

COVID-19

ANNUAL REPORT 2020

CRISIS MANAGEMENT AND DISASTER RESPONSE CENTRE OF EXCELLENCE

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COVID-19

ANNUAL REPORT 2020

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AFRICA

1. COVID-19 2020 overview.

▪ First recorded patient

The COVID-19 pandemic was confirmed to have spread to Africa on 14 February 2020, with the first confirmed case announced in Egypt.

There are three main trajectories in African countries:

Those that never flattened the curve, or had low case numbers until August when they rose significantly (Tunisia, Morocco and Libya);

Those that flattened the curve after cases peaked in July (South Africa and Kenya - although cases are increasing here);

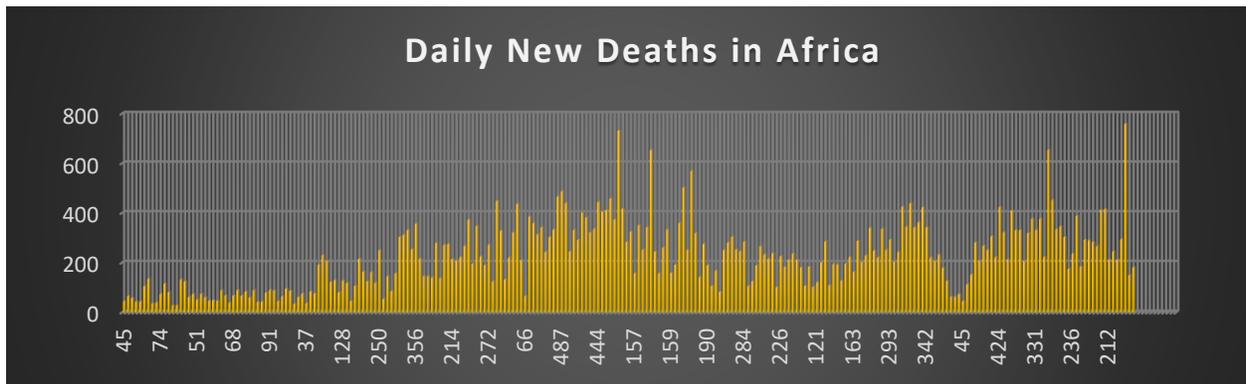
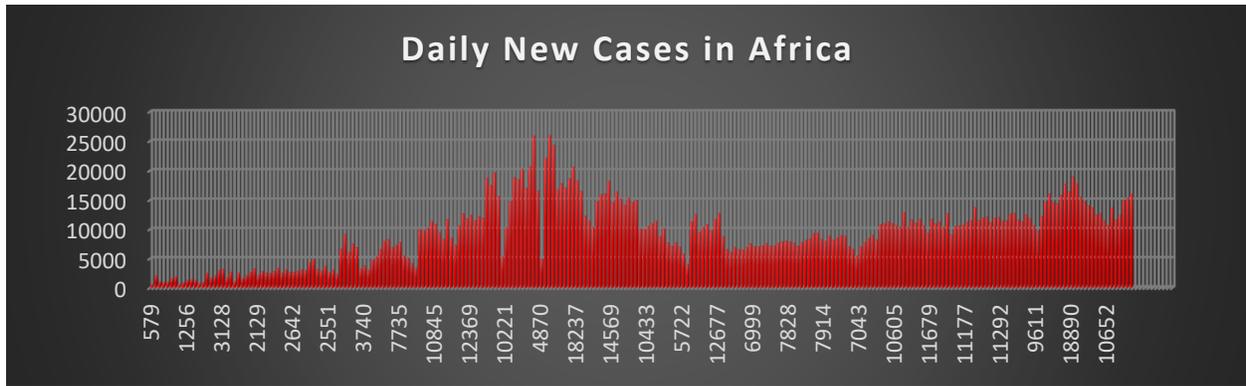
Those that have had a sustained decline in cases over time (Senegal and Equatorial Guinea)

▪ Overall description of pandemic trough 2020 year

Overall there are up to 2 393 000 reported infections and 56 400 reported deaths. The southern Africa is the most COVID-19 affected region both in terms of the number of confirmed positive cases as well as the number of deaths. The northern Africa region is the second most COVID-19-affected. Meanwhile, African experts stressed that the continent is better prepared to deal with a second wave of COVID-19 after stakeholders put measures in place to counter the initial pandemic's adverse health effects.

Much has been done to mitigate the adverse effects of the pandemic, including increasing laboratory testing capacity, beefing up primary healthcare defense mechanisms, and leveraging technology to reduce human contact.

All countries in the region are conducting entry screening at the Points of Entries(PoEs), mainly at the airports, with some doing so at seaports and ground crossings.



▪ **Vaccination program**

Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.

Many African states are relying on COVAX, a global COVID-19 vaccine allocation plan co-led by the World Health Organization (WHO), which is working to lower prices and discourage hoarding. The African Union-owned CDC organization is working with the Afreximbank and the World Bank to figure out how to raise funds for the procurement of the vaccines needed for the continent.

There are concerns that Africa lacks a competent workforce, and remains a spectator of research and development with regards to anti-COVID-19 efforts. One area where Africa lags behind other regions is with the development of the vaccines, on which a number of developed countries are already working on administering to their citizens.

2. COVID-19 Impact.

▪ **Political**

Throughout the world, the COVID-19 is testing political as well as medical systems. Some will survive, some may not. But everywhere, the strain it is putting on politics is accelerating a number of processes of change that were already under way, while interrupting others. This applies to Africa as much as anywhere. Here it is already accentuating the difference between democratic and authoritarian governments. Accountable governments have the legitimacy to secure popular support for the fight against Covid-19 and its effects, tough though this is. Authoritarians, by contrast, have been tempted to use it to increase their authority, imposing lockdown by force and silencing opposition. This may prove to carry a high price for them in the future.

Of course, for more authoritarian governments, or ones with security services not under democratic control, imposing a lockdown is an opportunity to exploit. From a number of countries, including Uganda, Tanzania, Burundi and Guinea, there are stories of people being arrested, beaten, imprisoned and even raped for breaking curfews, and journalists being silenced for trying to report the truth. This will neither contain the virus nor increase a government's legitimacy. On the contrary, it is more likely to undermine that legitimacy and lead to a stronger popular reaction in the future. In Uganda, 3,600 have reportedly been arrested for breaching the lockdown and shut up in prisons where they are far more likely to catch Covid-19, while its leaders blame the virus on China and the West. This is not an effective response, and people will soon see that.

▪ **Military**

The COVID-19 pandemic has had a significant impact on the military. Many military training and exercises have been postponed or cancelled. South Africa's military has been deployed in communities across the country to support efforts to contain the COVID-19 disease, and help save the lives of citizens. The army only has 14 infantry battalions, consisting of about 810 men and women each - including 34 officers. And many soldiers are simply not deployable, due to poor health and other manpower constraints, or other commitments like border control.

In its current condition, the defense force cannot meet the demands placed on it to fight the coronavirus, in addition to serving on peacekeeping missions, and an array of other tasks, from disaster relief, to bolstering internal safety and security and safeguarding the borders.

▪ **Economic**

Even though the COVID-19 pandemic and the following lockdown has had clear adverse socio-economic effects, the long-term consequences seem to be less severe than feared when it comes to employment and access to health services, the two other key aspects of household wellbeing covered by the phone surveys. Employment levels did drop sharply immediately after the lockdowns were implemented, but were quick to recover. For instance, pre-COVID-19 employment levels in Ethiopia were at 89%. Already in May employment levels were back at 85%. Once lockdown measures have been eased, many sectors especially in retail, commerce and the service industry have recovered. The region's growth prospects are much less favorable in the second and third quarters of 2020, which are expected to lead to negative annual growth. In fact, Africa economy is expected to enter recession in 2020, with a 3.6% contraction of the regional economy. This overall result is in line with the negative growth anticipated in Nigeria (5.4%) and Cape Verde (5.5%), Guinea Bissau (1.6%) and Sierra Leone (2.3%). In Liberia, the economic recession that began in 2019 (2.3%) is expected to deepen in 2020 (2.6%). The other countries in the region are not expected to go into recession in 2020. But they are expected to diverge in their growth rates and to experience an economic slowdown of at least 3½ percentage points in the region.

▪ **Social**

While many households lost employment and experienced reduced household income, they did not report having less food to eat. In addition, they did not report experiencing increased inability to access health care. However, most children have were out of school for a period of six months, and few children engaged in learning activities in this period. School closures were part of the lockdown measures worldwide. By the end of March, schools had closed all over Africa. Most countries went from COVID-19-related school closures straight into the academic summer break. In some countries, children are still waiting for their schools to fully re-open. An effective response to the pandemic depends on a high degree of social cohesion – where people are willing to help each other by respecting the lockdown rules or devising ways to manage social relations to reduce the risk of infection – and of political legitimacy, where people will accept what the government tell them. Countries like South Africa, Ghana, Senegal, Ethiopia and Kenya have broadly achieved this.

As COVID-19 first swiped over Africa, there was widespread concern over how African countries would tackle the pandemic. With high levels of food insecurity and vulnerability, a health system already under pressure, high unemployment rates, and armed conflicts and terrorist threats, many experts and commentators were expecting the virus to wreak havoc on the population.

3. Conclusions

Overall, if we group these countries together, we will see that the curve increased up to July, came down around September and stabilised, and now it is going up. Since the pandemic began, South Africa has had the highest recorded number of total cases in Africa. Morocco, Egypt and Ethiopia are the only other African countries to officially record more than 100,000 cases.

ALBANIA

1. COVID-19 2020 overview.

▪ First recorded patient.

The first case in the Republic of Albania was reported in Tirana on 8 March 2020, when a patient and his adult son who had come from Florence, Italy were tested positive. Both men later recovered.

▪ Overall description of pandemic trough 2020 year

In Albania, from Jan 3 to 10:03am CET, 16 December 2020, there have been 49,191 confirmed cases of COVID-19 with 1,016 deaths. The number of cases in Albania has been consistently growing following the summer tourist season and deconfinement measures leading to a re-introduction of restrictive measures. On October 27 the Albanian Health Ministry reported seven deaths caused by COVID-19 infection in the last 24 hours, a record high number for the country since the start of the pandemic in March. This date could be marked as the beginning of the pick of active cases and deaths which trend is continuing by the end of the year. Throughout November, the daily rate of new cases almost tripled from a minimum of 321 to a record 836 new cases per day. The number of active cases reflects the same increase, going from 312 per 100 000 inhabitants to 579 since the beginning of the month. As of 26 November, a total of 753 people have died from the virus, representing 25 deaths per 100 000 inhabitants.

▪ Measures introduced into force

As of March 2020, the government reacted swiftly to the COVID-19 pandemic and took stringent measures thus managing the crisis with limited human and financial loss. It issued a series of decrees subsequently endorsed by the Parliament. The State of Emergency for Natural Disaster, put in place after the November 2019 earthquake, was extended until June 2020. The authorities notified a derogation from the obligations under certain articles of the Convention for the Protection of Human and Fundamental Freedoms. As of 18 May 2020 the government lifted lockdown measures. All public and economic activities were open, except public transport, sports activities, schools and mass gathering activities. As of 1 June 2020 all movements in all territory were free without time limitations. All borders with the neighboring countries were open. No quarantine was required for persons entering in the country. Quarantine was implemented only for specific cases

recommended by the health authorities in the country or protocols issued/approved by the EU Infections Control.

One of the most important land border crossing points from Albania to Greece was closed on 20 November until 4 December, while the remaining point continues to have a crossing limit of 750 persons per day (essential travel only) from 06:00 to 23:00, only interrupted by a 24-hour halt on 24 November.

On 2 November, the academic year 2020-21 started with distance learning for universities, the duration of which has been extended until further notice. The Ministry of Health additionally recommended that starting from 1 December primary and secondary education should follow an alternating system of physical learning and distance learning.

▪ **Vaccination program**

The Albanian government is a part of the COVAX initiative and have prepaid EUR 3.9 million for some 570,000 doses of the vaccine. That is enough for a single dose for around 20% of the population.

It is not known yet which vaccine Albania will receive as so far COVAX has contracts with 10 companies that are working on developing a vaccine.

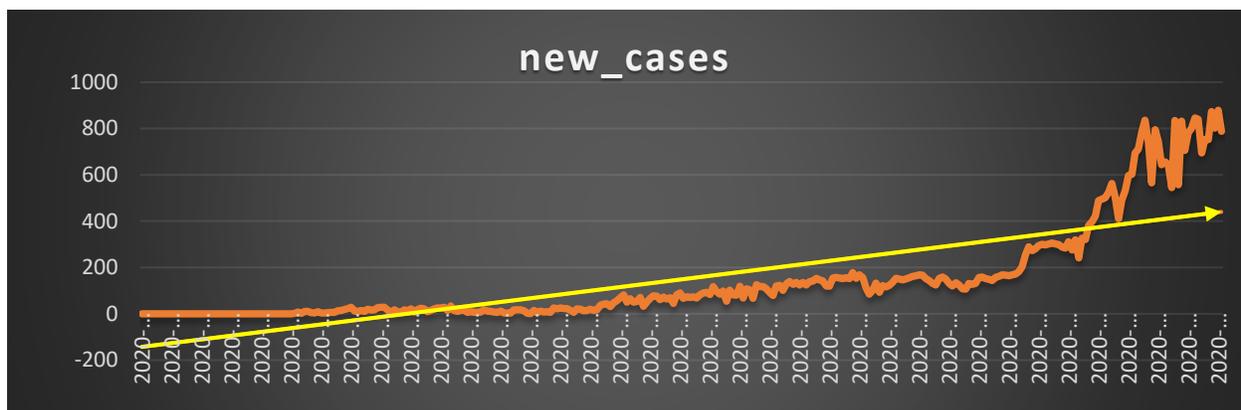
The Minister of Health Ogerta Manastirliu said that by paying a deposit, they have secured doses from potential vaccine candidates. She added that the Albanian government is committed to getting the vaccine and giving it to citizens for free.

The government is also planning to buy vaccines outside of the COVAX agreement. Vaccination will commence with 20% of the population, as per recommendations of experts. The first to be vaccinated will be high-risk groups including medical staff, teachers, police officers and others.

The Minister said they will have different strategies for the storage and distribution of the vaccine, depending on the type of vaccine the country will receive.

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2. COVID-19 Impact.

▪ Political

Albania maintained its primary ambition opening accession talks by pursuing EU-driven reforms in key sectors such as justice and home affairs. However, extreme political polarisation has affected the administration's performances. This has been particularly visible at local level, where the handover of municipalities to the ruling majority, following local elections without participation by the opposition, created some disruption. In the course of the COVID-19 crisis, all political actors demonstrated a certain degree of unity in supporting government initiatives to counter the emergency.

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▪ **Military**

Across the country, the armed forces have been mobilized to support civilian authorities in responding to COVID-19 pandemic.

The armed forces were engaged for internal security, border control, providing additional medical capacity, transport of COVID-19 patients and disinfection of public surfaces. The most controversial engagement was assisting the police in providing internal security and reinforcing lock-downs through presence patrolling and guarding hospitals and other public buildings.

In Albania, military armored vehicles were used to enforce the curfew.

The government had the key role in deploying the armed forces, but did so by overriding standard legal procedures. In Albania, deploying the Armed Forces to act in a civil protection capacity would require a parliamentary decision.

▪ **Economic**

The economy is projected to contract by about 7.5% in 2020, reflecting its dependence on tourism and remittances. The fiscal deficit is projected to rise to about 7% of GDP and the public debt to slightly above 80% of GDP at end-2020.

In the second quarter of 2020, the recession deepened to an economic contraction of 10.2%. This was mainly driven by a contraction in investment, private and public consumption as well as a large fall in exports of 35%. This drop may be explained by the large share of Albania's exports to Italy (48%), which itself fell to a notable recession of almost 18% in the second quarter of 2020.

▪ **Social**

As a result of the pandemic in Albania thousands of citizens are at risk of losing their jobs, and temporary government support measures (unemployment benefits, deferrals/waivers to tax and social security contributions, etc.) have an important fiscal impact.

▪ **Information**

Again according to the above survey, 100% of the population affirm that they have heard about the new coronavirus. The majority of population are well-informed regarding the ways of transmission of Covid-19 as well as about the

necessary prevention measures to limit the spread of the virus. The main source of information is television (98%) followed by internet (41%).

▪ **Infrastructure**

According to the Albanian Ministry of Health, the country has at its disposal around 310 hospital beds for hospitalization of patients with coronavirus. Two hospitals have been put in service of coronavirus patients in Tirana as “COVID 1” and “COVID 2”. Albania has the capacity of 500 COVID-19 tests a day. Additionally, the country ordered 84 new respirators. A hospital is being adapted to function as a quarantine hospital during the pandemic.

As the current structures of COVID 1 and COVID 2 hospitals have been filled to capacity, COVID19 patients are being hospitalized in the COVID 3 hospital, while COVID 4 and other hospitals outside of the capital are being envisioned in case of further deterioration of the situation.

3. Conclusions

Albania is not affected as severely as the neighboring Italy, by this pandemic, but the crisis has challenged profoundly the government and health organizations, which have done their best to find effective countermeasures and avoid catastrophic consequences. At the moment, prevention aimed at reducing transmission in the community is the best approach, but scientists and research companies across the planet are working tirelessly and there are many active initiatives, aiming to develop quickly a vaccine, and efficient therapeutics.

AUSTRIA

1. COVID-19 2020 overview

▪ First recorded patient

Most Austrians first heard of the Novel Coronavirus sometime in January, following reports of a cluster of pneumonia cases in Wuhan¹. In those days, few thought it would ever affect our lives directly. Corona was a faraway problem, and we thought we would be safe if we did not travel to China. Then, in the last week of February, Austria had its first confirmed COVID-19 case. The problem was coming closer to home, but officials still warned that people should “not become hysterical, and not panic²”. Just over two weeks later, Corona-hotspots³ in the West of Austria were isolated⁴. On 16 March, nationwide measures were put in place: Everyone was to stay at home, except for (essential) work, to shop for food, to walk or exercise, or to support those in need. Some kindergartens and schools would remain open, but only to supervise children whose parents had to work. Other parents were to teach and look after their children at home. With the exception of supermarkets, groceries, and pharmacies, all shops and restaurants were closed. And those in need of COVID-19 testing were not to go anywhere — they would be visited at home⁵.

▪ Overall description of pandemic trough 2020 year

From today’s perspective it seems as if these strict measures may have prevented the worst: the growth of new infections in Austria has slowed down⁶, and mortality is relatively low⁷. Hospitals have not been pushed over their capacity. From 14 April, smaller shops re-opened — but all other restrictions remained in place⁸.

People whose income had been low before the crisis had even less money available in the middle of April. People with lower levels of formal education had

¹ <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/>

² <https://www.wienerzeitung.at/nachrichten/chronik/wien/2052189-Coronavirus-Erster-bestaetigter-Fall-in-Wien.html>

³ <https://www.bbc.com/news/world-europe-52007104>

⁴ <https://www.tyrol.com/information-coronavirus>

⁵ <https://coronavirus.wien.gv.at/site/faq-english/>

⁶ <https://orf.at/corona/stories/3157533/>

⁷ <https://www.bbc.com/news/world-51235105>

⁸ <https://metropole.at/coronavirus-in-austria/>

been more affected by job losses than others. And 20% of all children had to spend the lockdown in homes with very little personal space.

Roughly a month after the end of the most severe restrictions, many aspects of public and economic life in Austria have resumed. Cafes, restaurants, and shops have reopened, and if it were not for people wearing face masks, just by looking at the bustling streets, one could forget that COVID-19 has ever happened. The infection rate is low⁹, and measures will be loosened further in mid-June¹⁰, in particular regarding the obligation to wear face masks in many places, as well as cross-border travel. In much of the public discourse, economic recovery is now pitched against the protection of public health.

Since early August, infection numbers in Austria had been rising¹¹, although not yet to a level that another lockdown or other additional constraints are considered. As most holiday makers had returned, and the country is facing the beginning of the new school year in the first two weeks of September, the government has announced the introduction of a traffic-light system¹² that will provide guidance to schools, businesses, and other institutions on measures to be taken to contain the pandemic. Such traffic light systems are being operated in other countries, such as Germany, where this system is intended to foster a more targeted approach to containment. In contrast to Germany, however, Austria has not yet experienced similar widespread protests against COVID-related measures.

In September and October infection numbers in Austria had continued to rise, and certain regions — including the country's capital, Vienna — have been declared high risk areas by¹³ other countries. While businesses and schools remain open, some regions have limited opening hours, and the use of face masks is now mandatory in all restaurants and shops across the country. In Vienna, those visiting

⁹ <https://www.coronatracker.com/country/austria/>

¹⁰ <https://metropole.at/coronavirus-in-austria/>

¹¹ <https://info.gesundheitsministerium.at/dashboard.html?l=en>

¹² <https://www.vindobona.org/article/austria-introduces-traffic-light-system-as-schools-are-reopening>

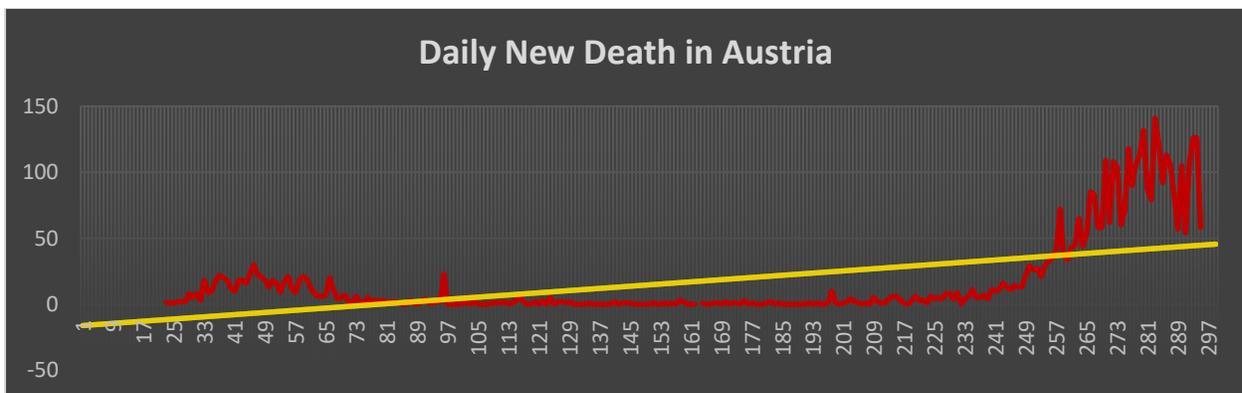
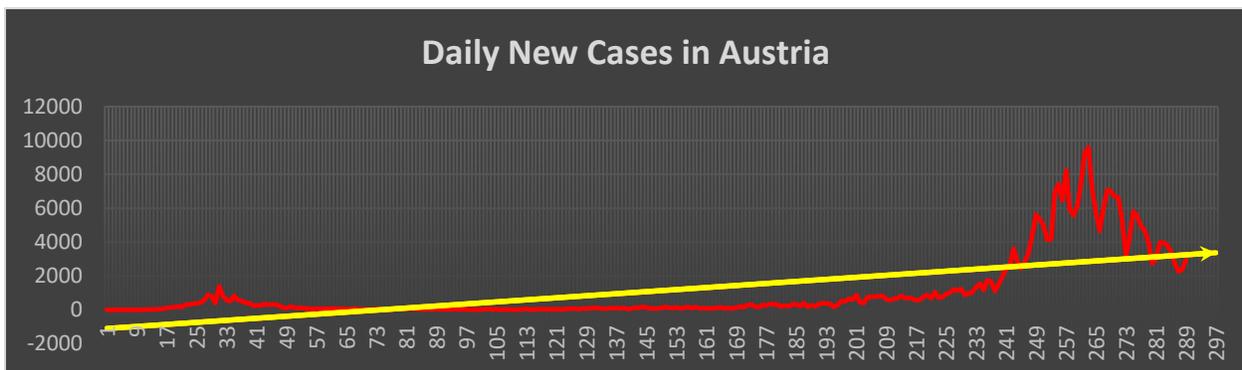
¹³ <https://www.schengenvisa.info.com/news/germany-adds-vienna-to-its-covid-19-high-risk-areas-list/>

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cafes or restaurants must leave their contact details upon entering. The second wave was in front of Austria.

