high intensity, with physical distancing and social isolation remaining the only proven measures to address the problem. It is evident that despite the announced measures and the state of emergency, there is an increasing trend of returning to their jobs citizens which immediately reflects in an increase of the infection. The good trend is that most of the newly discovered cases do not need hospital treatment and does not burden the health system.
2. The countries have been varying in their success during the first period of the crisis, trying to increase their resilience, which is an important prerequisite for entering the next stage associated with their active opposition to the spread of the infection.
3. The experience of previous pandemics suggests that the number of patients is likely to decline with the increase of temperatures. There remains a great opportunity for a second wave of COVID-19 in the next cold weather period, in the autumn or winter, when it will be combined with other viral diseases.
4. The Plans to address the pandemic need to be timely adapted and reconsidered according to the operational environment. It is important to remember that no pandemic or epidemic has hit a single peak so far. Some of them still have occasional manifestations (Cholera in 1817 has 7 waves). The fact that the second or third peaks are usually larger than the first one should not be underestimated. An example is the pandemic in 1918, when the second wave struck 24 people per 1,000 as opposed to the first when the ratio is 5/1000. With the decline in compliance with the announced measures, it is not only that the peak in the number of infected people has not been reached yet, but is to come. What is more disturbing is that it is already clear that the second peak of infection will be greater than the first and it will be an acute one. According to US scientists, it is expected the peak to be up to 5 times higher. On its occurrence and in order to sustain the health system, urgent measures must be taken to prepare and fully quarantine the population over 65 and with chronic diseases. Only taking action targeting these groups of people will help the health system to successfully address the second, and possibly the third peaks.
5. People have not yet realized that this period will last long, or at least until the discovery of a medicine and vaccine. Their expectation is that this period will pass not longer than in a month makes them irresponsible which immediately reflects on the number of infected. It can be concluded that so far only cases with obvious symptoms and aggravated health condition have been detected. As the number of tests has increased, so have the number of new cases discovered.
6. A negative trend is the large number of infected medical professionals which greatly hinders the treatment and care for patients. The dissatisfaction of the health care providers with the ill-treatment (purely managerial) to which they are exposed, the poor provision with protective equipment, the overload and, above all, the psychological stress imposed by the danger of infection and the distance from the family environment is increasing. All these contribute to the withdrawal of a small number of health care providers from their obligations to the healthcare system by handing in applications for resignation.

7. The rapid spread of COVID-19 around the world and the lack of clarity on the duration and intensity of the crisis predetermines the recovery of the economies of the countries to be in the so-called U-shape. This implies that the return to pre-crisis activity would be a long and painful process.
8. The need for a step-by-step approach to dealing with the crisis seems affirmed - from restricting the spread to supporting and opening up various sectors of the economy with attention to maintaining high levels of prevention and protection in the context of a lack of well-established treatment and an early stage of developing a mass use vaccine.
9. It is expected that the greater involvement of the Ministry of Interior and the Ministry of Defense in the fight against COVID-19 will provide greater opportunities for the activity of criminogenic elements.
10. There is a risk that US accusations against China will escalate in an unfavorable direction. Given the high levels of contamination in recent weeks, the country is apparently looking for someone to blame for the situation.
11. There is a noticeable increase in desinformation campaigns aiming at making maximum benefits of the current situation by manipulating society and creating artificial tension and opposition.
12. Efforts to find drugs and rapid testing tools for people continue at a variable success. At this stage it is relied on existing, tested, and WHO-approved medicines to partially support the treatment of patients. The prospect is to create quick tests that can be used at home and at work environment.
13. Increasing the number of daily tests allows the early detection of infected people, even those who are asymptomatic but are carriers of the infection. This is proven by countries that have so far shown greater success in the fight against the Coronavirus.
14. With the continuing increase in the spread of the infection and the lack of clarity about the future it is expected that citizens' discontent may escalate which is a prerequisite for generating further tensions in the states and rising opposition in the society.
15. There is an increasing number of acts of domestic violence, workplace violence, as well as psychological trauma for people who are more vulnerable to isolation and lack of freedom of movement.
16. The crisis will lead to a drastic economic collapse with working population of 3.233 million (by 2019) all will be affected in one way or another, and at least one third of the 800,000 expected to rely on the social system that the country with the resources available would not be able to sustain for more than 2-3 months.
17. Some industries are entirely dependent on imported raw materials or customers abroad. In either case, the restart is impossible. Keeping the current situation for more than a few months will mean not only a permanent loss of job positions, but also a permanent loss of labor.
18. Taking economic measures depends to a great extent on the capabilities of the particular country but coordination, mutual assistance and the adoption of uniform measures to deal with the economic and financial part of the crisis remain crucial.
19. Efforts to find drugs and rapid testing tools for people continue at a variable success. At this stage it is relied on existing, tested, and WHO-approved medicines to partially support the treatment of patients. The prospect is to create quick tests that can be used at home.

20. Options for tracking contacts of infected people are expanding including the use of smartphone applications and other forms of digital technology, following the South Korean example, but control is too weak.
21. For some of the industries the measures currently in place - wearing of individual protective equipment, personal hygiene and distance between individuals will be sufficient. For other spheres, reorganization and investment will be needed to ensure the safety of workers. Sectors where this is not possible due to disruption of supply lines will need government assistance. Once again, monitoring compliance with the enforced measures by state authorities is key to maintaining the health of workers.