From Tuesday 3 November till 6 of December, restaurants, cafes, and bars, was no longer allowed to serve customers on their premises, no more than two households were allowed to meet in public spaces, and a nightly curfew was in place. Instruments to mitigate job and income losses, such as short-time work and compensations for businesses, was planned to be prolonged and expanded.

Shortly after the beginning of the lockdown, the Chancellor announced that the government plans to mass test the population in December and January. Such mass testing campaigns had recently been tried in neighboring Slovakia – which tested 2/3 of its population in November – and in South Tyrol^{14,15}.



¹⁴ <https://metropole.at/vienna-plans-mass-test-coronavirus/>

¹⁵ <https://bprainsack.medium.com/covid-19-affects-us-all-unequally-lessons-from-austria-faf8398fddc1>

2. COVID-19 Impact.

▪ Political

The Austrian government has faced a major challenge called "COVID19" in the past year. A number of measures and restrictions were imposed on society, which inevitably led to a psychological challenge for society. But Austrian society complied with the government's decisions unconditionally. There are no serious consequences of the pandemic for the Austrian government to date.

▪ Military

Austria is mobilizing its military reservists for the first time since World War Two, asked them to fight the coronavirus outbreak by helping with food supplies, medical support and police operations. Beginning in May, up to 3,000 ready reserve soldiers have been replaced by those soldiers that are currently deployed. Of the deployed troops, 50% were ready to reserve soldiers, 25% were professional soldiers, and 25% were national servicemen.

▪ Economic

The Austrian economy went into lockdown on March 16. Austrian economy suffers with 11% slump in the second quarter. The Austrian economy shrank 10.7% in the second quarter, marking its biggest contraction since the data series began after World War Two, as the coronavirus pandemic hit both domestic and foreign demand. The most heavily affected sectors included retail, hotels, restaurants, sports and entertainment¹⁶.

▪ Social

In Austria, the number of persons who registered as unemployed with the Public Employment Services rose to record levels in March and April. Since the end of the lockdown in May, the employment situation improved gradually. In September, unemployment was about 22% higher compared to the same month in the previous year (down from almost 60% in April). The number of workers registered with the short-time working scheme declined by 70% from the peak in spring. Since the start

¹⁶ <https://www.reuters.com/article/us-austria-economy-gdp/austrian-economy-slumps-by-107-in-second-quarter-as-coronavirus-bites-wifo-idUSKCN24V0YK>

of autumn, however, the number of new Covid-19 infections has been rising again and the federal government, as well as regional authorities, have re-imposed more restrictions that will impact the recovery negatively. In November 2020, there was a partial lockdown with the closure of restaurants and theaters¹⁷.

▪ **Information**

The Austrian government made a great effort to inform the public about new legal developments, penalties, impact on daily life, etc. Press conferences were regular and televised. Information was published on Ministry websites, social media, digital and print media outlets, and the radio. It is noteworthy that information is cross-linked between Ministries and news outlets, who all refer to each other. The comprehensive website of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection is updated twice daily.

▪ **Infrastructure**

Measures to avoid shortages in hospitals in the course of the COVID-19 crisis have been implemented. These include the reorientation of departments, postponement of elective surgeries, and non-urgent interventions. Specific hospitals or new hospital units have been designated and created in each region to administer and treat patients with suspected or confirmed COVID-19 cases. Further, strict Standard Operating Procedures (SOPs) apply in regard to separate hospital entrances for people with symptoms of COVID-19 to protect other patients and staff.

3. Conclusions

Over the past year, Austria has shown that it has the capacity to deal with such a pandemic. The discipline and responsibility of the population give the necessary results. Mass testing of the population is currently underway and the results will become clear within days. As of 16 December 2020, there are 327,679 officially confirmed cases with 4,648 recorded deaths and 287,750 recoveries. A total of 3,446,109 tests (or 381,632 per million citizens) had been performed by 16 December¹⁸.

¹⁷ <https://covid-19.iza.org/crisis-monitor/austria/>

¹⁸ <https://www.worldometers.info/coronavirus/country/austria/>

BULGARIA

1. COVID-19 2020 overview

▪ First recorded patient

The COVID-19 pandemic in Bulgaria is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus was confirmed to have spread to Bulgaria when the country's first cases, a 27-year-old man from Pleven and a 75-year-old woman from Gabrovo, were confirmed on 8 March 2020. Neither of the two had traveled to areas with known coronavirus cases which is maybe because the PCR test that was used is defective. The man tested positive for the virus after being hospitalized for a respiratory infection, and authorities announced plans to test several people who were in contact with the two individuals. Two other samples in Pleven and Gabrovo were positive on 8 March. Patient zero remains unknown.

▪ Overall description of pandemic trough 2020 year

After the number of patients in the country had reached 23, the Bulgarian Parliament voted unanimously to declare a state of emergency from 13 March until 13 April. A 14-day preventive house quarantine was introduced for citizens who have been in contact with a COVID-19 patient or have returned from an overseas region with a high number of cases. For patients tested positive for the virus a 21-day house quarantine was introduced. This time span is counted from the day a subsequent test comes out negative after they have been treated in a hospital or at home. After the World Health Organization (WHO) has established that COVID-19 is more resilient than the initial data was showing, the National Crisis-management Staff increased the recovery house quarantine by a week to 28 days¹⁹.

Classes and extracurricular activities in schools, universities and other educational institutions and organisations have been suspended, with distance learning introduced where possible²⁰.

¹⁹ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Bulgaria

²⁰ <https://ec.europa.eu/migrant-integration/news/impact-of-government-measures-related-to-covid-19-on-third-country-nationals-in-bulgaria>

On March 17, the town of Bansko was placed under full quarantine for a period of 14 days. On March 31, the government lifted the blockade on Bansko.

A ban on visiting parks, playgrounds and indoor and outdoor sports facilities will take effect on March 20. It was forbidden to leave the regional centers in the country without a valid reason related to work, health reasons or registration at a permanent or current address. In Varna, access to the beach is prohibited.

With the continuing increase of COVID-19 cases on a daily basis, the Bulgarian government requested on 1 April that Parliament extend the state of emergency by one month until 13 May. Following the state of emergency, the government decided to ease the measures after two months of restrictions and deprivation. Most of them were removed, but there were some that remained.

During the summer months, as in most parts of the world, the situation had returned to normal and we forgot about the pandemic. But with the beginning of September and the return of students to class and workers in their workplaces, the virus began to appear again.

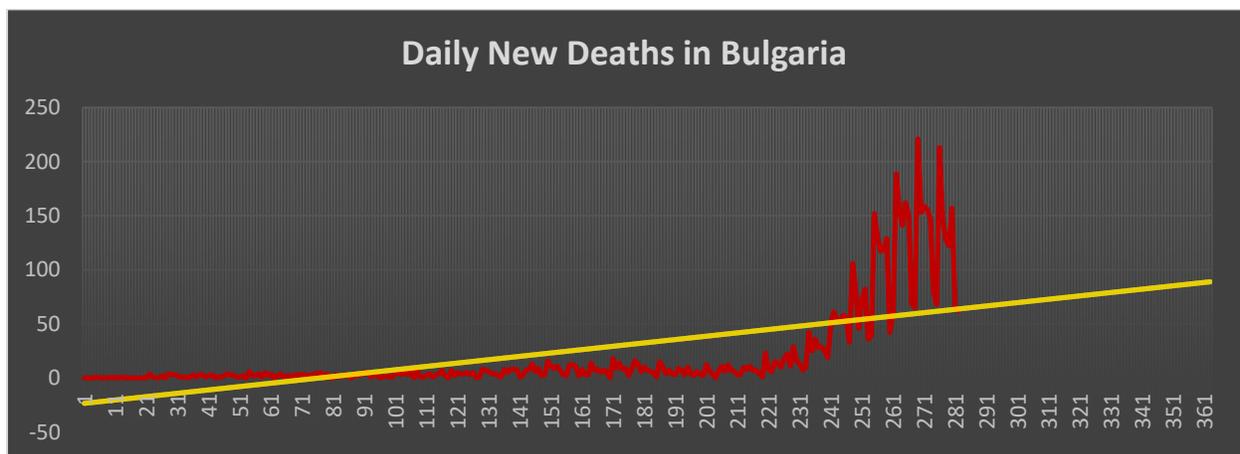
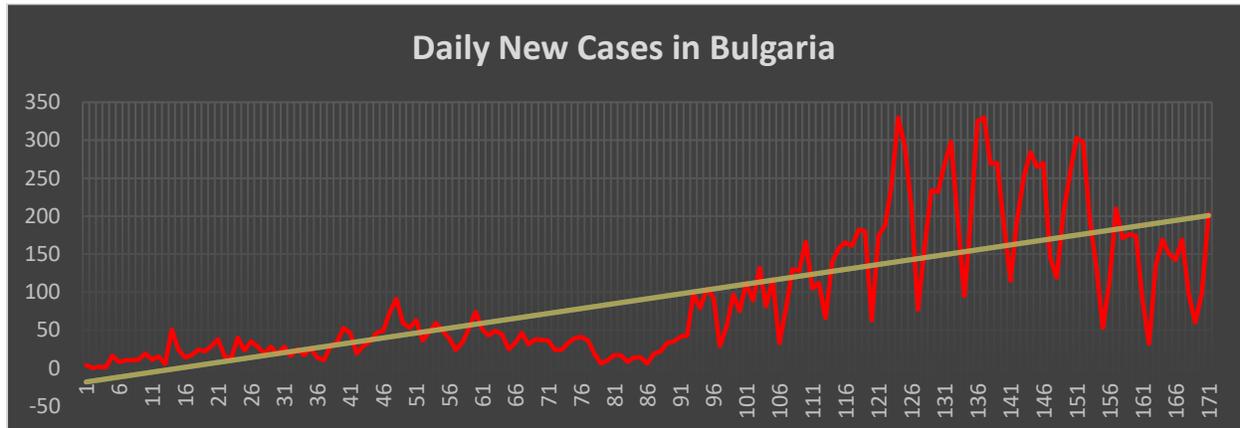
Like most of Europe Bulgaria is currently experiencing its second wave of Covid-19 infections, with much higher casualties than during the first phase. For this reason a new lockdown was in place from 23:30 on 27th November 2020 until 21st December 2020. All cultural events (with the exception of theatre - no idea how that works) have been cancelled. Cinemas, museums and art galleries have been closed. Attendance at weddings, christenings and funerals are restricted to 15 persons. Restaurants will only work for take out / delivery to home and office. Casinos and gaming halls are closed. In shopping centres / malls only the following shops will work: food stores, pharmacies, drugstores, opticians, petstores, banks, insurance brokers and telecom companies. Most arrivals from the EU and the Schengen area visiting Bulgaria, are no longer subject to a mandatory 14-day quarantine. The current status is that Bulgaria is in an epidemic situation until the end of January 2021²¹.

²¹ https://www.inyourpocket.com/sofia/the-coronavirus-covid-19-in-bulgaria-updates_77571f

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▪ Vaccination program

In the beginning of 2021, the government planned to start vaccination. The logistic preparation started in the beginning of December. The vaccines will be free for all citizens and will be carried out in five phases.



2. COVID-19 Impact

▪ Political

The coronavirus crisis inevitably affects the political picture in Bulgaria. The government imposes restrictive measures which society accepts to some extent. At the beginning of March, the public was more inclined to take measures, but now there is a slight decline in confidence and doubts about the adequacy of the measures. The upcoming elections in March 2021 and approximately 160 days of protests in the country further contribute to tensions in Bulgaria.

▪ Military

At the start of the pandemic, the military was engaged in providing field hospitals and deploying equipment to deal with the pandemic if needed. Several logistical exercises were held to check the readiness of the army.

▪ **Economic**

In November 2020, the economic situation in the country is assessed as unfavorable according to data from the National Statistical Institute. The general indicator of the business climate decreased by 4.1 percentage points compared to its level in October, as a decrease in the indicator was registered in construction and retail trade

Industry. *There is a slight decrease in the current production activity, and the expectations of the industrial entrepreneurs for the activity in the next three months are more moderate.*

Construction. *In November the composite indicator "business climate in construction" decreased by 9.9 percentage points as a result of the worsened assessments and expectations of construction entrepreneurs for the business condition of enterprises. According to them, the new orders received in the last month are declining, and their forecasts for the next three months are less favorable.*

Retail. *The composite indicator "business climate in retail trade" decreased by 9.9 points, which is due to the more reserved assessments and expectations of retailers for the business condition of enterprises. Their forecasts for the volume of sales and orders to suppliers in the next three months are also pessimistic.*

Services. *In November, the composite indicator "business climate in the services sector" remained at the level of October. Managers' forecasts for business development in the sector over the next six months are deteriorating, and their expectations regarding the demand for services in the next three months are pessimistic²².*

▪ **Social**

²² https://www.nsi.bg/sites/default/files/files/pressreleases/Economy2020-11_XOU9ER8.pdf

The National Council for Tripartite Cooperation approved the proposal of CITUB for all sectors affected by the current crisis to be eligible for state aid under the 60:40 scheme, which envisions the government covering 60 percent of salaries and the employers the remaining 40 percent. Thus the initially proposed government list of eligible entities to be supported by the state was dropped.

▪ **Information**

During the year, the development of the pandemic was reflected in a timely and adequate manner. A single information portal was created for detailed public awareness. Radio and television cover the news on a daily basis and inform the public about the development of the crisis. Conditions have been created for information of all social groups.

▪ **Infrastructure**

Due to a shortage of beds in hospitals, existing ones were found or restructured to combat the pandemic. Additional resources were provided to the Ministry of Health. The main problem turned out to be the shortage of doctors due to the high morbidity.

3. Conclusions

During the year the government of the Republic of Bulgaria faced the invisible enemy coronavirus. The country in transition experienced serious problems related to the lack of adequate health care, financial resources for emergency response, organization of processes and so on. A number of measures have been taken, whether timely or not, many industries have been affected and it is unclear when they will recover. The health care system is currently experiencing serious problems, despite additional incentives from the government. Bulgaria came in second in the black mortality statistics in Europe. As of 16 December 2020, there are 184,287 officially confirmed cases spread throughout all Bulgarian provinces, with 6,005 recorded deaths and 87,935 recoveries. A total of 1,077,493 tests (or 155,612 per million citizens) had been performed by 16 December²³.

²³ <https://www.worldometers.info/coronavirus/country/bulgaria/>

CANADA

1. COVID-19 2020 overview.

▪ First recorded patient

The 2020 coronavirus pandemic in Canada is part of the ongoing worldwide pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease first arrived in Canada on January 25, 2020, after a man returned to Toronto from travel in China, including Wuhan; the case was confirmed on January 27.

▪ Overall description of pandemic trough 2020 year

As of December 12, 2020, there have been approximately 475,214 confirmed cases, over 362,200 recoveries and over 13,59 deaths in the country. Confirmed cases have been reported in all of Canada's provinces and territories.

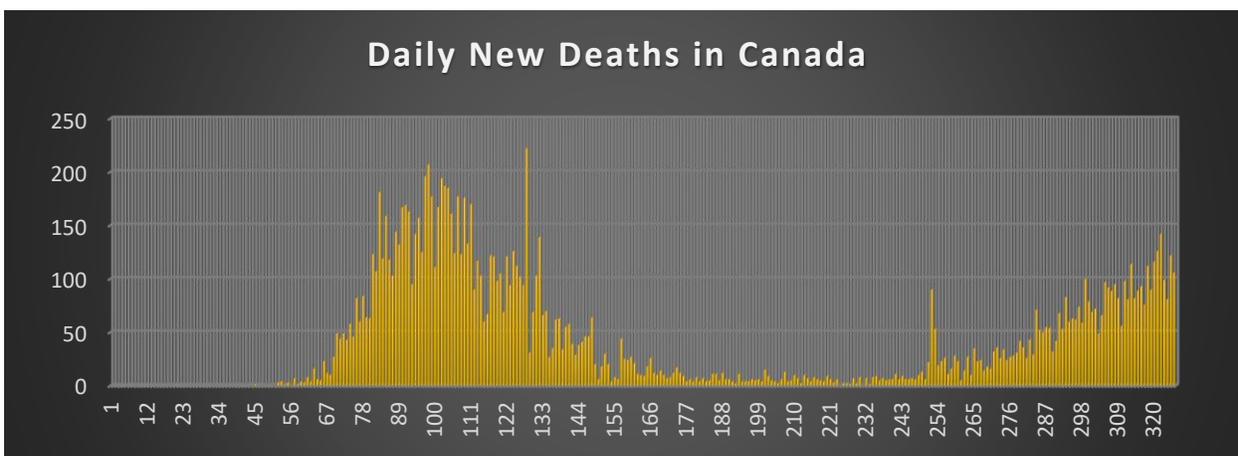
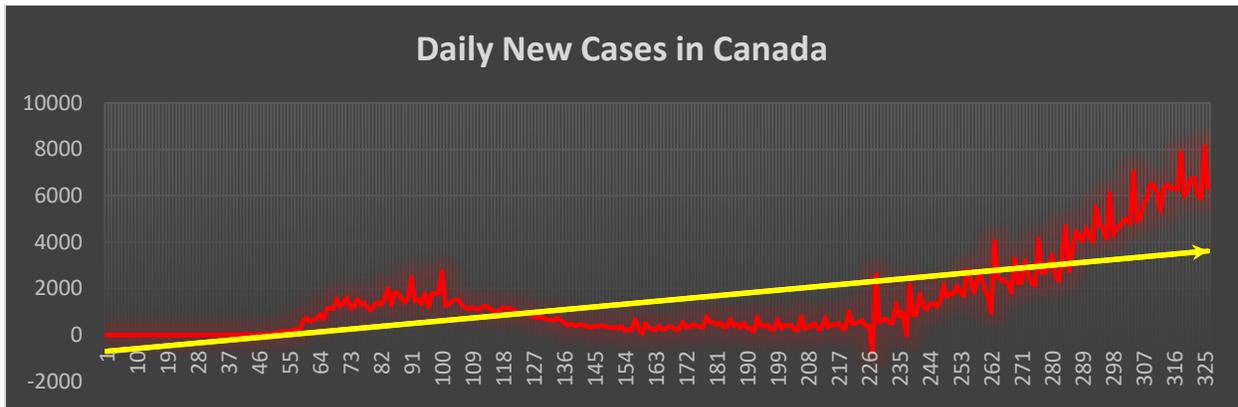
The number of cases increased sharply in March and April as the virus began to spread from one person to another in Canadian communities. By mid to late summer, the country saw a steady decline in active cases. Beginning late summer and through autumn, the country saw a resurgence of cases in most provinces and territories

The territories and East Coast provinces have remained mostly unscathed throughout the pandemic so far, with very few cases and deaths -- if any -- reported in these jurisdictions compared to the rest of the country.

By mid-July, Western Canadian provinces were seeing the number of new cases rise again. Regions like Ontario and Quebec began seeing the curve bend upwards by mid-August. As tens of thousands of children returned to in-class schooling, the daily number of new cases continue to climb, in some cases to new records.

As infections rose in Canada, long-term care homes, especially in Ontario and Quebec, suffered a disproportionately devastating impact, with more than 80 per cent of the total deaths in Canada attributable to outbreaks at hundreds of these facilities.

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▪ **Measures introduced into force**

The federal government activated its Emergency Operations Centre on January 15. In mid-March, as cases of community transmission were confirmed, all of Canada's provinces and territories declared states of emergency. Provinces and territories went into high alert in mid-March and have, to varying degrees, implemented school and daycare closures, prohibitions on gatherings, closures of non-essential businesses, restrictions on entry, and mandatory self-isolation for travelers. Canada severely restricted its border access, barring travelers from all countries with some exceptions. The Minister of Health invoked the Quarantine Act, legally requiring all travelers (excluding essential workers) returning to the country to self-isolate for 14 days.

Bars, restaurants, cinemas, and other businesses have been ordered closed by provinces, territories, and municipalities across the country. Takeout and delivery orders are largely still permitted. Jurisdictions have differed on daycare closures. In

particular, British Columbia and Saskatchewan have faced criticism for allowing daycares to remain open while closing schools, bars, and restaurants.

Ontario, Quebec, and Saskatchewan have mandated the closure of all businesses not deemed essential by the provinces. Essential businesses include grocery stores, takeout and delivery restaurants, pharmacies, transportation, manufacturing, food production, energy, and healthcare.

▪ **Vaccination program**

On December 9, 2020, Health Canada approved Pfizer's COVID-19 vaccine, BNT162b2. The Public Health Agency of Canada will supervise rollout and administration of the vaccine. The Canadian military will have a role to play in vaccine distribution.

About 30,000 doses of the Pfizer-BioTech COVID-19 vaccine are expected to arrive in Canada by December 14

In Canada, the first groups recommended for vaccination are long-term care home residents and workers, followed by seniors over 80 and front-line health care workers. The government has said it will set up 14 distribution centres, with at least one per province. Various provinces have started spelling out their plans as well.

Canada currently has contracts with six other vaccine makers as well.

2. COVID-19 Impact.

▪ **Military**

Operation LASER is a domestic operation of the Canadian Armed Forces (CAF) for contingency planning and response in the event of a pandemic. Its three goals are: protecting CAF personnel and capability, assessing CAF capabilities to respond to a pandemic, and assisting other government departments in the event of a pandemic.

During the COVID-19 pandemic in Canada Operation LASER was first activated on March 2, 2020; with escalation to Phase 3 of the operation on March 13, 2020. Under Operation LASER, military medical personnel and resources were deployed to certain long-term care facilities in Quebec and Ontario to assist with operating those facilities.

▪ **Economic**

The COVID-19 pandemic had a deep impact on the Canadian economy, leading it into a recession. The governments' social distancing rules had the effect of limiting economic activity in the country. Companies started considering mass-layoffs of workers, which was largely prevented by the Canada Emergency Wage Subsidy. But despite these efforts, Canada's unemployment rate was 13.5% in May 2020, the highest it has been since 1976.

Many large-scale events that planned to take place in 2020 in Canada were canceled or delayed. This includes all major sporting and artistic events. Canada's tourism and air travel sectors were hit especially hard due to travel restrictions. Some farmers feared a labour shortfall and bankruptcy.

In late November the federal government passed legislation to approve further modified economic aid for businesses and individuals.

▪ **Social**

The COVID-19 pandemic has had profound impacts on Canada's economy and society. The historic declines in economic activity disproportionately affected many vulnerable Canadians, including women, youth, new immigrants, visible minorities and lower-wage workers. Visible minorities are overrepresented in sectors hardest hit by the pandemic, including food and accommodation services, contributing to high rates of unemployment.

The unemployment rate among young Canadians was 23.1% in August, over twice the rate observed in February. In August, the unemployment rate ranged from 12.7% to 17.9% for selected visible minority groups, compared with 9.4% among the non-Indigenous, non-visible minority population.

Since the COVID-19 pandemic began, fewer Canadians have reported having excellent or very good mental health—55% (July) from 68% (2019 pre-COVID-19).

Although job losses have been similar, Indigenous people are feeling the financial impacts of COVID-19 more sharply than non-Indigenous people.

Among Indigenous, 37% experienced job loss or reduced work hours, compared with 35% of non-Indigenous people.

Over one-third (36%) of Indigenous people reported that the COVID-19 pandemic had had an impact on their ability to meet financial obligations or essential needs, compared with 25% of non-Indigenous citizens.

▪ **Information**

The Government of Canada has undertaken significant communications and public education on COVID-19 to inform Canadians of the Government's action, to help them make informed decisions and to enable them to take action to protect their health and their communities.

To ensure Canadians get trusted and accurate information, the Government of Canada is providing \$50 million to the Public Health Agency of Canada's dedicated communications capacity and public education efforts.

3. Conclusions

The pandemic and related containment measures have deeply affected Canadians and the Canadian economy. The pandemic affected regions and provinces differently because case numbers and containment measures varied across the country. The economic recovery will also look different across the country as local economies start to re-open.

Strong policy actions by the Bank of Canada, governments and other authorities have supported household incomes and helped businesses stay afloat through the lockdown period. This laid the necessary foundation for eventual recovery.

Once measures to control the virus are relaxed, household spending and economic activity will start to rebound. We are already seeing employment levels rise, and more Canadians are looking for work. But a full recovery to pre-COVID-19 levels of employment and output is likely a long way off.

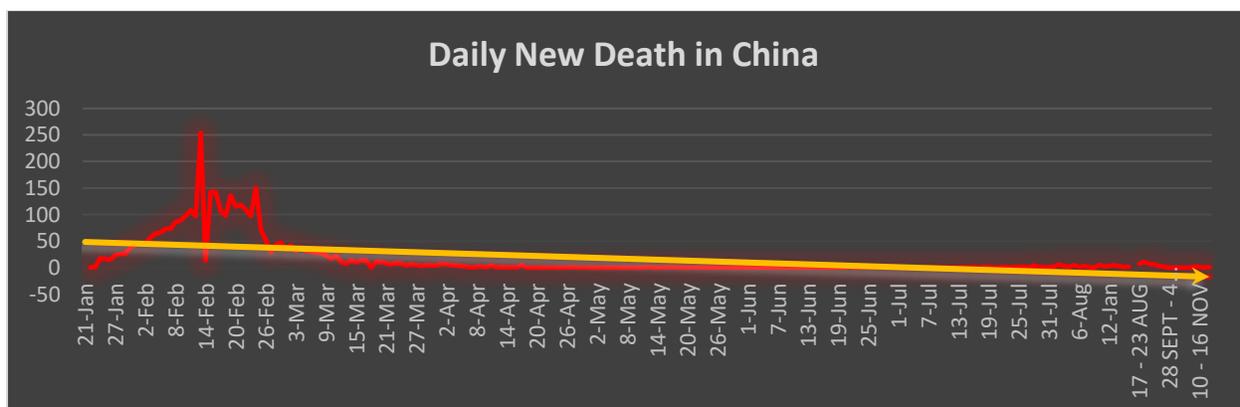
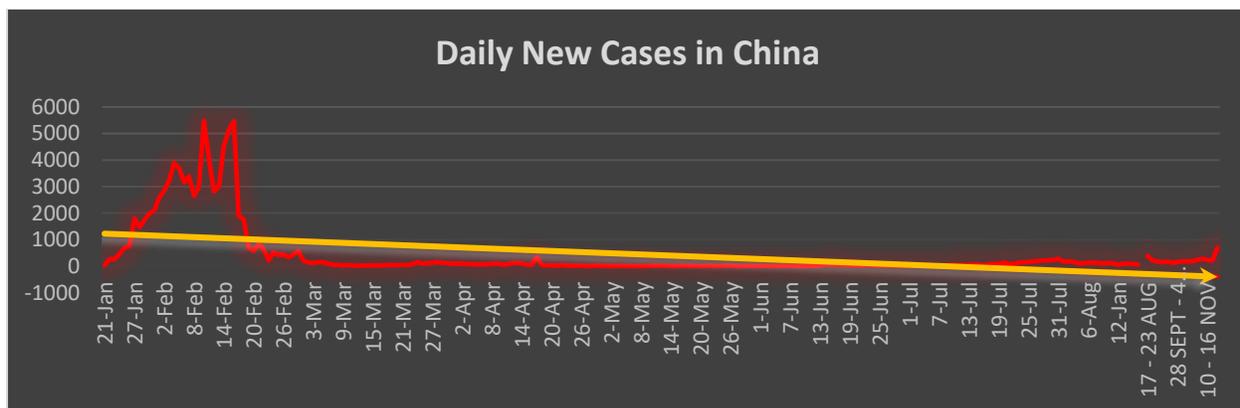
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CHINA

1. COVID-19 2020 overview

▪ First recorded patient

In December 2019 pneumonia cases of unknown origin recorded in Wuhan, China raised concern among health officials. On December 31, an alert was issued by the Wuhan Municipal Health Commission, a rapid response team was sent to Wuhan by the Chinese Centre for Disease Control and Prevention (China CDC), and a notification was made to the World Health Organisation (WHO). Wuhan's Huanan Seafood Market was shut down and disinfected after an epidemiological investigation implicated it as a source of the disease.



▪ Overall description of pandemic trough 2020 year

Public and media criticized Chinese officials for a slow response to fight the outbreak when it first started. By 29 January, the virus spread to all provinces of mainland China. All provinces of mainland China began a large public health emergency. The Chinese government may have censored talks about the outbreak since the beginning of its spread. On 25 January, Chinese Communist Party General

Secretary Xi Jinping warned about a "grave situation" in China. The Chinese New Year celebrations were cancelled. Passengers across the country have been checked for their temperatures. By 29 January, all Hubei cities were quarantined. Curfew laws were added in Huanggang, Wenzhou, and other mainland cities.

The country managed to apply total isolation and to ensure the understanding and compliance of its population. China had already in place a well-developed system of emergency situation laws, guidance, procedures, and command and control which enabled the country to swiftly re-organise its standard routines to handling an emergency situation. On 25 February, the number of newly confirmed cases outside mainland China passed those from within for the first time.

Strict isolation, mass testing and strict health status monitoring of the chains: these are the main tools of the Chinese authorities in the fight against coronavirus. This practice involves a complex health code issuance system for tracking people's movements. To enter many businesses, you need a green health code and a corresponding QR code. These measures have allowed regional governments to block an area or conduct mass tests when necessary. For the implementation of these measures, neither effort nor staff are spared. By 6 March the reported number of new cases had dropped to well fewer than 100 nationally per day, down from thousands per day.

▪ **Vaccination program**

Since the outbreak of the coronavirus epidemic, the Chinese government has established five technological approaches to developing drugs against the infection. These are inactivated (killed), recombinant preparations, vaccines based on adenoviral vector, based on attenuated (weakened) influenza viruses, as well as nucleic acids. Estimations are that even if the virus could not be eliminated next year, it would be possible to control its spread, and the end of 2021 could be a turning point for COVID-19.

Even without final approval, more than 1 million health care workers and border inspectors in China who are deemed at high risk of infection have received experimental vaccines under emergency use permission. Developers have yet to disclose how effective their vaccines are and possible side effects.

This isn't the first time the country has approved the use of an experimental vaccine. That vaccine which was jointly developed by the Beijing Institute of Biotechnology, part of the Chinese government's Academy of Military Medical Sciences, and vaccine company CanSino Biologics was given "military specially-needed drug approval" by China's central military commission in June. The special permission lasts for one year and will only apply to military personnel.

2. COVID-19 Impact

▪ Information

China's efforts are concentrated on reforming and strengthening the public health sector through legal changes and improved health infrastructure. In order to improve preparedness and prevention of epidemics China is planning to reform disease prevention and control system; boost the epidemic monitoring, early warning and emergency response capacity; improve the treatment system for major epidemics and the public health emergency laws and regulations.

▪ Military

China continues to recover from COVID-19, the city where the global disease began has stepping up ship production for military and commercial purposes as part of its broader economic recovery. A state-owned builder of ships and submarines in Wuhan has worked overtime since March 3. China looks to Wuhan, where the COVID-19 coronavirus surfaced in December, as a key site for building vessels for the People's Liberation Army Navy. Factories in the central Chinese industrial hub turn out submarines for export, for example, to Pakistan and Thailand.

▪ Economic

While much of the world scrambles to prevent new waves of coronavirus from stalling the fragile recovery from recession, China's economy seems to be hitting its stride. In fact, economic recovery might not be a proper term to describe China's economic boom, as in China's case the pandemic caused something more like stagnation than a recession. With society going back to normal, innovation and the pre-existing digitization are reinforcing economic growth in China. The shock of the pandemic has reinforced the trend toward digitization and innovation investment in China, and its accelerated impact has been gradually unleashed with the economy going back to normal.

3. **Conclusions**

In a dictatorship like China, personal rights, freedoms and the protection of personal data play virtually no role which is crucial for implementation of all COVID 19 measures in the country. The authorities create digital profiles of all people, use the data from the video surveillance cameras and population of China are not obliged to comply with the principles of the rule of law. There is no public debate in China - neither about the measures imposed nor about the roots of the pandemic (unlike in Europe). These measures have allowed regional governments to block an area or conduct mass tests when necessary. In part, this more productive response to the virus in China - and elsewhere throughout Asia, including Hong Kong, Taiwan, South Korea and Japan - is due to the different reactions of the population compared to Europe.

Borders between provinces and regions, which were previously almost invisible, are now more visible, so that public transport can be restricted or stopped completely in the event of an outbreak. Entry into China from abroad is also severely restricted, with strict quarantine measures upon arrival. Restricting the spread of the coronavirus has also been helped by the constant wearing of masks and adherence to the rules of public hygiene, which are strictly controlled by the Chinese authorities.

The success is due to how the country handles things once people can move again. What has allowed the government to respond quickly and control local epidemics is China's ability to track contacts across the country when a new cluster of infections is suspected. To this we must add the well-guarded borders of the country, which are practically completely closed.

Little has been mentioned about the role of the military in the “fight” against COVID-19. Specific attention should be paid on the role the military could have within overall COVID-19 efforts - direct and indirect, minding specific requirements within areas such as CIMIC and the protection of civilians (PoC).

China remained on high alert even after the situation normalized and was able to respond quickly to new clusters and track anyone potentially infected via QR codes. Tracking remains difficult in much of Europe, and many countries lack the ability to conduct mass tests. Where testing takes place, the usefulness of the results

is often wasted, as there is still a lack of infrastructure to track and quarantine regional clusters. Europe's borders remain largely open - although the bloc has the right to close its normally open borders in the name of public health.

Unlike other countries, Chinese authorities had epidemic plans to deal with potential outbreaks and did not have to argue to take action. And while China has been criticized for initially tackling the Wuhan epidemic - censoring news and downplaying its seriousness - after being recognized as a national threat, the response to COVID-19 was swift and decisive, in contrast to the fluctuations seen in Europe and the United States even when the potential for a global pandemic was realized.

Once the research and development is complete, Chinese vaccines will be included in the sales list, which is regulated by the COVAX mechanism, and this will contribute to the availability of drugs and their supply to all countries around the world.

DENMARK

1. COVID-19 2020 overview.

▪ First recorded patient

On 27 February 2020, Denmark confirmed its first case when a man from Roskilde tested positive for COVID-19 at Zealand University Hospital, Roskilde. He was an editor from TV 2 who had been skiing in Lombardy in Italy and returned to Denmark on 24 February. He had mild symptoms and was placed in home quarantine.

▪ Overall description of pandemic trough 2020 year

Denmark got ahead of the COVID-19 curve through a combination of planning and foresight, mass testing and tracing programs and early lockdowns. It was among the first European countries aiming to put the lockdown into gradual reverse, just as it was one of the first to impose restrictions. The spread of coronavirus was under control and the government got the economy going again. The Denmark's moves were slow and cautious. However, the country needed to be ready for potential "flare-ups" of the virus. Later on Denmark lifted many lockdown restrictions and allowed. Denmark are now continuing to progressively respond to keep the virus under control. They are now testing anyone with respiratory symptoms for coronavirus, with the country setting mass testing centres right across the country.

▪ Measures introduced into force

All national measures have been extended until the end of 28 February 2021. In light of the increase in infection numbers in recent days, the Task Force, including the health authorities, has recommended the swift implementation of efficient disease prevention measures to reduce the reproduction rate. The Government has decided to implement the recommendations.

- The new measures include:*
- Mandatory facemasks in all indoor public places*
- A ban on selling alcohol after 10pm*
- The assembly limit will be reduced to a maximum of 10 people*

All restrictions already in place have also been extended until 28 February 2021. That means bars, restaurants and cafes will still be required to close at 10pm and facemasks will remain mandatory on all public transport. The new facemask

requirement will mean people in Denmark now face wearing the coverings in supermarkets and stores, libraries and all other indoor public areas. Children under 12 and others with health conditions contraindicating face mask use are exempted under the current Danish rules.

- From Dec. 9 Denmark imposed new lockdown measures:
- Restrictions affect 38 of Denmark's 98 municipalities.
- School children in grade 5 (aged around 11) and up will be sent home.
- Restaurants, bars, cafes, cinemas and theaters will be shut.
- Indoor sports arrangements to be canceled.
- Public-sector workers in non-essential sectors to work from home.
- Private companies are urged to let their employees work from home.

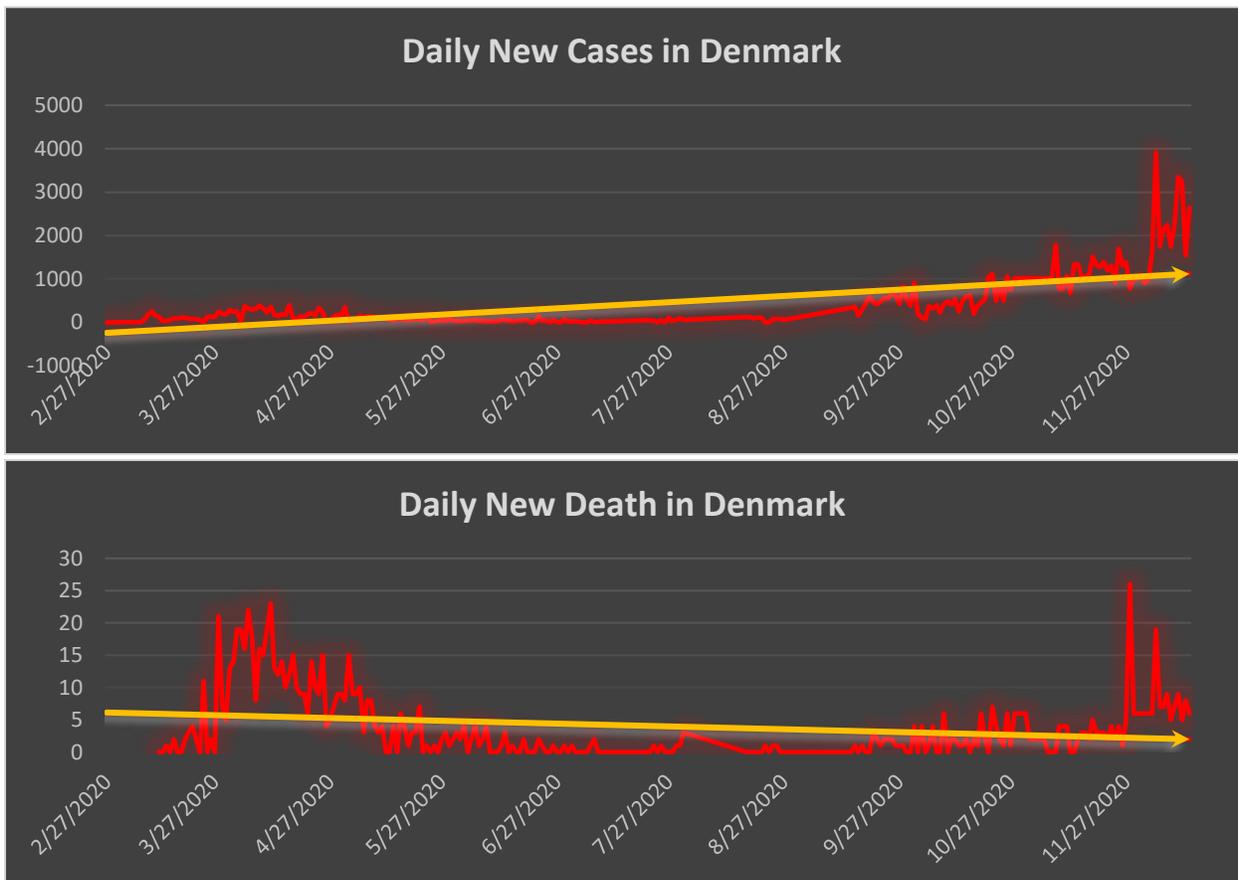
▪ **Vaccination program**

People in risk groups for serious illness with the virus will be given first priority once a coronavirus vaccination is available. The Danish Health Authority expects the country's vaccination programme to commence at the beginning of 2021, with some optimism the very first vaccines could be given in December 2020.

According to the plan, vaccination will initially be offered to persons in specified risk groups and to selected key workers in the health, elderly and social care sectors. No vaccine has been approved by the Danish Medicines Agency, but the country has pre-purchase agreements with five medical companies which are developing vaccines. All residents in Denmark, Greenland and the Faroe Islands will be offered a vaccine under the national vaccination plan. The plan presented by authorities separates the vaccination programme into two main phases 1 and 2, which are further divided into two subsets, A and B. During Phase 1A, described as the "limited vaccine supply" phase, people at risk of serious illness from Covid-19 infection will be offered the vaccine along with workers in the health and elderly care sectors and some social care staff. In Phase 1B, supply is described as "extended vaccine supply for smaller groups". Here, remaining people at risk of more serious illness with Covid-19 will be offered the vaccine, as will the same groups of key workers as in Phase 1A. Phase 2A requires "vaccine supply for larger groups". Here, "segmented" vaccination to the general population will become available in accordance with criteria such as age. The final phase, 2B, will provide vaccines according to demand,

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with no limit on availability. A time scale for the plan was estimated at “most of a year” by Danish Medicines Agency director. The health authority director said In the meantime, social distancing requirements and other measures used to reduce virus spread will remain in place because “The vaccine doesn’t remove everything. They will be maintaining our recommendations. Including for vaccinated people. Locations currently used as Covid-19 test centres will initially be used as vaccination centres.



2. COVID-19 Impact.

▪ **Economic**

The Danish government unveiled a set of financial bailout measures to support workers and businesses affected by the Coronavirus crisis. Denmark became the first country to refuse companies registered in offshore tax havens having any access to financial aid from their coronavirus bailout packages.

Although Denmark was one of the first European countries to impose extensive lockdown measures in response to the COVID-19 pandemic, economic activity in the

first quarter of 2020 proved more resilient than previously expected. It is highly likely due to Denmark's government "swift, effective and recently stepped-up policy responses", such as the new recovery package, which it said had improved its outlook for the country since its earlier spring forecast.

3. Conclusions

Based on the statistics and researches it could be assumed Norway is on the right track to get through the crisis with minimum negative social, financial and political consequences. Reopening of social structures could be considered risky but will inevitably lower the social pressure and will further provide conditions for returning to normal daily routine. It is highly likely Denmark and Norway follow a similar exit strategy. It could be assumed Denmark has become one of the gold standard national responses to the Coronavirus. Denmark acted fast, successfully implemented a holistic approach to the Coronavirus and foresight to deliver a consistent strategic response. Denmark's mass testing, tracing and low case and death rates mean that they are perfectly positioned to address any future creep of the virus. The lesson from Denmark is this: lockdown fast and therefore, unlock faster.

FINLAND

1. COVID-19 2020 overview.

▪ First recorded patient

On 29 January, Finland confirmed the first case of Coronavirus disease 2019 (COVID-19). A 32-year-old Chinese woman from Wuhan sought medical attention in Ivalo and tested positive for SARS-CoV-2. The woman recovered and was discharged on 5 February after testing negative on two consecutive days..

▪ Overall description of pandemic trough 2020 year

COVID-19 epidemic was considered to have started in Finland in mid-March. On March 16th 2020 the Finnish Government announced a state of emergency due to the coronavirus outbreak and consequently implemented several physical distancing measures aimed at slowing the spread and protecting risk groups.

Finland could be considered successful in restraining the pandemic. Compared to many countries, the pandemic landed in Finland late. That allowed early implementation of restrictive regulations and recommendations. However, these measures which have been obeyed well by the population have probably had several negative, unintended consequences.