*Main recommendations for improving the crisis response and overcoming the negative effects.*

1. So far, the National Operational Staff (NOS) fulfills its task of responding to the current crisis, but it is necessary to establish a National Crisis Staff (NCS) with permanent representation of all ministries and under the direct leadership of the Prime Minister. Representatives of scientific organizations are also to be involved. There not only counteracting the virus, but also measures to overcome the ensuing, and even already in effect, economic crisis will be discussed. NOS to be the operative body of the NCS. It is time for each ministry to assign a crisis staff of its own too, to support the activities of the NCS. This is also enshrined in Chapters II and III of the Act on the Management and Functioning of the System of National Security Protection of 2015. The establishment of a Security Council is essential in case of an escalation of the accumulated tensions in the population.
2. A broad discussion on the long-term effects of the current crisis to be initiated involving key stakeholders and institutions, including civil society. A potential topic of analysis should be the future of socio-economic models in Europe, in particular in Bulgaria, which seriously affect and are affected by the crisis. Special attention is to be paid to building and strengthening societal resilience, social cohesion, solidarity and collective empowerment, which, as illustrated by the example, are of a crucial importance in crisis situations of the COVID-19 scale.
3. The Ministry of Economy to draw up a detailed map by industry and define a specific path for each of them to restart production. It is important to note that the country is to ensure its own production of essential goods and services (food, water, security, communications, transport, information, electricity, heating, fuel, schools, kindergartens, right to work and pay).
4. In the short to medium term, Bulgaria should continue to apply physical distancing within the framework of a common strategy to limit the spread (transmission) of COVID-19 infection. All measures taken under this strategy should be based on a sound legal basis and communicated to the public in a transparent and timely manner. In the long term, relevant laws, regulations and guidelines for crisis situations of, inter alia, health (epidemic, pandemic) need to be analyzed, updated or created to provide a common response system that can quickly be put into action.
5. It is of paramount importance to apply the principle of mass testing and systematic and coordinated data collection (pooling of databases and processing and analysis of data using artificial intelligence) to trace the infected and potentially infectious cases in order to detect interconnections and models of development (symptomatology) and transmission of the virus. Coordination of systems and databases providing critical travel history and medical status information, in combination with close interagency collaboration, facilitates better identification and subsequent quarantine, thereby helping to reduce the rate of COVID-19 dissemination (transmission).
6. Continue with the measure for testing the risk groups, with particular attention to the minority groups (particular attention of the Roma ghettos) and to limit their movement as much as possible, providing them with the minimum conditions for the supply of basic necessities (water and food) and protective equipment, which must be used inside the communes.
7. With regard to protecting the public from the spread of COVID-19, adherence to the measures taken so far must be continued without allowing them to be ignored or violated, which includes: providing an enhanced and continuous process for the production of masks, protective clothing, goggles and disinfectants that are to be a priority for hospitals and

clinics; obligation on all persons who leave their homes to wear protective masks and gloves, which will reduce, in particular, the risk of transmission of the infection by infected persons who do not suspect that they are carrying the disease, and not as previously accepted masks to be worn only by infected persons; enhanced control over the disinfection of public buildings and facilities.

8. Maintaining the health of the elderly, which may include additional restrictive measures to limit their movement.

9. Continuation of the information campaign aimed at informing the population about the overall situation and what lies ahead to achieving a full control over the contagion (radio, television, use of online learning by students). It is important to prepare people mentally to face the difficulties ahead and the time needed to overcome them, to form hygienic habits among the population and businesses, which will need to be respected over a longer period, incl. wearing masks in public places, disinfecting public buildings, observing physical distancing.

10. Updating the country's legislation to introduce strict hygiene standards and plans for continuous action in the event of new outbreaks of new strains of viruses unknown in human history. (Example the introduced ones in Taiwan after the SARS (2003) experience)

11. Bulgaria is to make an accurate assessment of its capabilities in the short (up to 2-3 months) and in the medium term (up to 12 months) and implement balanced economic measures that will not allow it to enter a negative financial spiral. This includes developing a strategy to gradually ease the measures adopted in the country after obtaining an approval from the National Operational Staff, which will allow us to maintain a low level of the contagion curve;

12. Measures should be gradually phased out, sector by sector or on a regional basis, while in parallel analyzing the subsequent effect that may affect the rate of spread of the virus. It is important to find a balance that allows only those measures that are necessary to bring small and medium-sized businesses back to market. To this end, the study and mathematical model developed with the assistance of the Imperial Colleague COVID-19 Response Team of 30.03.2020 can be very successfully used;

13. Take timely actions to reduce domestic violence and workplace violence and aggression during the pandemic.

14. Pay attention to the mental health of the population. To this end, a comprehensive approach to dealing with the crisis must be implemented and therefore the expertise of specialists in many different fields should be used.

15. Begin preparation for CAX CREXCOM-2020 (COVID - 19 Research Exercise for Consequence Management) - recommended in the summer of 2020 to summarize experience and prepare for the autumn. The exercise can be prepared and conducted by the newly formed ACEPTA Association.