Back in Spring, as the number of infections skyrocketed around the world, the Finnish government reacted promptly and imposed a two-month long lockdown. Travel to and from Helsinki and the surrounding areas was banned. Schools and other institutions were closed, quickly followed by restaurants. "Finland moved relatively quickly and comprehensively to introduce curbs on public life. It did so around two weeks earlier than other Scandinavian countries like Norway and Denmark, not to mention Sweden," The lockdown, helped to slow down the spread of the virus. Finland relies on the capability to swiftly trace people who have been in contact with those who tested positive. To that end, an app was introduced, similar to the one used in Germany. The track and trace app "Corona Flash" was downloaded by almost every other person. People simply take the virus seriously, trust in what the Finnish government is doing is relatively high. There's been very little opposition against the measures, even during the lockdown earlier this year. 73% of people said they were coping well with the restrictions. - "We're trying to stick to the government's rules and regulations.

▪ **Vaccination program**

No vaccine against COVID-19 has yet been granted a marketing authorisation. Finland's priority is to immunise the whole population once a safe and effective vaccine is approved for use in the EU. It is estimated that the first vaccines to receive EU marketing authorisation will arrive in Finland in early 2021. Soon after receiving the first batches, Finland will roll out vaccinations in the order of priority. Vaccines will not be available for all in the first phase of the vaccinations. The final decisions on the order of priority will be made once an authorised vaccine is available and when they know in which priority groups it is safe to use. Only vaccines that meet strict standards for vaccine quality, safety and efficacy can be granted a marketing authorisation. The Government will decide on the rollout of COVID-19 vaccinations in Finland and issue a decree on COVID-19 vaccinations under section 45 of the Communicable Diseases Act. The decree will be prepared by the Ministry of Social Affairs and Health together with the Finnish Institute for Health and Welfare (THL). It will be issued after the Government has received confirmation of available vaccines. COVID-19 vaccines will be offered to everyone in Finland. Vaccination is voluntary and free of charge for all, including healthcare workers.

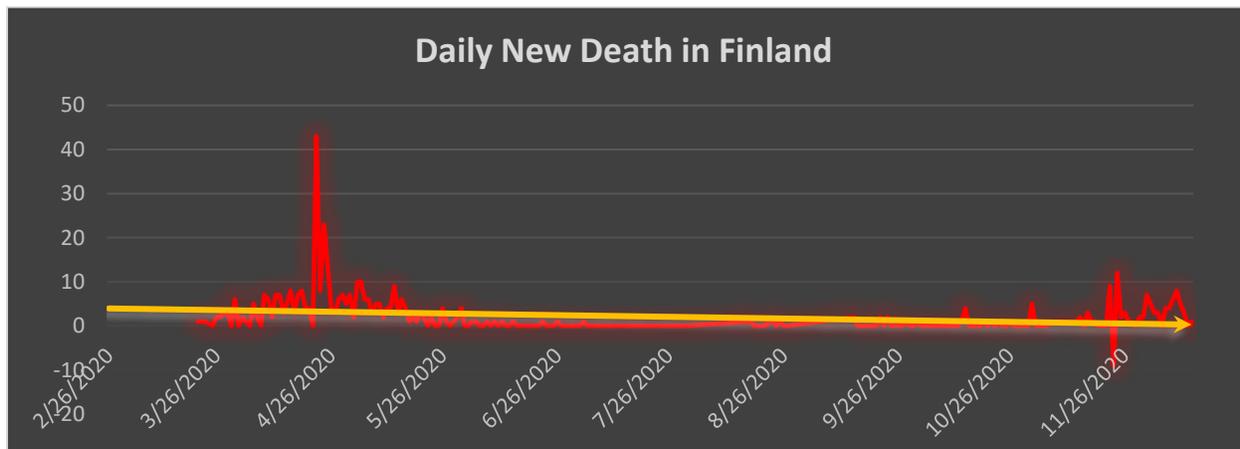
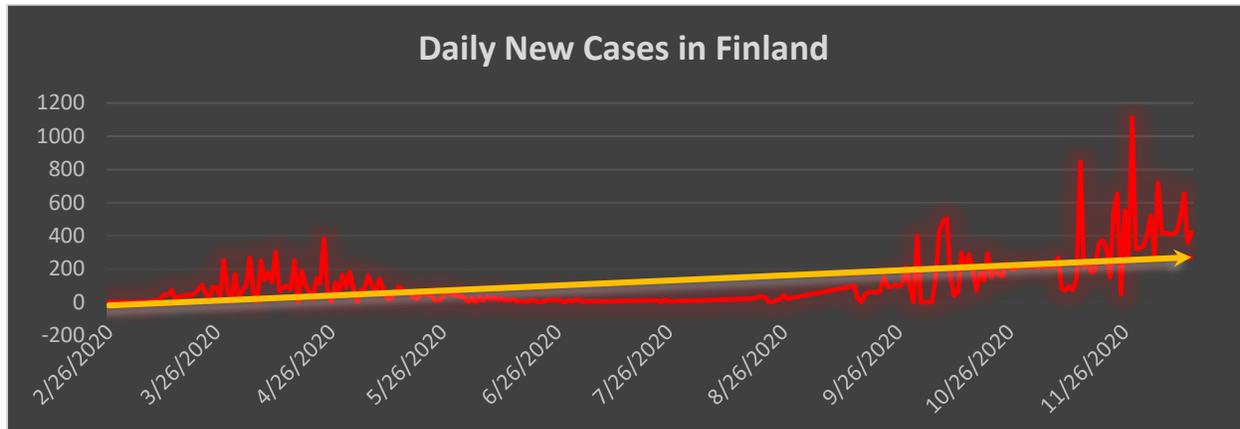
The Government approved the proposed COVID-19 vaccination strategy in its session on 2 December 2020 and it will issue a government resolution on the strategy. The strategy is based on scientific evaluation and research evidence. It defines the main principles of COVID-19 vaccination prioritisation in Finland. COVID-19 vaccines are offered on the basis of medical risk assessment. In the first phase, vaccines will be offered to these priority groups:

Healthcare and social welfare workers caring for COVID-19 patients and care home workers, persons at high risk for severe disease due to underlying health conditions. Older adults will be further divided into subgroups by age based on the marketing authorisations, and the priority order may vary depending on the vaccines' characteristics. It is possible that the efficacy of vaccines varies by age group. The list of underlying health conditions that carry a high risk for severe disease from COVID-19 infection is based on research evidence.

The order of priority for vaccinations depends on the content of the marketing authorisations. Vaccines for children are not expected in the near future, because so far no vaccine candidate have been tested on children. Once such tests have been

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completed, these vaccines can be authorised for use in children and even children can be vaccinated.



2. COVID-19 Impact.

▪ Political

The regular state budget for the year 2020 included some funding for preparing for large infectious disease outbreaks and other unforeseen events. However, it was soon realized that the planned reserves were not enough for the COVID-19 pandemic needs and the Government submitted a supplementary budget proposal of €398 million in March 2020. It focused on covering expenses incurring from the COVID-19 pandemic and on easing the financial situation of firms by emergency measures. The proposal contained also a substantial increase (€200 million) for unforeseen events.

Since March, the Government has issued three other supplementary budgets. As the first supplementary budget concentrated on emergency measures, the latter

three contained also a strong economic stimulus package as well as substantial increases for social spending. Moreover, the supplementary budgets contained also substantial increases in State Guarantees, capital funding for Government agencies and enterprises as well as authorizations for future investment expenditures, which will not materialize as expenditure this year. Increased expenditure and plunge in tax income imply that Central Government borrowing will increase from €2 billion to near €20 billion this year.

▪ **Economic**

Many analysts have suggested that the COVID-19 pandemic could be economically more drastic than the Financial Crisis of 2008–2009. In the Finnish context, the economic shock of COVID-19 is often compared with the deep recession of the early 1990s, which included a domestic banking crisis and large export losses. The pandemic affects a small open economy, like Finland, via several channels. First, it may affect economic sentiment and thus decrease consumption and investments. Second, the Government restrictions have curbed some economic activities effectively. The third effect comes via international trade and financial markets and reflects global developments. Moreover, the pandemic affects public finances drastically and in the long term as public indebtedness increases fast. The main effects stem from decreased economic activity and consequently diminished tax incomes as well as the measures aiming at compensating economic losses and to stimulate the economy back to the path of growth.

Considering the relative importance of foreign trade and the relatively well controlled pandemic, one could assume that the international trade and financial market effects will dominate over the domestic pandemic and the Finnish Government actions. The stringent situation in other European countries is likely to strongly influence statistics also after this time period. In addition, in the long run, it will be very difficult to estimate how much economic behavior was affected by the epidemic and how much economic behavior was affected by Government actions.

▪ **Social**

The overall resilience of the Finnish society has been comparatively high, even though the COVID-19 pandemic will have far-reaching systemic effects on the entire society. At the time of writing the impact of the pandemic is reflected in changes in the behaviors of the people and many organizations. Extensive measures have been

taken to help the society to cope with the effects of the pandemic. Opening the society and loosening restrictions step by step are seen as paramount for the economy and for the general wellbeing of Finnish residents. However, the effects of loosening the restrictions are yet to be seen.

3. Conclusions

In terms of the spread of the COVID-19 pandemic and the number of infected and dead, Finland's coronavirus strategy has so far been successful. The success may have been a result of a combination of measures to tackle the outbreak but – also a matter good luck. It seems that the restrictive measures were put in place early enough and the instructions on physical distancing have been obeyed well. The local actions by municipalities, hospital districts and regional offices of central government have also been effective. However, what seems certain is that people have refrained from seeking care which may result in increasing unmet care needs and repressed service demand. This implies a need for careful monitoring and surveillance, and special attention to vulnerable groups. Some restrictions, such as school closings, most probably have negative impacts on health, wellbeing and the economy, which may have outweighed the benefits of the restrictions. However, it is not possible to make far reaching conclusions because the costs and benefits of the restrictions have not been analyzed carefully yet. A main challenge in analyzing the economic consequences of the pandemic is the difficulty in disentangling the effects of the domestic epidemic and the effects of the policies of the Finnish Government as these took place simultaneously. Available information supports the conclusion that the economic consequences could be drastic in Finland, albeit less dramatic than in large industrial countries, at least in the first phase of pandemic. In international comparison, the Finnish health system looks highly uniform and is based on local government i.e. municipal financing and organization. However, the regional responsibility for public health functions is decentralized and fragmented between municipalities, hospital districts and regional offices of central government. While so far the decentralized actions have been successful, the steering of the system may prove difficult during more severe crises. For the COVID-19 epidemic, the challenge has materialized in, for instance, purchases of PPE, implementation of testing and providing non acute services for the vulnerable groups. On the other hand, decentralized public health functions have made it

possible to engage in active public health actions at local level. This has been successful in most of the municipalities in Finland. At the same time, it needs to be highlighted that the health system, in general, has managed to care for the patients with severe COVID-19 infection with good results. It is possible, even probable, that COVID-19 pandemic has accelerated the development of digital health services and telemedicine in various part of the Finnish healthcare system.

FRANCE

1. COVID-19 overview

▪ **First recorded patient**

The first COVID-19 case in both Europe and France was identified in Bordeaux on 24 January 2020. The first five cases were people who had recently arrived from China. A Chinese who was in a hospital in Paris on 14 February, making it the first COVID-19 death in France as well as the first COVID-19 death outside Asia. A key event in the spread of the disease across metropolitan France as well as its overseas territories was the annual assembly of the Christian Open Door Church between 17 and 24 February in Mulhouse which was attended by about 2,500 people, at least half of whom are believed to have contracted the virus.

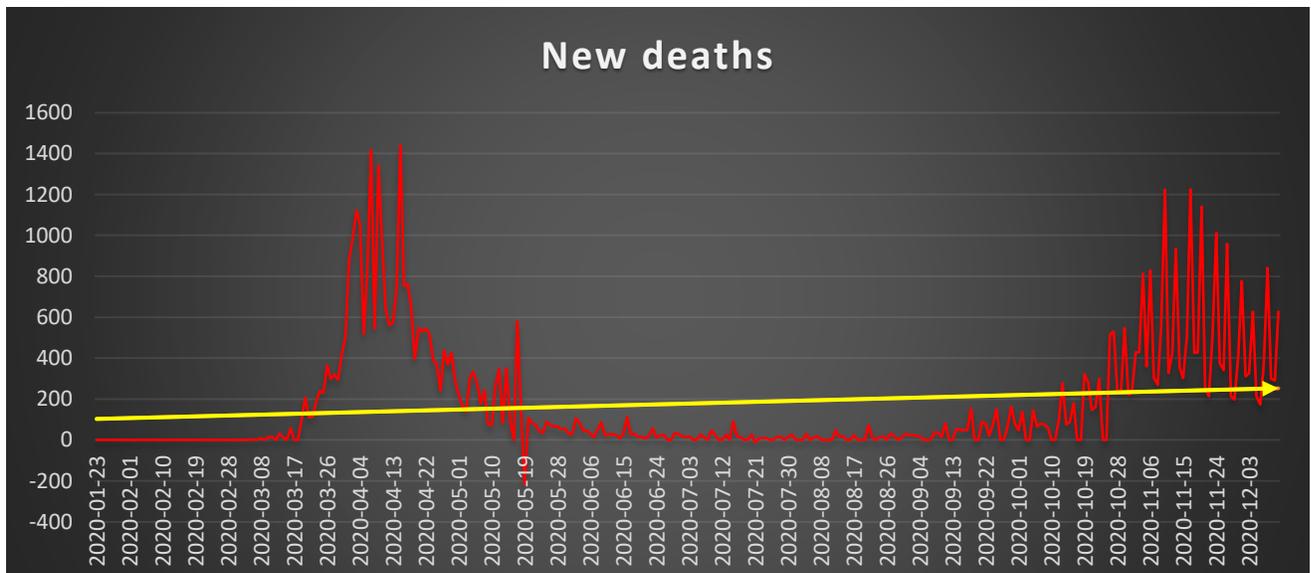
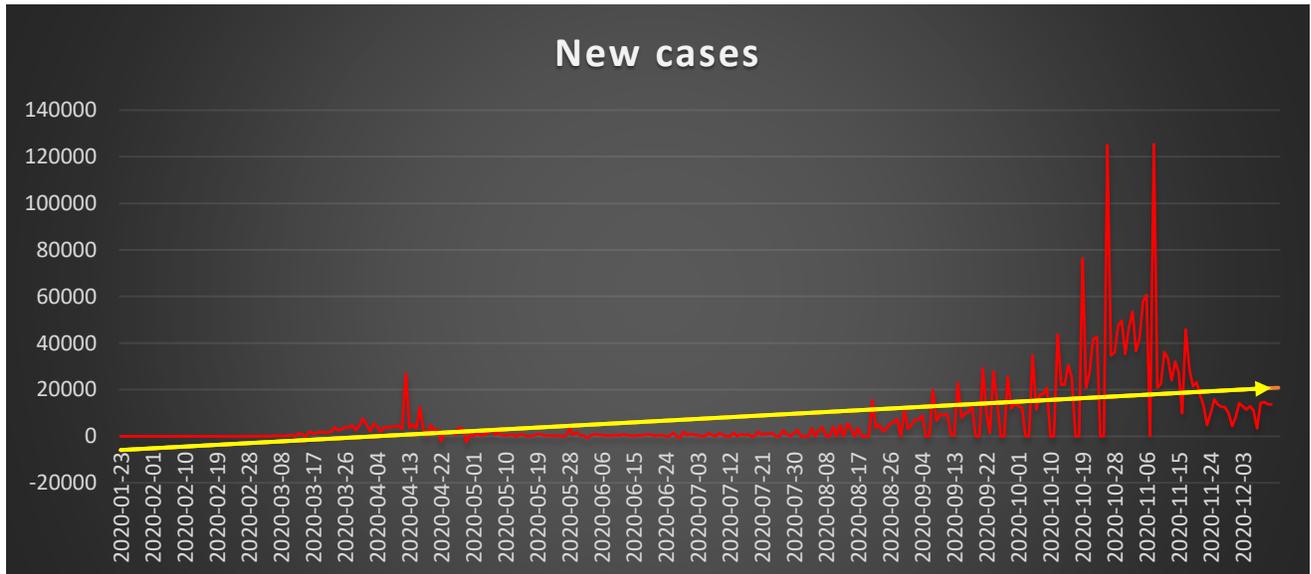
▪ **Overall description of pandemic trough 2020 year**

On 16 March, all schools and all universities were closed. The next day, gatherings of more than 100 people were banned, not including public transport. The following day, all non-essential public places, including restaurants, cafés, cinemas and nightclubs, were closed.²⁴ From 18 April, suburbs near Paris saw several nights of violent clashes over police treatment of ethnic minorities in the banlieues during the coronavirus lockdown. On 1 July, France reopened its borders with non-European Union countries. From August, there was an increase in the rate of infection and on 28 August, France set a new record for the amount of new cases in a single 24-hour period with 7,379 new cases reported. With this in mind, Paris made it compulsory to wear face coverings in most public spaces. On 15 October, France became the first country in Europe to record more than 30,000 cases in a day, with 30,621 cases reported. This increase pushed France over the 800,000 mark in terms of cases, only the third country in Europe to reach this figure.²⁵

²⁴ <https://www.bbc.co.uk/news/world-europe-51892477>

²⁵ <https://www.bbc.co.uk/news/world-europe-54557549>

On 30 October France entered a second nationwide lockdown. Non-essential businesses such as pubs and restaurants would close but schools and factories would remain open.²⁶



■ Vaccination program

²⁶ <https://www.bbc.co.uk/news/world-europe-54716993>

France's national health authority unveiled its five-step plan for vaccinating the public, with a first stage prioritizing the elderly and those most at risk from Covid-19 followed by those over 65 with comorbidities. France's roll-out for the Covid-19 vaccine is set to start at the end of December or early January. The French national health authority, the Haute Autorité de Santé, has outlined a five-step plan that begins with vaccinating the country's most vulnerable:

Phase I: *The first stage involves vaccinating the estimated 650,000 elderly residents living in care homes.*

Phase II: *Stage two involves vaccinating people over 75 followed by those older than 65 with comorbidities (the presence of one or more additional medical conditions) and finally all other people between 65 and 74 years of age.*

Phase III: *All people over 50 years of age will be vaccinated in the third stage, followed by people under 50 who have comorbidities.*

Phase IV: *People who have been in high-risk contact with known coronavirus cases will be offered the vaccine during the fourth stage.*

Phase V: *All other people over 18 years of age will be granted access to the vaccine in the fifth and final stage of the roll-out, although vaccination will not be compulsory in France. The covid-19 situation had an impact on the whole social life in France.²⁷*

2. COVID-19 impact

▪ Healthcare

The pandemics brought the French healthcare system to the brink of collapsing. The intensive care units were depleted of free beds and a lot of infected patients died on the floor in front of the room for the lack of services. Over more the healthcare workers are very traumatized and exhausted by the situation. Urgently

²⁷ <https://www.france24.com/en/france/20201130-french-health-authority-outlines-country-s-covid-19-vaccination-plan>

hotels were transformed to hospitals for COVID-19 patients. French hospitals started transferring critically ill COVID-19 patients to Germany hospitals.

- **Information**

French society was informed very regularly about the situation and the imposed measures by the President, the Prime minister, healthcare authorities and local authorities. Although the population was reluctant to obey the measures and very big riots went in some places against the measures.

- **Political**

France is wounded, unemployment is skyrocketing and French politicians are confused about which path they should take in the wake of the COVID-19 crisis. The political party of Emanuel Macron has been splitted as some Parliament members form his party left and joined another party. In May French president Emmanuel Macron's ruling party lost its parliamentary majority when 17 left-leaning, environmentalist and feminist dissidents set up a new political group in the National Assembly. On 3 July, Philippe resigned as Prime Minister and was replaced by Jean Castex. Castex had previously been appointed coordinator of the phasing out of the lockdown (confinement) implemented in France.

- **Economy**

French consumers' level of confidence is stable compared to the first lockdown in the spring of 2020. Spending intentions are still negative (groceries excepted), however they are higher than they were in March 2020, possibly in anticipation of the upcoming holidays. More than half—58 percent—of French consumers have now tried new shopping behaviors such as new places to shop, new websites or brands, and methods such as in-store pick-up and self-checkout. Of those, approximately 70 percent intend to continue the new habit beyond the crisis. Brands are more constrained by price than retailers are: value is the most cited reason for trying a new brand, while convenience is the top reason for choosing a new place to shop. Regarding out-of-home activities, using public transport is the main source of worry, while shopping is no longer a concern. Cleaning and sanitization are a number-one priority when choosing a store to shop from, with masks now widely used by individuals. According to the updated IMF forecasts from 14th April 2020, due to the outbreak of the COVID-19, GDP growth is expected to fall to -7.2% in 2020 and pick up to 4.5% in 2021, subject to the post-pandemic global economic recovery.

- **Military**

The Ministry of Defense has created a page of testimony for its engagement against COVID-19. APNM Gendarme et Citoyens called for the recognition of COVID-19 as work-related disease. Police officers, military personnel, firefighters (volunteers or professionals) and hospital civilian services are constantly serving the nation. The French military industry is not affected by the COVID-19.

- **Social**

The lockdown measures and lose of jobs deeply affected the French society. That combined with the fear of death from COVID-19 brought strong impact of the people's minds. And this will be one the most serious consequences from the pandemic.

3. Conclusions

As of 15 December 2020 there 2,379,915 of registered COVID-19 infections in France and 58,282 death cases. 177 647 have recovered from the illness. The COVID-19 pandemics affected France very deeply. France is one the leading countries in the world as for the number of infections and deaths caused by the new coronavirus. In spite of this and taking into consideration the cases per 1 M population France currently is on 22 place for infections and on 15 place for deaths. The situation showed the separation in the French society and distrust in the authorities as a very big number of people went out into the streets protesting against the government's measures. French economy also was shuttered by the pandemics and will need time to recover to the level before the start of COVID-19 proliferation.

GERMANY

1. COVID-19 Overview.

▪ First recorded patient

The first case in Germany was recorded on 27 January 2020. It was a 52-year-old man from Munich, Bavaria who had contracted the infection from a Chinese colleague.

▪ Overall description of pandemic trough 2020 year

The first death from COVID-19 in Germany occurred on 10 March 2020. As of 13 December 2020, there have been 1.320.716 confirmed cases and 21.787 deaths. The highest number of new daily cases recorded on December 11 (29.875 cases), the highest number of new daily deaths also on the same day (598 deaths) and the death ratio, as of December 13, is 1.65%.

▪ Measures introduced into force

Germany took measures in two periods each one for the two waves of the pandemic. Since the outbreak of the coronavirus, Germany has been trying to flatten the curve of new infections so that the healthcare system is not overburdened. Encouraging people to stay at home and placing restrictions on public life are the most important measures. At the same time, thousands of additional intensive-care beds have been created. When coronavirus infection numbers started to rise exponentially, German states introduced restrictions in November. Restaurants, cafes, and bars were ordered to shut down. Theatres, cinema, fitness studios and many other similar businesses also had to close their doors. Retail outlets were allowed to stay open, as were schools and kindergartens. The idea was in essence to shut down large sections of the leisure sector while keeping much of the rest of the economy turning over. But this partial shutdown since the beginning of November failed to slow the spread enough. That imposed a harder lockdown that was agreed on December 13 as unavoidable and lasts at least until 10 January 2021.

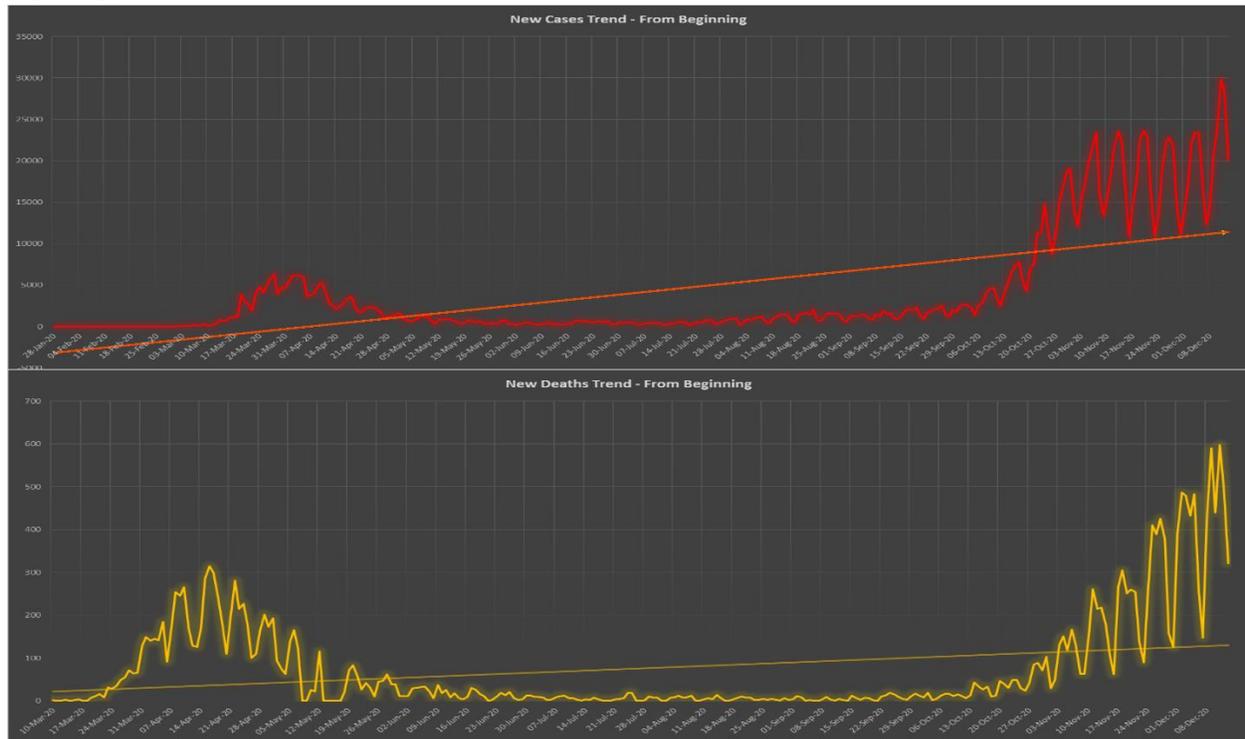
▪ Vaccination program

The Federal Health Minister Jens Spahn presented Germany's Covid-19 vaccination plan. Germany has secured more than 300 million vaccination doses from different manufacturers. It makes Germans proud that BioNTech is a German development and its coronavirus vaccine had a 95% efficacy rate. Germany is

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expected to start the vaccination once the first effective vaccines are made available after European Commission approval for all EU member states, following a centralised assessment procedure coordinated by the EMA (European Medicines Agency).



2. COVID-19 Impact.

▪ Political

The German constitution grants far-reaching powers to the country's 16 federal states. Among their prerogatives is the right to take charge of protection against infectious diseases. What is allowed and what not is decided at the state level and not by the federal authorities in Berlin. Most states have imposed rules along federal government lines, but there are variations. For example, the city-state of Bremen, has no restrictions on people coming to visit the city and staying in hotels-even though Bremen itself is deemed an at-risk area by the government. For almost any major policy-including the pandemic-that chancellor Merkel wishes to introduce nationwide, she requires the unanimous approval of the 16 state leaders. And at most of these meetings, at least one desired plan has come to naught-late in August, all of Germany save for Saxony-Anhalt (population: 2.2 million) agreed back then to

assign €50 fines for people failing to wear facemasks on public transport on in stores.

▪ **Military**

The German Armed Forces (Bundeswehr) has been supporting Germany's health authorities throughout the COVID-19 pandemic. At the writing, more than 300 operations are being carried out, deploying a total of 3.000 Bundeswehr members. The majority of the tasks they take on are administrative, and either only require limited training or training that the militaries already have. Military medics are providing advice and carrying out COVID tests in airports. The Bundeswehr provided food, camp beds and mobile doctors' facilities and is storing medical goods in its barracks. Also on early March 2020, 125 German civilians were flown out of Wuhan province in China in military planes. That military deployment is not free-the Bundeswehr charges for soldiers' labor. The Berlin state government alone has paid €2.5 million of its coronavirus budget for military help.

Social distancing, distance working, lockdown orders, self-isolating at home-militaries are no strangers to these notions anymore either. All this is being done according to the guidelines of the Robert Koch Institute, Germany's main public health agency. The measures have consequences for Germany's military missions abroad: The contingent stationed in Afghanistan is being temporarily pared down, and a major maneuver has been canceled, as have all training units that are not essential for preparing for foreign missions.

▪ **Economic**

The COVID-19 pandemic caused a historic decline in economic output in Germany. At the end of July 2020, the Federal Statistical Office recorded an unprecedented drop of 10.1% in GDP during the second quarter. An economic recovery began in May after the first easing of containment measures. Fiscal policy measures, such as the economic stimulus package adopted by the German federal government of €130 billion, provided additional support to the economy. However, the future development of the German economy will very much depend on how the COVID-19 pandemic shapes up both in Germany and abroad after the running 2nd wave. The latest OECD Economic Survey of Germany credits the government's swift and effective crisis response and a strong healthcare system for enabling a less severe social and economic impact from the pandemic than in many neighbouring

countries. The 1.4% rise in the unemployment rate in the first half of the year was small by international standards, thanks to the extensive use of the short-time work scheme. Yet the crisis has still pushed the economy into a deep recession after a decade of expansion, with economic output projected to shrink by 5.5% in 2020 and recover only gradually with GDP growth at 2.8% in 2021 and 3.3% in 2022.

▪ **Social**

Germany has seen large protests against COVID-19 safety measures, which have attracted a mix of people including conspiracy theorists, radical extremists, anti-Semites, football hooligans and anti-vaxxers as well as advocates of alternative medicine. The largest protest was in Berlin on 29 August 2020, organized by the group Querdenken 711 which drew 38.000 demonstrators. Generally, only a minority of the German population (an estimated 3%) completely rejects any vaccinations, and the percentage of people who responded in May 2020 they would take a COVID-19 vaccine is higher compared to the United States (63% in Germany vs 55% in the US). However, that number was down 16 percent from the month before, where 79% were sure about getting vaccinated. German health officials and other experts have expressed concerns that the pandemic might allow Germany's anti-vaccination movement to grow its support base.

▪ **Information**

The World Health Organization (WHO) is warning of an 'infodemic': i.e. false information about the Corona pandemic which is spreading as rapidly as the virus. In Germany, Compact Magazine, a publication with ties to the far-right that previously pushed false claims about migrants, claimed on its Twitter account that the virus was created as a U.S. bioweapon. Others with similarly large online followings, including RT Deutsch, the German language version of the Russian-backed media outlet, pushed rumors that the "global elites" had manufactured the current health crisis. Access to reliable information is critical, particularly on matters of public health, and verified related news coverage are essential at any time-and, in particular, when facing a global crisis caused by the Corona virus pandemic.

▪ **Infrastructure**

Germany is one of the world's fastest-growing digital healthcare markets. Based on a report by Spitzenverband Digitale Versorgung e.V., the annual digital healthcare spending will rise to around €40 billion by 2030, representing 8% of

national healthcare expenditure. More than 80% of digital healthcare start-ups consider COVID-19 to be an opportunity rather than a threat to their business. This optimistic outlook is based on the fact that COVID-19 has increased public awareness of tech-enabled methods to manage one's own health. The combination of health and technology is probably causing the economic sector to focus increasingly on disease prevention.

3. Conclusions

Germany characterized as a role model for countering the 1st wave of the coronavirus pandemic but this is no longer true. Germany had hoped that a partial lockdown to sustain the economy would be the best way to tackle the 2nd wave, but infection rates and the number of people dying from COVID-19 remained high. That imposed a harder lockdown that was agreed on December 13 and will last at least until 10 January 2021. Perhaps in the spring we will be able to look back and say that German leaders made the right decision. That would be ideal. But we cannot and must not-be too sure of that now.

GREECE

1. COVID-19 Overview.

The first case in Greece was recorded on 26 February 2020. It was a woman from Thessaloniki who had recently visited Milan in Northern Italy.

The first death from COVID-19 in Greece was a 66-year-old man, who died on 12 March 2020. As of 13 December 2020, there have been 124.534 confirmed cases and 3.625 deaths. The highest number of new daily cases recorded on November 12 (3.316 cases), of new daily deaths on November 28 (121 deaths) and the death ratio, as of December 13, is 2.91%.

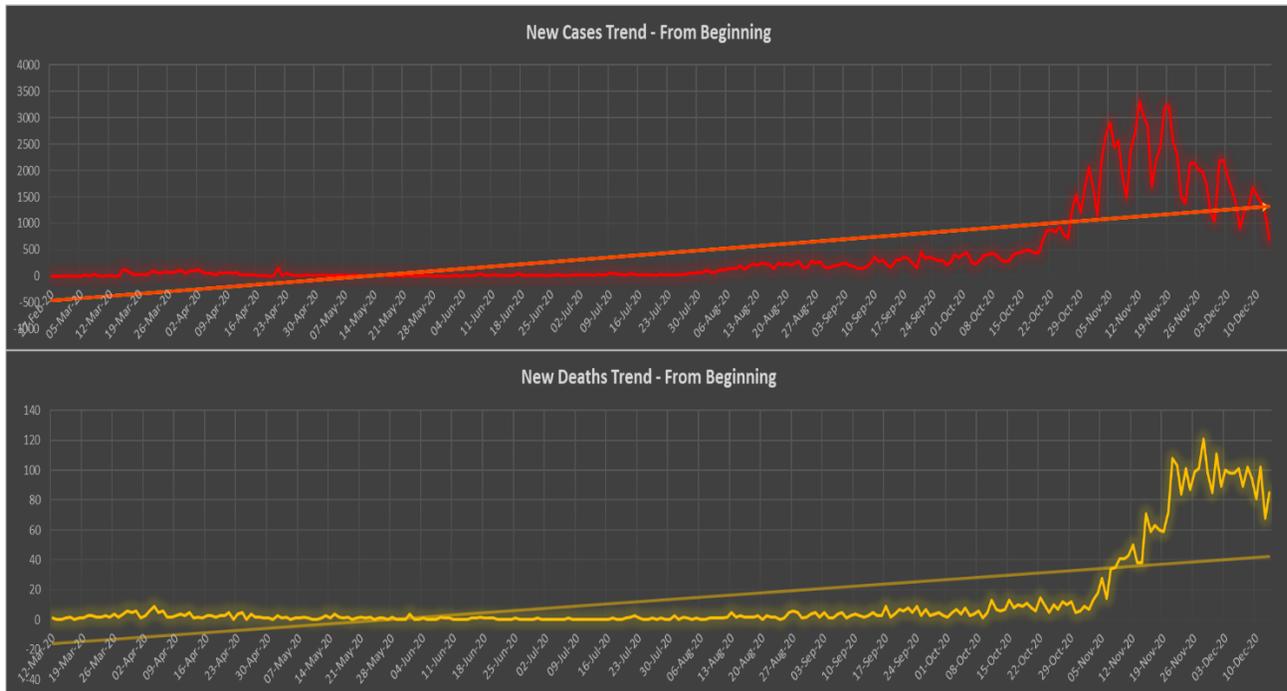
Greece took measures in two periods each one for the two waves of the pandemic. First, on early March 2020 health and state authorities issued precautionary guidelines and recommendations, while measures were taken locally and included the closure of schools and the suspension of cultural events in the affected areas. On 10 March 2020, the government decided to suspend the operation of educational institutions of all levels nationwide and then, on 13 March, to close down all cafes, bars, museums, shopping centres, sports facilities and restaurants. On 16 March, all retail shops were also closed and all services in all areas of religious worship of any religion or dogma were suspended. Starting from 4 May, after a 42-day lockdown, Greece began to gradually lift restrictions on movement and to restart business activity. Secondly, Greece put in place new measures and restrictions on movement and business activity from 7 November 2020. Kindergartens, primary schools and special schools initially remained open, unlike the first lockdown in March, while middle and high schools switched to distance learning. On November 14, primary schools and kindergartens closed for two weeks and since November 18 they have switched to distance learning until at least 7 January 2021.

On November 18 the Health Minister presented Greece's Covid-19 vaccination plan. The free and optional vaccination which is aimed at ensuring the widest possible coverage with a target of 2.117.440 people a month would be available by appointment at 1.018 points across the country once the first effective vaccines are made available, after European Commission approval for all EU member states, following a centralised assessment procedure coordinated by the EMA (European

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Medicines Agency). First up are health professionals, security forces as well as the elderly with pre-existing conditions followed by the general population.



2. COVID-19 Impact.

▪ Political

The current Greek government is in power since July 2019 just seven months before the start of the pandemic in Greece. At the writing, governing New Democracy party enjoys a clear lead in all opinion polls. The main reason is its successful management of the first stage of the coronavirus crisis. In particular, PM Mitsotakis decided to take measures early, in mid-March, and considered public healthy as his top priority. His decision produced positive results and most Greek citizens had respected the measures and stayed home. And they certainly appreciate the fact that their government seriously managed the public health crisis instead of employing dangerous strategies of delaying the necessary lockdown for economic reasons. Obviously, the Greek government cannot only rely on its management of the first phase of the COVID-19 crisis to increase its performance in public opinion polls. The most difficult challenge will be to cope with the economic impact and to successfully relaunch the national economy. At this time a reshuffle of the government is more likely than an early election, which normally expires in 2023.

▪ **Military**

The Hellenic Armed Forces adapted quickly to the new environment caused by the pandemic. Like the public sector in Greece they invested in new technologies and methods to cope with all tasks, especially the training requirements that all went from face to face to distance learning. Something to notice about their operational function is that during the pandemic they successfully managed at least twice with the security environment in face of an increasingly assertive Turkey over the South-Eastern Mediterranean area.

In support to the national healthcare system, mainly in Northern Greece, Hellenic Armed Forces established mobile and stationary field hospitals. Hellenic Air Force provided air transportation for Covid-19 patients and military health personnel deployed around the country's entry points during the summer and later on, with the responsibility of controlling coronavirus cases for the arriving visitors in Greece.

▪ **Economic**

Greece during the 1st wave (March 2020) has responded swiftly to the pandemic and has effectively limited infections, but the economy has been hit hard. As in other countries, containment measures, travel restrictions, social distancing and high uncertainty have led to a temporary but extraordinary drop in production and large loss of tourism demand and employment. These shut production in firms generating 20% of Greece's value-added, including over 80% of accommodation, catering, education and consumer service businesses. Hiring ahead of the summer season froze and large numbers of workers and jobseekers dropped out of the labour force during the shutdown, raising the inactive population to levels last reached in 2009. The government has responded with substantial packages to strengthen the health system, buttress incomes and liquidity, and support and restart sectors most affected by the shock, such as tourism. The further restrictions that took place across the country against the running 2nd wave of the crisis in November and December will have had additional impact on the economy.

▪ **Social**

Especially during the spring lockdown the Greek population totally complied with the measures of social distancing and thus was socially and psychologically

affected. According to some surveys the results indicate that psychosomatic disorders, employment situations, changes in sleep habits, socialization on the internet, demographic status, health concerns and trust in government and the media response determine the Greeks social isolation feeling.

▪ **Information**

The spread of the novel coronavirus has triggered, an “infodemic” according to the WHO on social media worldwide. In Greece especially tackling disinformation in social media is crucially important. The 10-year economic crisis that the country had faced, led to a massive disbelief in mainstream media. According to the Reuters Institute, many Greeks do not trust traditional media (which they accuse of being corrupt), and prefer to seek information online, mainly on social media. The most dominant social media platform in Greece is Facebook, used by 58% of social media users for sharing news. The Hellenic Police has submitted to the court more than 20 cases of alleged attempts to misinform the public about measures put in place by the government.

▪ **Infrastructure**

When the COVID-19 pandemic broke out, few businesses around the world were prepared to deal with the ensuing crisis. Indicatively, 79% of Board Members that took part in a recent survey, reported that their companies are not properly prepared to deal with an emergency scenario. But they were companies that had—even before the crisis struck—invested in their digital transformation and the upgrade of their technological and cyber security infrastructure, achieved flexibility in their business operations through the redesign of their business model and organizational structure. The transition of some parts of the Greek public sector to the "Digital Age", within a short period of time, was a pleasant surprise and it appears that the pandemic has accelerated this transition.

3. Conclusions

During the 1st wave the measures put in place in Greece were among the most proactive and strictest in Europe and have been credited internationally for having slowed the spread of the disease and having kept the number of deaths among the lowest in Europe. To some surprise, Greece's response was quite successful going into the summer. But as in other countries, containment measures,

travel restrictions, social distancing and high uncertainty have led to a temporary but extraordinary drop in production and large loss of tourism demand and employment.

The further restrictions that took place across the country against the running 2nd wave of the crisis in November and December will have had additional impact on the economy. Once the COVID-19 emergency recedes, Greece can again focus on a programme of medium-term transformation to reinvigorate its recovery with stronger and inclusive growth.

HUNGARY

1. COVID-19 2020 overview.

▪ First recorded patient

The Government of Hungary launched its official webpage and official Facebook page about the novel coronavirus, both on 4 March 2020. The first two known cases were students from Iran, who were studying in Hungary. One of them was enrolled at the Pharmacy Faculty of Semmelweis University. The other person studied at the Szent István University in Gödöllő, who after returning from Iran, went to a self-declared quarantine. Both of them were transported to Saint Ladislaus Hospital. They had mild symptoms. They arrived back in Hungary on 26 and 28 February.

▪ Measures introduced into force

To prevent the spread of the coronavirus pandemic, the Hungarian Government has introduced new restrictions which applied from 11 November 2020 and may be prolonged if necessary. The new government measures continue to ensure workers can commute to and from work. Based on the new provisions on commuting and education, as well as the rules introduced last week it can be concluded that the government intends to ensure the functioning of the economy, and to allow commuting where working from home is not an option. A sample of the certificate to be issued by the employers enabling the employees to go to work can be found on the Government website.

The current rules concerning wearing masks, social distancing and border crossing remain in effect, while wearing masks is now obligatory in public spaces designated by the local councils in cities exceeding 10,000 inhabitants.

1. Curfew with an exemption regarding going to work

A curfew has been introduced between 20:00 and 05:00, during which there are limited exceptions. Only people going from their homes to work and back home from work can be in public spaces. These individuals must hold a specific certificate.

2. Rules regarding education

Nurseries, kindergartens and primary schools remain open for those under 14 years of age. Online education has been introduced from grade 9 in middle schools and colleges/universities, and dormitories are closed.

3. General ban on events

All events are banned. This also applies to all professional events held in person (conferences, workshops, etc.).

4. Restrictions on trade and catering

Restaurants are closed and only takeaway and home delivery are allowed, however, factory canteens may remain open. Shops, stores and other services except for pharmacies and petrol stations must close at 19:00, after which only those working there may stay on site. Hotels may only accommodate guests arriving on business, economic or education purposes.

5. Sanctions

In the event of violation of the rules applicable to events or institutions, shops and facilities, the police may close the area, premises or institution for a period of one day to one year and impose a fine of HUF 100,000 to HUF 1,000,000.

6. Economic protection measures

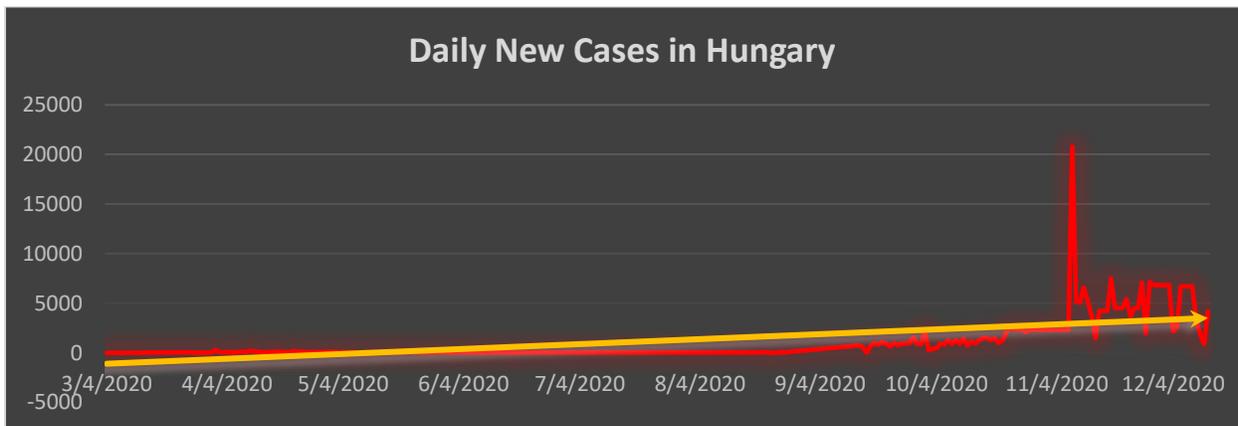
*In order to protect jobs, the Government has also introduced economic protection measures, as **Tax allowance, Provision for hotels, Wage subsidies,***

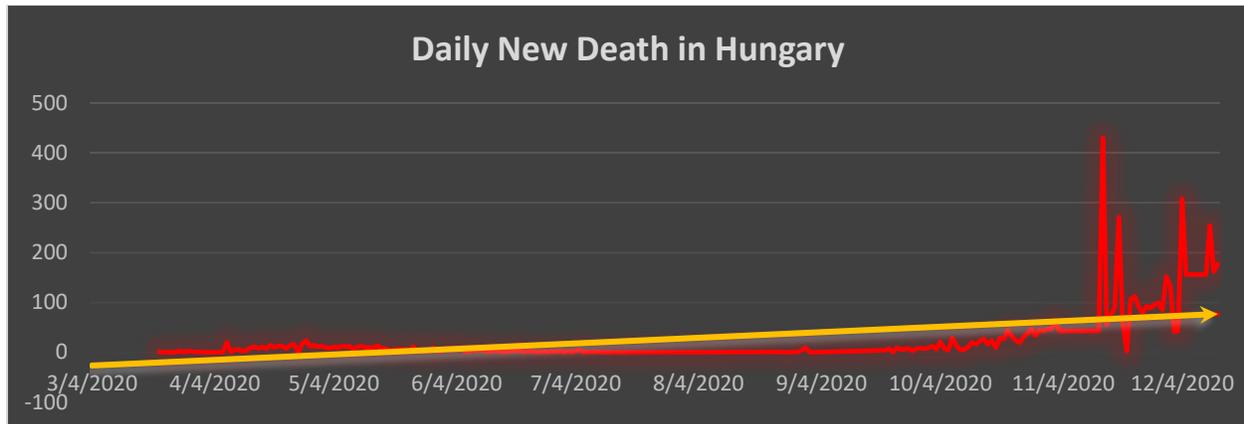
There are still many open questions regarding the implementation of the governmental measures described above. These include the procedure for applying for wage subsidies and the conditions for working from home, which have still not been regulated.

▪ **Vaccination program**

The Hungarian government is committed to providing voluntary and free vaccination against the coronavirus. Anyone who wants to get vaccinated should register at vakcinainfo.gov.hu. The chief medical officer will contact pensioners by post, sending them a registration form and a stamped addressed envelope. The first doses of vaccines are expected to reach Hungary at the end of this year or early next year, and frontline workers and the elderly will be the first to be inoculated. Hungary, was now among the countries conducting the most tests. Teachers and health-care workers have been tested in two rounds, and next move is dedicated to the testing of public servants, all of whom will have been tested by January at the latest.

The minister said vaccinations organized by the state will be on a voluntary basis, adding that news reports of non-state-run vaccination schemes were false. Hungarian requests have been submitted to an additional two vaccine manufacturers, he noted, adding that Pfizer’s vaccine shipments to Europe could be delayed by months. “This shows that if we want as much of the vaccines available as soon as possible, we must reserve available vaccines from wherever we can, both in the East and the West. This is the only way to avoid a third wave of the epidemic.”





2. COVID-19 Impact.

▪ Economic

The government on 18 March 2020 introduced amendments to social security and certain tax payment rules in response to the coronavirus (COVID-19) pandemic, along with a few other measures related to employment and loan regulations.

Surtax on credit institutions

Based on this Act, due to the COVID-19 pandemic, credit institutions will be required to pay surtax in the 2020 tax year.

Taxpayers can elect to reduce their computed tax liability by a portion of the amount paid as team sport subsidies (determined pursuant to the corporate income tax law) if that amount has not yet been used as a base of tax allowance for corporate income tax purposes.

Retail surtax

The surtax on the retail sector has an effective date of 1 May 2020. The new retail surtax is comparable to the “crisis tax” that applied in 2010-2012, although some aspects of the retail surtax are more extensive in that it applies to more than just domestic retailers—it also applies to foreign retailers in certain circumstances.

Tax relief measures in vulnerable sectors

The enterprises in vulnerable sectors shall not pay social contribution tax after their employees for the months of November 2020. The enterprises concerned shall not pay professional training contribution, rehabilitation contribution for the

months of November 2020. Payments of personal nature are not part of the small business tax base in November 2020.

Tax relief measures in tourism:

Businesses in some sectors (e.g. performing arts, restaurants and mobile food activities, sports activities) will not be obliged to pay social security contribution and vocational training levy for November 2020. The state is willing to finance 50% of the wage of the employees of these businesses should they hire currently unemployed people. The state will finance 80% of the net income of the bookings from November for the accommodation providers, as these they are only allowed to offer their services for guests on business trips. The condition of the state is for them to keep paying the wages of their employees. The VAT of takeaway food decreases to 5%, however the VAT of the activity of the takeaway itself remains 27%.

3. Conclusions

Based on the statistics and researches it could be assumed Hungary is on the right track to get through the crisis with minimum negative social, financial and political consequences. The country is getting ready to meet the COVID 19 picks. It is considered the epidemic is far from over but some restrictions may soon be eased in a cautious and gradual manner, while monitoring the rate of virus transmission and the number of patients in a serious condition would be the main factors in determining any easing of restrictions. It is likely a new phase of protective measures against the novel coronavirus begins and respectively life can restart in Hungary, but only if people act gradually and maintain a high level of protection according to a strict timetable. Thanks to its joint effort, Hungary is ready to handle even large-scale disease, it is considered no one has to worry any longer about being left without adequate care.

It could be considered that as a result of timely government action and a disciplined approach by residents the number of active and hospitalized coronavirus cases had decreased, and a third of the reserved beds in hospitals could again be used for routine treatments. However, it is almost certain that the epidemic is not over and future plans would stress on the importance of taking steps gradually. Screening patients for coronavirus will be a crucial component aimed at protecting hospitals from the infection. It is highly likely Hungary's goal is to prepare the health

system for a worst-case scenario, including a possible third wave. The Eastern Partnership is important to the European Union in the post-pandemic world because nothing would stay the same as before, and this applied equally to politics and economics. It could be considered that If the right preparations are made and health-care workers work well, then a third wave could be prevented.

INDIA

1. COVID-19 2020 overview.

▪ First recorded patient

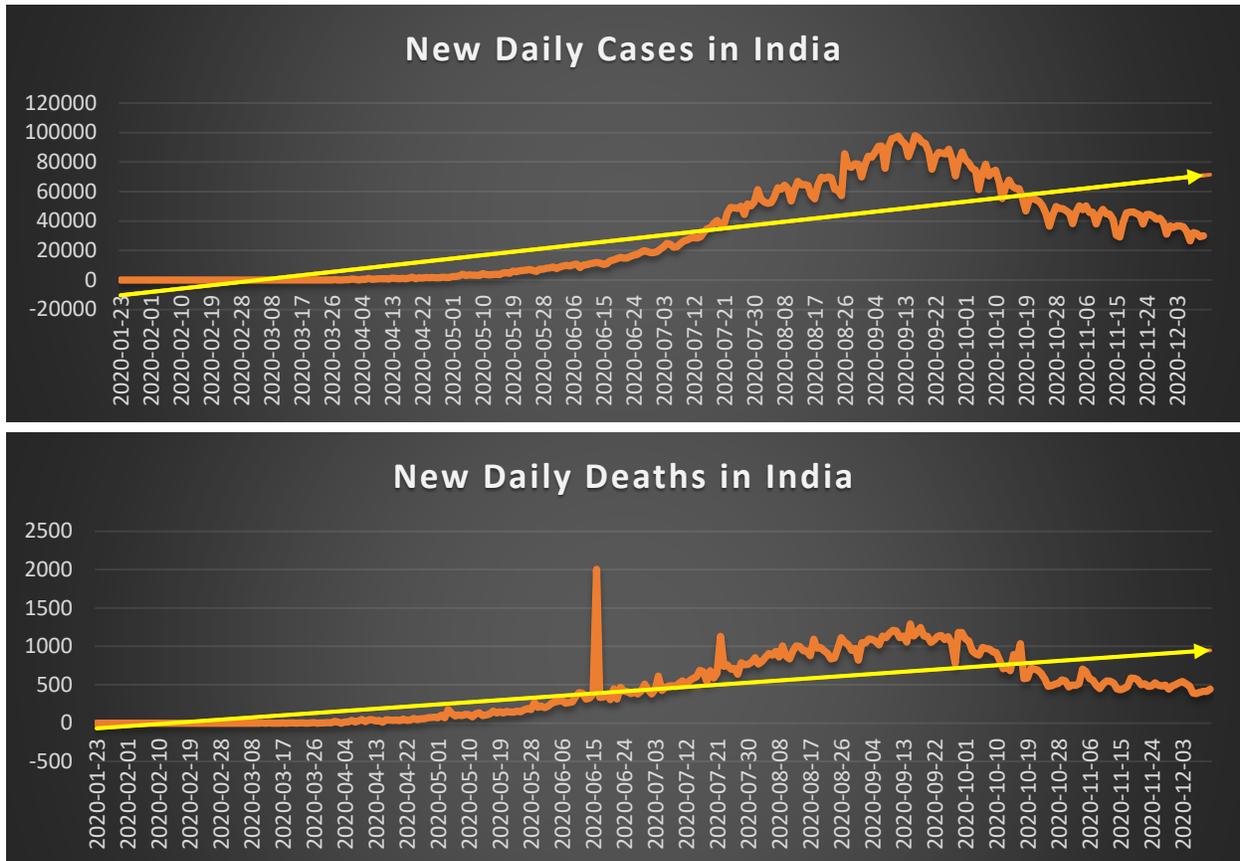
*India reported its **first COVID-19 case** on 30 January 2020. The first infected person was a student from Wuhan University in China, who had travelled back to India. Shortly after that, several other cases were detected in other parts of the country, all of them with travel history to affected countries.*

▪ Overall description of pandemic trough 2020 year

In February, the pandemic spread to many of the India's states and union territories. Despite the introduced measures (testing, quarantine, thermal sensors, etc.), the spread of the infection continued in March, when first death cases were also registered. At the end of March, the government imposed a 21-day nationwide lockdown, which was extended 3 times until 1 June. The lockdown was praised in the country and abroad, as by the end of May, India had about 150 000 total COVID-19 cases, less than 10 000 new daily cases and less than 5 000 deaths – impressive results, given the size and the density of the population. Meanwhile, the economy was heavily affected and on 1 June the government started "unlocking" the country (barring "containment zones") in several unlock phases.

The number of the new infections started rapidly to increase, and at the end of August India became the second worst-affected country in the world with over 3 million total cases. The peak of the pandemic was in September, when more than 80000 new infections and 1000 deaths were registered daily. Despite the continuing reopening of the country, in October the situation gradually improved, and by the end of the month the new daily cases and deaths decreased almost in half. The statistics figures remained stable throughout November, and further decreased in December, allowing the government to continue with its policies to ease the restrictions. As of 16 December, India has registered over 9.9 million COVID-19 cases (2nd highest number in the world). During the last week, the country also registered daily about 30000-35000 new cases and 350-400 deaths. At the moment, the focus of the authorities is on the effective vaccination programme, rather than introducing new restrictive measures.

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■ Measures introduced into force

The measures introduced by the authorities during the lockdown were among the most restrictive in the world. Due to their severe negative impact on economy, the central government has been gradually lifting the restrictions, updating its guidelines each month. The latest set of guidelines was released on 1 December. As per this document, the States and Union Territories have authority to impose local restrictions, but they would not be able to seal their borders or enforce full lockdown without consulting the central government. Outside the Containment Zones, all activities are permitted, except those explicitly listed, such as: international travel, large gatherings in closed places, etc. Common preventive measures (masks, social distancing, etc.) are enforced at public places and persons from different risk groups are advised to stay at home.

■ Vaccination program

The Health Ministry developed a vaccination plan, with priority order for the groups that should be vaccinated first. The initial goal is to vaccinate 20-30% of

India's population. India will utilise its vast election apparatus to deliver 600 million doses of coronavirus vaccines to the most vulnerable people in the next 6-8 months. The authorities are preparing cold storage facilities and identifying hubs, to store vaccines before their delivery to multiple locations. Set up of vaccination sites and preparation of vaccination teams is ongoing. The government is not focussing on a single vaccine and considers 4 options. The Serum Institute of India (SII) is already mass producing and stockpiling AstraZeneca's Covishield shot, while Indian Bharat Biotech and Zydus Cadila are developing their own vaccines. A deal with Russia' RDIF was signed for the manufacturing of over 100 million doses of the Sputnik V vaccine per year in India. The vaccination is scheduled to start early in 2021. India is capable to implement such complex programme, because the country produces about 60% of the world vaccines and is home of several big vaccine manufacturers, including SII - the largest in the world.

2. COVID-19 Impact.

▪ Political.

Covid-19 entrenched key political trends witnessed in the pre-pandemic era — heightened degree of social polarisation, centralisation of power and emaciation of accountability institutions. Throughout the crisis, there has been a constant effort by the central and state authorities to show that the pandemic is under control. While most state governments followed the Centre's policy, some deviated, especially those in opposition-ruled states. In this context, the impact of the pandemic was felt mostly in the expansion and reach of the state and the centralisation of power. Handling of the crisis enhanced Prime Minister (PM) Modi's popularity, at a time when he was confronting an economic slowdown and protests. The PM and his party used every opportunity to address the public and to rally the country around the flag. With large gatherings being impossible, politicians looked for alternative ways of mobilisation for the upcoming state elections. They shifted significantly towards digital campaigning, micro-targeting and online mobilisation, on Facebook, Twitter, etc.

▪ Military.

The Armed Forces strictly adhered to COVID-19 instructions issued by the Government and their own medics. Measures were imposed to prevent the spread of infection, like curtailing movement of troops, restricting leaves, quarantine and

enforcing work from home. Special precautions were taken on ships and submarines. Military expertise in communications, supplies and medical support was used to combat the pandemic. The defence sector was directed to produce medical equipment to address shortages. Many capital acquisitions were postponed and major defence deals planned for 2020–21 were suspended. Almost all defence imports were banned in an attempt to boost domestic production.

▪ **Economic.**

India had already been experiencing a prolonged economic slowdown, before the pandemic. The lockdown measures amplified the difficulties and disrupted the economy. The GDP growth rate for April–June 2020 went down to negative: -23.9%, the worst ever in Indian history. The industries were heavily affected, both businesses and households experienced significant drop in their income. The unemployment in May reached 26%. The Government announced a variety of measures to tackle the situation. On 12 May it announced an overall economic stimulus package worth US\$ 280 billion, and on 1 June started to reopen the economy in several phases, providing new guidance, updated monthly and focused on economic revival. Lockdown restrictions remained imposed only in containment zones. By the end of July economy showed signs of recovery at a faster rate than anticipated. The government continued to lift gradually restrictions even from August to October, during the peak of the infection. In October and November, two more economic stimulus packages were announced, bringing the total economic stimulus to US\$ 420 billion. As a result, the major industries resumed operation and the economic activity went nearly back to pre-lockdown levels.

▪ **Social.**

Amidst the lockdown in India, multiple social problems had huge impact on peoples live, especially of those will low income. The pandemic nearly collapsed the healthcare system, particularly in the rural areas. There was shortage of health infrastructure, health care workers and medicines, but also other emergency patients suffered due to unavailability of the health service and transportation. The transportation restrictions created shortage of supply and economic problems. Many people lost jobs (especially the migrant workers) and the income of households was reduced. The coronavirus caused fear and stress midst the population. The restriction of movements and self-isolation brought loneliness and

anxiety. The cases of self-harming also increased. One of the most unexpected results of the lockdown was the increased level of the domestic violence. It must be also acknowledged, that the pandemic has a few positive impacts on the society. The lockdown provided an opportunity for people to spend more time with their families. Besides that, the air pollution which is a grave problem in India has been reduced.

3. Conclusions.

Due to the success of the lockdown in April-May, only one wave of COVID-19 was witnessed, with the peak in mid-September, when the biggest number of new infections and fatalities was registered.

The Government strived to find the right balance between the harsh lockdown rules and the need to ease the COVID-19 preventive measures in order to revive the economy. At the end of 2020 it looks that such balance is achieved.

The pandemic had huge negative economic and social impact, especially on the poorest regions and households. The central and local authorities implemented many necessary measures to mitigate this impact. Nevertheless, the effects of the pandemic are likely to be felt long after it subsides.

There are great expectations that India is capable to implement quickly a complex and ambitious vaccination programme, that will enable the country to overcome the health crisis and focus on economic and social recovery.

IRAN

1. COVID-19 2020 overview

▪ First recorded patient

On 19 February 2020, Iran reported its first confirmed cases of infections in Qom. Allegedly, the virus may have been brought to the country by a merchant from Qom who had travelled to China.²⁸

On 19 February, two people tested positive for SARS-CoV-2 in the city of Qom. Later that day, the Ministry of Health and Medical Education (MOHME) stated that both had died. On 20 February, three new cases were reported by the MOHME. Two of them were from Qom and one from Arak. On 21 February 2 deaths and 13 new cases were reported; seven cases were from Qom, four from Tehran, and two from Gilan Province. On 22 February, the MOHME reported 10 more infected cases, bringing the total to 29, and two more deaths, bringing the total to eight.

▪ Overall description of pandemic trough 2020 year

On 12 March, the MOHME reported 1,075 more new confirmed cases and 75 new deaths. They also reported that 3,276 people had recovered. During the early phase of pandemic, Iran was among the countries most affected by the coronavirus worldwide. The death rate of COVID-19, or the number of known deaths divided by the number of confirmed cases, in Iran was over 7.79 percent making it the second highest death rate worldwide after Italy in the spring of 2020. During November the number of infected with Covid-19 reached its peak at approximately 14 000 people daily and 480 new deaths every day.²⁹ As a result of the strict social and economic measures a slight decrease in the number of the infected people on daily basis has been observed during the second week of December. The number went down from to approximately 9 500 infected per day. Currently the number of the active covid-19 cases in Iran is decreasing and as of 11 Dec 2020 are 243,803.

▪ Measures introduced into force

²⁸ "How Iran Became a New Epicenter of the Coronavirus Outbreak". *The New Yorker*. Archived from the original on 3 March 2020.

²⁹ "Coronavirus: Iran has no plans to quarantine cities, Rouhani says". *BBC*. 26 February 2020. Archived from the original on 26 February 2020.

In response to the coronavirus the government cancelled public events and Friday prayers; closed schools, universities, shopping centres, bazaars, and holy shrines; and banned festival celebrations. Economic measures were also announced to help families and businesses, and the pandemic is credited with compelling the government to make an unprecedented request for an emergency loan of five billion US dollars from the International Monetary Fund. The government initially rejected plans to quarantine entire cities and areas, and heavy traffic between cities continued ahead of Nowruz, despite the government's intention to limit travel. The government later announced a ban on travel between cities following an increase in the number of new cases. On 9 March, around 70,000 prisoners were temporarily released to limit the further spread of the disease within prisons. On 10 March, more than 54,000 prisoners were temporarily released to prevent the spread of coronavirus. On 17 March, about 85,000 prisoners were temporarily released due to the coronavirus, and two days later the government announced plans to pardon 11,000 prisoners, including those charged with political crimes.³⁰

▪ **Vaccination program**

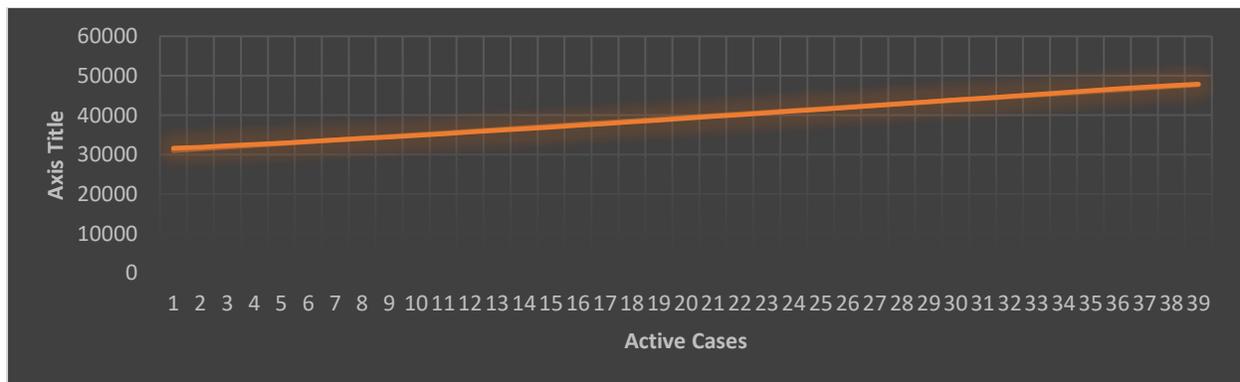
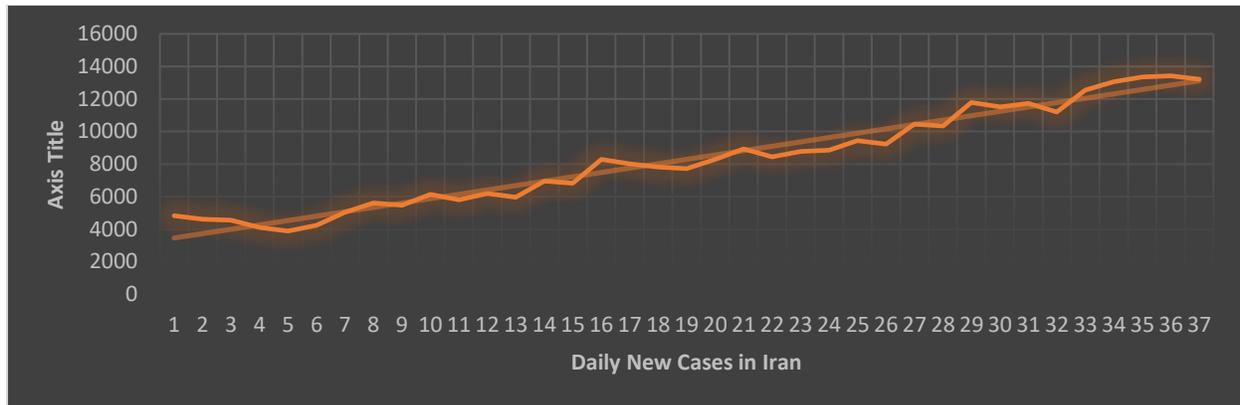
According to the Iranian News Agency, Iranian medical scientists have started human trials for an anti-coronavirus vaccine after the stage of animal trials has passed successfully. So far no further details regarding the Iranian vaccine have been reported.

At the same time the negotiations with Russia to purchase anti Covid-19 vaccine are still ongoing.

³⁰ "Iran frees 85,000 prisoners due to coronavirus, says judiciary spokesman". Al Arabiya English. 17 March 2020. Archived from the original on 18 March 2020.

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2. COVID-19 Impact.

▪ Political

There is no reliable information if the Covid-19 Pandemic has affected Iranian political structure, governmental institutions, etc.

▪ Military

In the beginning of March, the government has mobilised 300,000 soldiers and volunteers to combat the spread of the virus, as well as deployed drones and water cannon to disinfect streets. In early May 1,000 fixed and mobile detection clinics were set up, supported by military medical personnel. Face masks and gloves were provided from the Army stockpiles. All military hospitals provided beds for the Covid patients.

▪ Economic

The COVID-19 pandemic has amplified the impact of economic sanctions and existing structural imbalances in Iran's economy. The decline in revenues led the government to issue new debt and sell assets on the stock market, increasing financial risk exposures. A sharp exchange rate depreciation has accelerated

inflation, with negative consequences for the livelihoods of vulnerable households. The growth outlook remains subdued due to trade restrictions and the ongoing global pandemic. Iran's economy is undergoing a third consecutive year of recession. Iran's real GDP contracted by 6.8% in 2019/20 after sanctions led oil GDP to fall by 38.7%. Despite the expansion of sanctions to other key sectors, non-oil GDP grew by 1.1% as exchange rate (ER) depreciation made production more competitive. The GDP decline continued in Q1 2020/21 as COVID-19 containment measures contributed to GDP contracting by 3.5% (Y/Y); a modest contraction compared to most other countries. This smaller impact is partly due to the already lower economic base and limited integration with the rest of the world following decades of sanctions.³¹

▪ **Social**

The imposed strict measures for social distancing has seriously affected all religious ceremonies and gatherings. All places of worship have been closed for more than 3 months and the religious ceremonies are being conducted outside in the open space, following the restrictions for physical distancing.

▪ **Information**

On 3 August the BBC reported that leaked official Iranian government records were showing deaths at almost 42,000 on 20 July, almost 3 times the ministry of Health reports of 14,405, with those infected at 451,024 as opposed to 278,827.

The BBC reported that the death statistics in government documents, sent by an anonymous source, suggests deliberate suppression of the numbers. The data showed that the first recorded death was on 22 January, nearly a month before Iran announced its first case on 19 February, with 52 deaths occurring in this gap. Other concerns revealed by the data include that immigrants are statistically much more likely to die of COVID-19 in Iran, with 1,916 deaths in the country from the disease not being Iranian nationals, and that at one point during reporting in March the number of deaths was five times higher than the official numbers provided by the

³¹ *Iran's Economic Update — October 2020 – the World Bank report.*

health ministry – the rise in cases was becoming increasingly steep but the spread was not being reported.

However, the World Health Organization says that it has not seen problems with Iran's reported figures, although a WHO official later said that due to limited testing in the early months, the number of cases reported in Iran may represent only about 20% of the real number until more tests could be conducted.

▪ **Infrastructure**

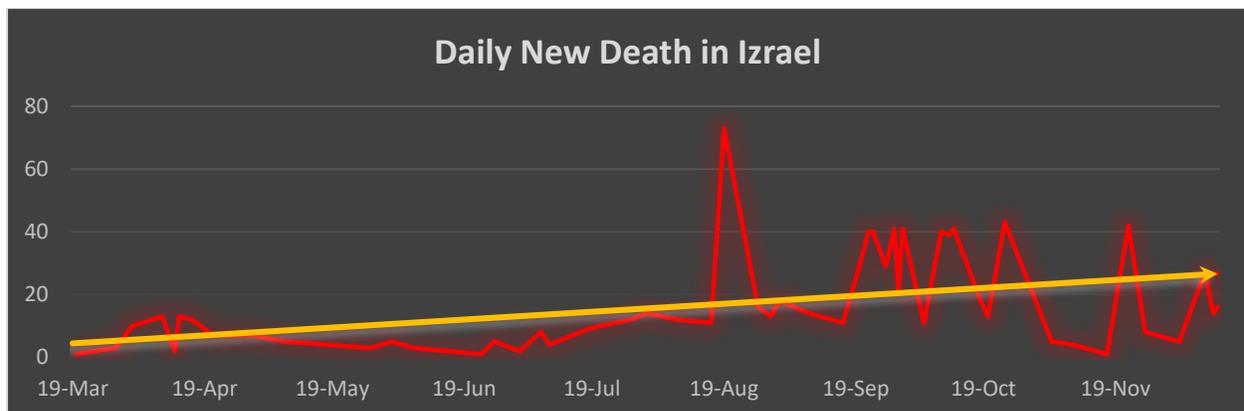
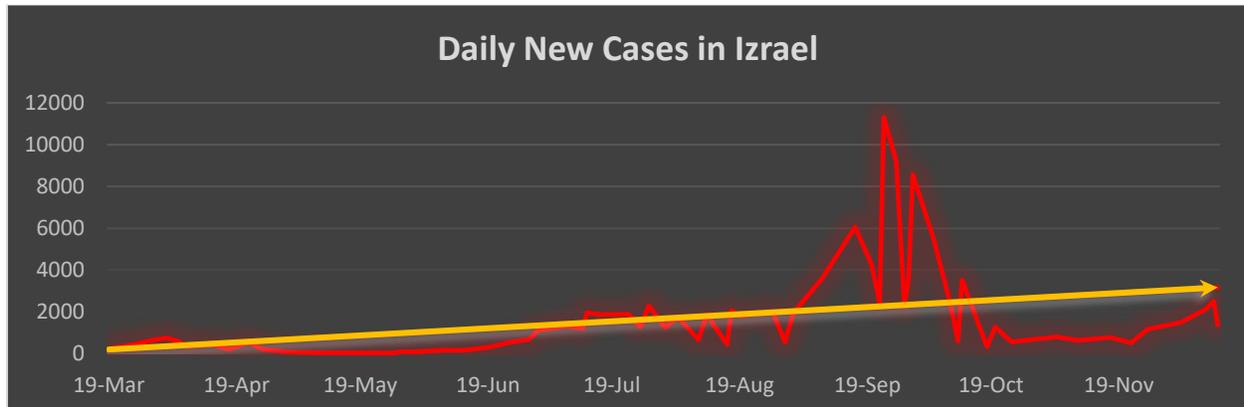
There is no reliable information if the Covid-19 Pandemic has affected Iranian infrastructural projects.

ISRAEL

1. COVID-19 2020 overview

▪ First recorded patient

The COVID-19 pandemic in Israel is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case in Israel was confirmed on 21 February 2020, when a female citizen tested positive for coronavirus disease at the Sheba Medical Center after return from quarantine on the Diamond Princess ship in Japan. As a result, a 14-day home isolation rule was instituted for anyone who had visited South Korea or Japan, and a ban was placed on non-residents and non-citizens who were in South Korea for 14 days before their arrival.



▪ Overall description of pandemic trough 2020 year

Israel has not yet recovered from the deep economic crisis caused by the first lockdown in March and April. In April, Israelis were able to celebrate Easter under the strict quarantine. The country's second lockdown begins on Friday 11 September

and lasts three weeks – 2 October. Israel was the first country to introduce a second nationwide lockdown. The country of nine million has one of the highest rates of infection in the world (percentage of population infected). On September 23, a record number of newly infected people per day was registered - 11316 people.

▪ **Measures introduced into force**

The new outbreak of the pandemic particularly affected neighborhoods inhabited by Arabs and Orthodox Jews. Many large families live in them densely, which makes it extremely difficult to trace the chain of infection. On 10 March, Israel began limiting gatherings to 2,000 people. A day later, on March 11, Israel further limited gatherings to 100 people. New regulations, effective from 15 March included: banning gatherings of more than 10 people, and closure of all educational institutions, among them daycare centers, special education, youth movements, and after-school programs. The list of venues required to close consist of: malls, restaurants, hotel dining rooms, pubs, dance clubs, gyms, pools, beaches, water and amusement parks, zoos and petting zoos, bathhouses and ritual baths for men, beauty and massage salons, event and conference venues, public boats and cable cars. Take-away restaurants, supermarkets, and pharmacies were to remain open. The Al-Aqsa Mosque and Dome of the Rock closed to prevent contamination of the holy sites. The Israeli Attorney General has approved the use of cyber measures to track the phones of coronavirus patients. The citizens were notified that this would be mainly used to inform Israelis who may have been near a patient and to ensure that quarantined patients stay at home. Authorities were successful in fighting the pandemic in the spring, but after the restrictions were lifted, the number of cases began to rise again. Schools, kindergartens, hotels, shopping malls, recreation areas and beaches have been closed again. Residents of the country were allowed to move more than a kilometer from their homes only in exceptional cases. Before the eve of the Jewish New Year, Rosh Hashanah, a lockdown was reintroduced. It has been in force since September 11.

▪ **Vaccination program**

Israel will start COVID-19 vaccinations from on December 27 as the country received its first batch of Pfizer's coronavirus vaccine. The country's health authorities will grant the so-called green passport for those inoculated to allow them to move.

Apart from the contract with Pfizer, Israel also has deals with US biotechnology company Moderna and had ordered 1.5 million doses of Russian-made coronavirus vaccine Sputnik V, with the deliveries pending the ministry's approval.

2. COVID-19 Impact

▪ Political

In the spring, many praised Prime Minister Benjamin Netanyahu for stopping the spread of the coronavirus. Since then, the government has been regularly criticized - not only for the swift lifting of restrictions after the first lockdown, but also for insufficient assistance to businesses and citizens in fighting the effects of the pandemic. For three months, weekly protests have been taking place near Netanyahu's residence in Jerusalem: protesters have accused the prime minister of failing to tackle the crisis and corruption.

The opposition has sharply criticized the government's decision to impose new restrictive measures, calling it a "mistake and a catastrophe". According to opposition, citizens have been punished for the failure of the authorities and the crisis has already severely undermined the country's economy.

▪ Military

On 11 October the Israeli military unit opened a new coronavirus unit in a converted parking garage at a hospital in northern Israel. The unit, set up at Haifa's Rambam Health Care Campus, will utilize some 100 military doctors, nurses and other medical personnel working alongside hospital staff. It is the first time the army has deployed its medical personnel to treat Israeli civilians in the country's history. The new coronavirus unit marks a new partnership between the hospital, the military and the national Health Ministry. In recent months, the army has taken on an increasingly prominent role in managing the crisis and is now in charge of the country's contact-tracing efforts.

▪ Economic

Poverty in Israel, which was already high, has risen by more than 50% since the start of the Covid-19 pandemic and the resulting economic recession, according to the 2020 report by Israel poverty and food insecurity NGO Latet. The report found unprecedented poverty in Israel with the percentage of households living in economic distress rising from 24.1% to 38.6% over the past year. The number of

families living below the poverty line rose from 20.1% last year (582,000) to 29.3% this year (850,000).

- **Social**

Although the death rate in the country remains relatively low, the number of hospitalized patients with Kovid-19 is growing. Some clinics already send patients to other medical centers to avoid overcrowding. In general, however, there is no shortage of places for coronavirus patients in hospitals. The number of Israelis diagnosed with the SARS-CoV-2 coronavirus is once again beginning to rise, just as the last set of restrictions is being relaxed.

3. Conclusions

Even if the promising vaccines from Pfizer Inc. and Moderna Therapeutics — whose trials have shown to be more than 90% effective — continue to work and be safe, those alone will likely not entirely stop the pandemic, due to production limitations and storage challenges, including the need to store the doses at extremely low temperatures.

In the meantime, treatments and other forms of prevention are still needed as the world faces an increasing number of cases, with no end to the pandemic in sight.

Restrictions in Israel have been gradually eased but infection rates are again on the rise. Now we should expect that the government will impose another lockdown.

ITALY

1. COVID-19 2020 overview

- **First recorded patient**

There is a series of evidence on coronavirus being found in Italy before December 2019, including the latest regarding a 4-year-old boy found to have contracted the virus in November 2019, which some experts believe indicates that a COVID-19 outbreak occurred in Italy earlier than in China's Wuhan, which recorded the earliest COVID-19 symptoms from a patient on December 8, 2019 and has since been labeled as the origin of the virus by some Western countries. That was about three months before the first identified case of coronavirus disease in Italy. The country joined the list of coronavirus-affected countries on 30 January when two COVID-19 positive cases were reported in Chinese tourists.

- **Overall description of pandemic trough 2020 year**

There were two picks of cases in Italy through 2020. The first one was within March-April, resulted in a national lockdown. The second pick was recorded within October-December, which prompted the government to adopt new restrictions. Regarding the morbidity rate since the beginning of the pandemic in Italy 64,520 people had died. The two picks of deaths are respectively within March-April and within October-November. The pick of active cases was in November this year. Currently infected patients are 686,031. Mortality rate in Italy appears to be much higher for the elderly patients. Overall, the mortality rate of coronavirus in Italy reached 3.4 percent, higher than that registered in most countries.





In March, Italy was the first western country to implement a national lockdown, one that successfully reduced the spread of the virus and brought the country a level of normalcy throughout the summer. Restaurants, bars, shops and hairdressers reopened in May, and gyms, museums, spas and most gathering places were given a green light in June — as long as social distancing and strict hygiene protocols were observed. But a new spike in infections in October has prompted the government to adopt new restrictions. On Nov. 4, the Italian government imposed a 10 p.m. curfew around the country and sealed off several Italian regions, banning residents from crossing borders except for work, health or other “situations of necessity.” The government also closed gyms, swimming pools, theaters, cinemas and concert halls, and has allowed restaurants and bars to operate only until 6 p.m.

▪ **Vaccination program**

Italy is preparing to launch a massive vaccination campaign in January. Italy is not betting on a single vaccine. The government will invest in different options in order to make "larger numbers of vaccines available", according to Franco Locatelli, head of the Health Ministry's expert advisory panel. Italy was one of the first countries to sign up to an EU pact to reserve doses of the most promising vaccine candidates before they come on the market. Along with its partners, it has already secured at least 300 million doses of the experimental vaccine developed by Oxford University and AstraZeneca, up to 300 million doses of an alternative being trialled by Sanofi and GlaxoSmithKline, at least 225 million doses of a CureVac candidate, at least 200 million doses of the vaccine developed by BioNTech and Pfizer, and at least 200 million doses of a version made by a Johnson & Johnson subsidiary. The bloc is also in talks with Moderna about a potential deal for an initial 80 million doses.

2. COVID-19 Impact

▪ Political

Following the official positions of the Italian government, we can identify two distinct phases. In the first one, the government released a huge number of measures, decrees and administrative orders to limit the spread of the virus. Rigid restrictions were introduced, which included not only the lockdown but also restrictions on commercial and industrial activities. In this context, economic measures (such as the ‘Salva Italia’ decree) were also central. The goal was to help families and companies that were forced to suspend their work activities during this time. In phase two, which was officially announced by the government on 26 April, the Italian authorities initiated a gradual relaxation of the restrictive measures. In both phases, the Italian government received substantial criticism. Although it declared a national state of emergency early (on 31 January), it did not act promptly and coherently in the aftermath. After an entire month of delays, Prime Minister Giuseppe Conte dispatched several decrees, yet the volume of these did little to help establish a consistent and clear approach to the crisis that could address the long-term consequences of the pandemic.

In conclusion, Covid-19 has not caused a political crisis in Italy. However, it has clear potential to exacerbate existing conflicts, in particular the divide between the central state and the regions. Moreover, the pandemic has the potential to produce long-term negative effects concerning Italy’s relationship with the EU.

▪ Military

In March 2020 Italy calls in military to enforce coronavirus lockdown when 627 people died in 24 hours. The government then agreed that the military could be used to help enforce the lockdown and 114 soldiers were deployed on the ground throughout Lombardy to ensure general security in the streets. The pandemic and the immediate Italian response have had a very marginal effect on the armed forces. On 19 March army vehicles have been brought in to move dozens of coffins from Bergamo to other regions. Army called in as funeral services could not cope with coronavirus victims.

▪ Economic

Italy is among the most affected countries with coronavirus outbreak across the globe, as the incidences rising at a significant pace than any other country. COVID-

19 pandemic has a devastating impact on the Italian economy, as industrial output fell significantly. Italy had a considerable position in the value of industrial production in the EU member states. The country accounted for nearly 2.4% (\$2.1 trillion) of the world's GDP in 2018. Italy's small and medium enterprises (SMEs) sector has a considerable proportion of firms that contribute approximately one-third of value to the economy and half of total employment in the country. As Italy's economic structure is heavily dependent on SMEs, the spread of coronavirus is significantly affecting the economy of Italy. SMEs relies on loans and finances to meet their business requirements. Due to the vulnerabilities facing by the Italian financial sector amid COVID-19, SMEs operations are negatively affected, which in turn, is leading to a significant decline of the Italian economy.

- **Social**

Looking at the specifics of the COVID-19 pandemic, so far the most insidious threat posed by the virus has been the combination of the rapidity of its spread with the high number of patients requiring treatment in intensive care, resulting in unprecedented strain on the healthcare system of affected countries. This in turn has prompted the Italian government to adopt extreme measures to limit the spread of the virus, often imposing very demanding limitations on citizens' basic rights (e.g., social isolation, lockdown, and quarantine) and with direct socio-economic consequences (e.g., job insecurity, rising unemployment, loss of revenues, and inequalities). During the lockdown, the suicide victims steadily increased. 25 suicides occurred in March and April 2020 from a total number of 42 since the beginning of the year, compared to 14 suicides during the same period in the previous year. More than half of the victims are entrepreneurs. This number is in line with the worsening of the overall economic sentiment in Italy.

- **Information**

It is worth noting that the emphasis on evidence and transparency, albeit crucial, describes only part of the relevant socio-cognitive dynamics that affect trust in public institutions: in particular, it collapses trust to confidence in information sources and their credibility, while a crucial problem is also trust in the institution's power to intervene, as well as trust in collective compliance with the proposed measures.

In Italy, COVID-19 data is made available by different institutions at national and regional levels. The inconsistency of data between different administrative levels has been a major issue. The Italian government started to publish data on 24th February 2020, with a reasonable degree of transparency, but only a moderate level of accessibility. Important data such as ICU survival rates, hospitalized patients' outcomes, number and occupation of new beds introduced since the emergency are still missing. In such a unique scenario, the relevance of studying citizens' trust in public institutions is manifold: on the one hand, the effectiveness of these measures and the collective ability to overcome their costs is conditional on the compliance of the population, which in turn is affected by trust in institutions; for this same reason, institutions actively seek to promote citizens' trust, as a means to achieve their prevention goals; on the other hand, the very nature of the current crisis is likely to affect and shape how citizens conceptualize trust, and such socio-cognitive impact of the COVID-19 pandemic needs to be understood. Indeed, the current crisis acts as a magnifying glass in highlighting the essential role of trust in our societies, both for the psychological well-being of individuals and for the effective functioning of institutions.

3. Conclusions

The outbreak of COVID-19 significantly affected Italy with severe health, social and economic consequences. The analysis results suggest that the strictness and timing of escalating and de-escalating containment and prevention measures played a major role on health outcomes such as mortality, and non-health outcomes such as the financial market and trade flows. On the other hand, technological interventions exerted a marginal role due to their delay in implementation.

The threat of future pandemics should drive the government's investments and resources to prevent and promote public health, strengthening community and territorial services, which demonstrate to be particularly successful in some regions to respond to health services organisation and delivery challenges. As far as the sustainability of the healthcare system is concerned, policymakers should focus on the elaboration of the promotion, prevention and early intervention framework to prevent suicide and lower the long-term impact on people's mental health due to isolation, social distancing and high stress levels. Mental health programs should be targeted for different population groups, prioritising those at higher risk. Moving

forward governments need to identify and implement plans to mitigate the negative effects of a pandemic on vulnerable groups across society which includes elderly in the home care facilities, students, families with children and the impacted workforce.

Future research on pandemics should focus on public preference elicitation involving the multiple stakeholders in society. Understanding stakeholders' degree of acceptability of stringent measures could improve communication and enhance compliance with government rules.

JAPAN

1. COVID-19 2020 overview

▪ First recorded patient

The outbreak of the infectious disease COVID-19 has caused global economic and societal disruptions. The first confirmed case in Japan was reported on January 14, 2020, since then the number of cases rose with three main periods of sharper increases around April, August, and November 2020³².

▪ Overall description of pandemic trough 2020 year

The number of infections is rapidly increasing, primarily in urban areas, with clusters of infected patients reported one after another in areas such as Tokyo and Osaka. The number of patients with an unidentified route (link) of transmission was also increasing. The number of infected patients suspected of entering from abroad increased notably from around March 11 and accounted for nearly 40% around March 22 and 23³³.

Not only the younger generation but also middle-aged and older people were a source of patient clusters. As a recent trend, there were clusters in hospitals, elderly and welfare facilities, returnees from a graduation trip to overseas, participants in evening meetings, as well as groups of chorus and dancing. There was not an explosive spread of infection at the level observed in other countries. However, clusters of infected patients are reported one after another primarily in urban areas, and the number of infected patients is increasing rapidly. There were areas where the medical service system is becoming stretched, and the medical service system urgently needs reinforcement.

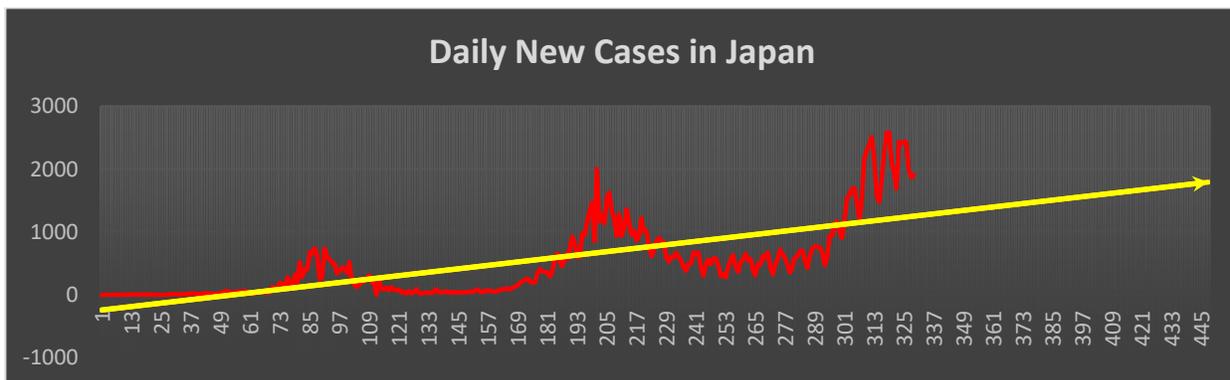
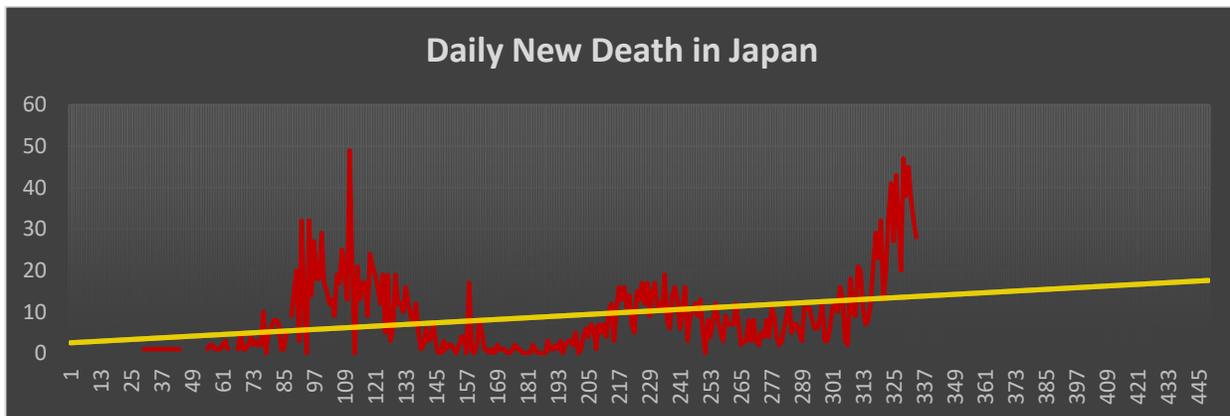
Due to the accelerated spread of the virus, the Japanese government declared a nationwide state of emergency in April. The government has required all citizens to stay home whenever possible and facilities such as restaurants and theaters to temporarily suspend business. The state of emergency was lifted in all 47 prefectures by the end of May, following a decline in the number of new infection cases. The

³² <https://www.statista.com/topics/6087/coronavirus-disease-covid-19-in-japan/>

³³ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Japan

number of new infections per day, however, increased again and peaked in August at close to 1.6 thousand. In November, the infection cases also rose and set a new record high of over 2.5 thousand, possibly indicating a ‘third wave.’

The outbreak was not only caused severe ramifications for the health sector and hospitals, but it has also triggered an economic recession in Japan. In the second quarter of 2020, the real GDP growth rate recorded its sharpest fall in history after WWII of over 28 percent (annualized figure compared to the last quarter), representing the third consecutive quarter with negative growth. Over one thousand publicly listed companies in the country revised their sales revenue since the outbreak of COVID-19 by September 2020, which was a total of roughly 10.2 trillion Japanese yen in losses compared to the initially announced figures. An estimated total of around 13 thousand employees in the manufacturing industry and 10.5 thousand in the foodservice industry were said to be dismissed due to the direct impact of business stagnation resulting from COVID-19. The Japanese stock markets recovered most of its losses by May 2020, but the economic impact on small and midsize companies may be severe in the long term.



2. COVID-19 Impact.

▪ Political

Japanese Prime Minister Shinzo Abe has made a surprise push for constitutional revision in the middle of the coronavirus pandemic, drawing significant criticism of his timing. Abe, who initially intended to get changes completed and entered into force by 2020, has let go of the timeline, but not the goal. With more than a year left until September 2021 and the expiration of his term as leader of the Liberal Democratic Party (LDP), the goal of revision might still seem plausible. The coronavirus, however, has shortened the timeframe left for the revision effort with its shifting of the Olympics to 2021, creating an unexpected obstacle for a referendum vote³⁴.

▪ Military

South Korea and Japan are deploying their militaries to assist healthcare workers in combatting COVID-19, with South Korean soldiers called in to expand coronavirus testing and tracing and Japanese military nurses tapped to fill a shortage of staff at hospitals in the hard-hit regions of Hokkaido and Osaka³⁵.

▪ Economic

New cases of infection decreased sharply thanks to the public health measures, and the state of emergency was lifted at the end of May. The total number of confirmed deaths is less than 1,000 in Japan, and economic activity has resumed gradually. That said, given the significant economic downturn, Japan's economy is likely to remain in a severe situation for the time being. Thereafter, as the impact of COVID-19 wanes globally in the second half of the year, Japan's economy is likely to improve, mainly on the back of pent-up demand and the effects of macroeconomic measures.

Of course, there are significant uncertainties over the outlook for the economy. The COVID-19 pandemic continues on a global basis, and concern about a second wave of the virus has increased recently. Under these circumstances, there is a risk that the second-round effects of COVID-19 may push down the economy

³⁴ <https://www.atlanticcouncil.org/blogs/new-atlanticist/how-the-coronavirus-impacts-japans-prospects-for-constitutional-revision/>

³⁵ <https://www.aljazeera.com/news/2020/12/7/south-korea-japan-to-deploy-military-to-combat-covid-19>

considerably. There are two important points in particular. The first is to ensure corporate financing. To this end, it is essential to maintain the financial system stability and accommodative financial conditions, thereby avoiding further downward pressure on the real economy from the financial side. The second point is whether firms' and households' growth expectations will decline and lead to cautious attitudes toward spending. Some sort of hysteresis effects could arise after a large shock, as shown in protracted cautious firms' behavior in Japan after the financial crisis in the 1990s³⁶.

- **Social**

Japan has a different greeting culture from other countries, and social distancing is normal. Maintaining good social distancing, including avoiding groups of people and maintaining a physical distance from strangers, may help prevent infections from spreading. Unlike Western countries, the Japanese do not have the custom of kissing on the cheek or hugging as a greeting. The Japanese hardly make any physical contact with friends or family while greeting them. Japan holds social isolation practices, even in densely urbanized areas. As for greetings, the Japanese often bow and sometimes shake hands. Thus, the country's culture is geared around maintaining personal space.

Furthermore, Japanese people who are sick with cold, flu, or allergies normally wear surgical masks in public to prevent others from getting sick. This behavior is based on the "Japanese collectivism" in comparison to the "American individualism". Therefore, Japanese people do not have emotional resistance to wearing masks, whereas people in other countries are reluctant to wear them daily. Although recent psychological studies suggest that the theory is not applicable to young Japanese people, this tendency does not directly reflect the COVID-19 response. However, the number of infections under 40 years of age is increasing owing to unnecessary night outings. The only approach to tackle this issue was the closure of night clubs, bars, and restaurants enforced by prefectural governors in the context of a national emergency. Of note, the government provided economic compensation based on the size of the business affected. Moreover, most of the

³⁶ <https://www.bis.org/review/r200803b.htm>

restaurants in the residential neighborhoods started “take-out” systems instead of serving the meals in the restaurant³⁷.

▪ Information

The Japanese government made a great effort to inform the public about new legal developments, penalties, impacts on daily life, etc. Press conferences were regular and televised. Information was published on Ministry websites, social media, digital and print media outlets, and the radio. The Japanese fully trust the government and fully believe in the information provided to them.

▪ Infrastructure

Tokyo is set to open its second medical facility dedicated specifically to COVID-19 patients with mild or moderate symptoms.

The hospital, which is a renovated healthcare facility in Fuchu City, will begin operations on December 16 as part of the Tokyo Metropolitan Tama Medical Center.

Tokyo officials say the new facility will be one of the few that are able to accept elderly patients, who need nursing care, and foreigners who are unable to speak Japanese or English.

Officials say 32 of the hospital's 100 beds will be used for the time being. The first facility of this kind in the Japanese capital is Tokai University Tokyo Hospital in Shibuya Ward. It has about 60 beds³⁸.

3. Conclusions

During the year the Japanese government showed good organization and discipline in the fight against the virus. A number of measures were taken, but most of them were recommendations. The people of Japan have shown serious discipline and faith in the government. Several things led the country to these good results. Initially, the tracking of clusters and their timely isolation. This is the most important thing for the Japanese government. In the second place is the observance of the recommendations - there is no compromise in this rule.

³⁷ <https://www.mdpi.com/2071-1050/12/13/5250/htm>

³⁸ https://www3.nhk.or.jp/nhkworld/en/news/20201127_10/

In contrast to other countries, Japan has never talked about eliminating the pathogen. Speaking of the current time, Japan's experts tried to promote a “new way of living” where people will have to deal with the virus. Japan followed the idea of maximizing efforts to suppress transmission and to minimize socioeconomic damage. Ideally following three preventive steps can help a country to contain the epidemic:

- 1. Early detection of the cluster and early response,*
- 2. Enhancement of intensive care and securing medical service system for the severely ill patients, including medical equipment (Ventilator, ECMO, etc),*
- 3. Behavior modification of citizens³⁹.*

Japan is at the end of 2020 with a population of almost 127,000,000 and only about 2,500 died from the pandemic. As of 16 December 2020, there are 181,870 officially confirmed cases spread throughout Japan, with 2,643 recorded deaths and 153,519 recoveries. A total of 4,105,648 PCR tests (or 32,508 per million citizens) had been performed by 16 December⁴⁰.

³⁹ <http://www.jogh.org/documents/issue202002/jogh-10-020390.pdf>
⁴⁰ <https://www.worldometers.info/coronavirus/country/japan/>

MEXICO

1. COVID-19 overview

▪ First recorded patient

The COVID-19 reached Mexico officially in February 2020, however, according to the National Council of Science and Technology two cases of COVID-19 were reported in January 2020 in the states of Nayarit and Tabasco. On February 28, Mexico reported its first three cases. They had travelled to Bergamo, Italy, for a week in mid-February.

▪ Overall description of pandemic trough 2020 year

On March 30, the total number of cases of COVID-19 reported 1,094 confirmed cases and 28 deaths in the country. In the evening, a national health emergency was declared by Secretary Marcelo Ebrard; all sectors in the country are urged to stop most of their activities.⁴¹ On May 13, 2020, it was announced the "Plan for the return to the new normality". The purpose of the plan is to progressively resume productive, social and educational activities that were halted during the phases of contingency in order to reopen the economy.⁴² On May 22, the number of new cases and deaths reported in 24-hours reached a record high of 2,973 and 420 respectively.⁴³ On June 2, the number of new cases of infection increased by 4.2% (3,891) compared to the day before. Women made up 57% of the 97,326 confirmed cases in the country at the time. 51.2% of all infections (94,958 cases) occurred in the so-called "new normal" from May 18 to June 23 as the period after the country's general quarantine was lifted and states began to resume their economic and social activities in stages. Deaths also grew by 56% (12,654 cases) in these 22 days of "new normal."⁴⁴ On July 11, became the eighth country in the world with the biggest number of confirmed cases in the world. Mexico reached the level of 50,000 deaths

⁴¹ <https://www.eluniversal.com.mx/nacion/sociedad/coronavirus-30-de-marzo-mexico-supera-los-mil-contagios-de-coronavirus-suman-mil-94>

⁴² <https://www.aljazeera.com/news/2020/05/13/mexico-announces-new-normality-in-plan-to-reopen-economy/>

⁴³ <https://www.infobae.com/america/mexico/2020/05/22/va-de-acuerdo-a-lo-proyectado-con-420-muertos-y-casi-3000-contagios-en-un-dia-lopez-obrador-aseguro-que-no-hay-desbordamiento-del-coronavirus/>

⁴⁴ <https://www.vallartadaily.com/over-half-of-all-covid-19-infections-and-deaths-in-mexico-have-occurred-since-national-quarantine-was-lifted/>

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on August 6. The United States Department of State classified travel to Mexico as "high risk". On August 16, for the third week in a row, the total number of newly confirmed cases in a week saw a decline and, for the first time, the number of recovered cases in a week surpassed the number of newly confirmed cases.⁴⁵

On November 13 (Week 44) Mexico reported a total of 991,835 cases and 97,056 total deaths, including 626 deaths in 24-hours, which represents a 2% increase since Week 43 but a 46% decrease since Week 28. 39% of the people tested for COVID-19 result positive. More than 3,000 active cases were reported in CDMX, Nuevo León, State of México, and Guanajuato. Mexico City may have to return to a state of maximum alert (traffic light red).⁴⁶ Mexico passed 1,000,000 confirmed cases on November 15. A record 10,000 new cases in a single day were recorded on November 24 and 25 after a 5% decrease was reported from Week 45 to Week 46.⁴⁷ 28 November was the beginning of the first stage of the re-opening of the business. As of December 15, there had been 1,267,202 confirmed cases of COVID-19 in Mexico and 115,099 deaths. On August 25, Secretary of Foreign Affairs Marcelo Ebrard announced that Mexico would be participating in clinical trials for the development of a COVID-19 vaccine by the Italian Istituto Nazionale di Malattie Infettive "Lazzaro Spallanzani" (National Institute for Infectious Diseases "Lazzaro Spallanzani"). Additionally, he informed that 2,000 Mexicans will be participating in stage 3 trials of the Gam-COVID-Vac vaccine (trade name Sputnik V) that was developed by Russia.⁴⁸ Arturo Herrera Gutiérrez, Secretary of Finance and Public Credit (SHCP), said that a vaccine is necessary for an economic recovery, and that

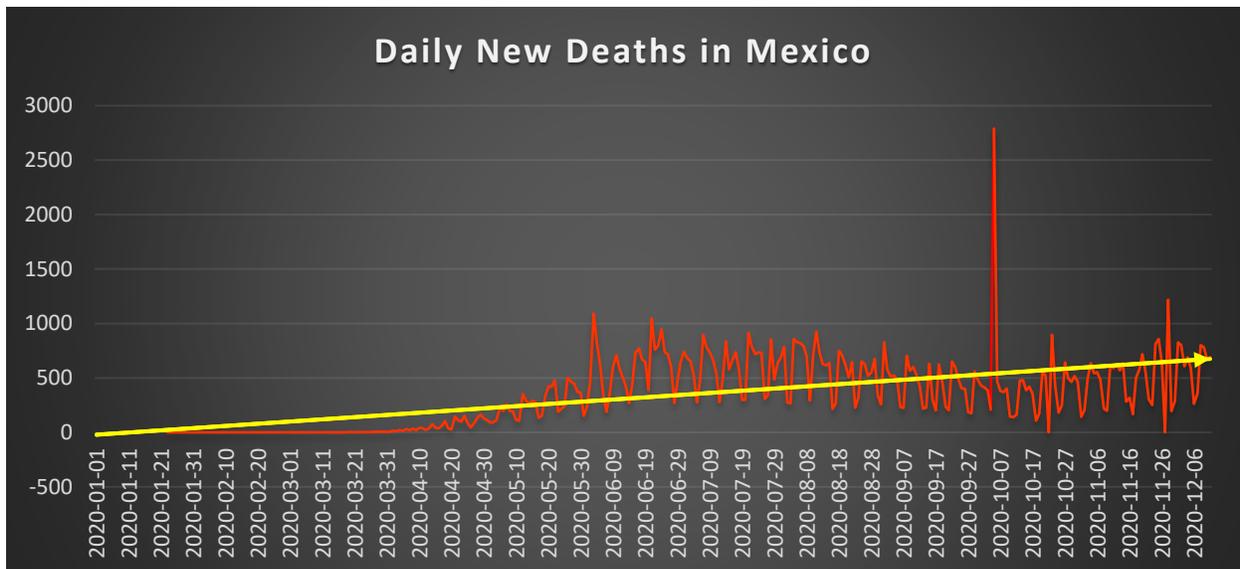
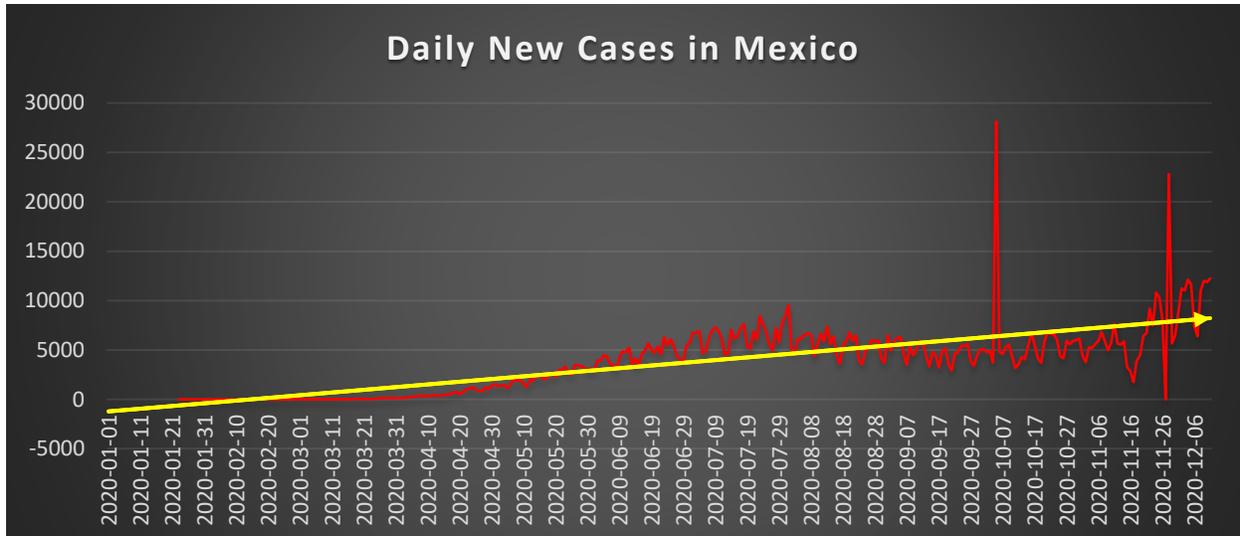
⁴⁵ <https://www.infobae.com/america/mexico/2020/08/17/mapa-del-coronavirus-en-mexico-17-de-agosto-el-pais-registra-la-tercera-semana-con-descenso-en-contagios-totales/>

⁴⁶ <https://www.infobae.com/america/mexico/2020/11/13/mapa-del-coronavirus-en-mexico-13-de-noviembre-con-1819-casos-en-un-dia-cdmx-a-punto-de-regresar-a-rojo-de-alerta-maxima/>

⁴⁷ <https://www.infobae.com/america/mexico/2020/11/26/mapa-del-coronavirus-en-mexico-26-de-noviembre-con-mas-de-10000-contagios-por-segundo-dia-consecutivo-alertan-por-saturacion-hospitalaria/>

⁴⁸ <https://www.elsoldemexico.com.mx/mexico/sociedad/mexico-participara-en-estudios-clinicos-de-vacuna-italiana-contracovid-19-sre-marcelo-ebrard-conferencia-matutina-amlo-presidente-5669471.html>

Mexico will have financial resources to pay for ten million doses per month for vaccination.⁴⁹



▪ **Vaccination program**

Mexico plans to begin vaccinating its people against COVID-19 at the end of the third week of December, starting with health workers.

⁴⁹ <https://www.infobae.com/america/mexico/2020/11/13/pronosticaron-vacunar-contracovid-19-a-10-millones-de-mexicanos-cada-mes/>

In February, those over 60 will receive vaccinations, followed by those over 50 in April and over 40 in May. They urged people with risk factors to get vaccinated first.

The government already has contracted for 34.4 million doses of the Pfizer-BioNTech vaccine and it said earlier that 250,000 of those are expected to arrive around Dec. 17.

The armed forces will distribute them to vaccination sites, initially in Mexico City and the northern border state of Coahuila.

Mexico this week plans to sign a deal to purchase 35 million doses of the CanSino vaccine from China.⁵⁰

2. COVID-19 impact

▪ Healthcare

The coronavirus has hit healthworkers all over the world, but it's been especially bad in Mexico. At the beginning of the pandemic there were shortcomings in equipment provision. Staff have had to buy their own equipment, often in informal marketplaces and of substandard quality. Thousands of health workers caught the COVID-19. 19% of confirmed infections are of medical staff, almost three times the global average.

▪ Information

Mexico's federal government was perceived as slow to respond to the COVID-19 pandemic as of late March 2020, and it was met with criticism from certain sectors of society and the media. Through April 1, the government only performed 10,000 tests, compared to 200,000 that had been completed in New York state. Therefore, official statistics are likely to greatly underestimate the actual number of cases. It is believed that the federal government is underreporting deaths in Mexico City; the federal government reports 700 deaths in the city while local officials have detected over 2,500.

▪ Political

⁵⁰<https://apnews.com/article/coronavirus-pandemic-mexico-city-mexicoc36421c33946717de05fd3e5a7235480>

The Mexico president haven't taken the pandemic seriously. Instead, Lopez Obrador has spent 2020 denigrating his critics in the media, traveling to promote his pet projects, refusing to wear a mask, and publicly questioning the efficacy of masks. He has continued to invest billions of dollars in the infrastructure projects he thinks will define his legacy but hasn't devoted resources to radically expanding access to testing.⁵¹

▪ **Economy**

The reduced profit from tourism, transportation and restaurants as a result of COVID-19 has hit Mexico's economy hard. Mexico's National Institute of Statistics and Geography reported a 17.3% decrease in GDP. Prior to the pandemic, Mexico was already experiencing minimal growth in its GDP with half of its citizens working in jobs that did not provide social or health protections. Even now, the government's economic response has been inadequate at providing relief to a large number of Mexican citizens who have been financially impacted by the pandemic.⁵²

Mexico's unemployment rate remained steady at 3.3% and is expected to increase to 5.3% in 2020, due to the negative economic impact of the COVID-19 pandemic, and decrease to 3.5% in 2021(April 2020 World Economic Outlook IMF). However, the informal sector is still estimated to involve around 60% of employment (OCSE). Key challenges which remain to be tackled include high dependence on the U.S. economy, high and rising criminality rates, income inequality, weakening infrastructure and education, and decades of underinvestment in the oil sector.⁵³

▪ **Military**

The Mexican armed forces have been used to fight the organized crime and the new situation pose a challenge to them in this combat.

The COVID-19 pandemic had an immediate impact on organised crime across Mexico and Central America's northern countries as lockdowns slowed movement

⁵¹ <https://www.forbes.com/sites/nathanielparishflannery/2020/12/03/why-is-mexico-failing-to-confront-the-covid-19-pandemic/?sh=3e577b1917cd>

⁵² <https://www.borgenmagazine.com/covid-19-in-mexico-and-argentina/>

⁵³ <https://www.nordeatrade.com/dk/explore-new-market/mexico/economical-context>

of people and goods. But criminal groups swiftly adapted to the new normal, using it to tighten or expand their control over people and territory.⁵⁴

▪ **Social**

The novel coronavirus pandemic has revealed structural flaws and socioeconomic inequities in Mexico since its first COVID-19 case was reported. The opportunity of avoiding any form of social interaction and working from home are limited to those who have means. For most of the people in the country who rely on public transportation, working from home is not a possibility, and the struggle has a different tone. This socioeconomic vulnerability is most noticeable in marginalized states, where indigenous communities are concentrated.

Also rumors about a curfew sparked the barricading of streets in San Felipe del Progreso, State of Mexico, on May 8. A rumor spread via WhatsApp that authorities were spreading gas contaminated with COVID-19 provoked vandalism of police cars in San Mateo Capulhuac, Oztolotepec, on May 9.

3. Conclusions

Mexico is one of the hardest hit countries by COVID-19. The situation seems to be heavier than the official information shows because of the lack of enough testing. The healthcare system is strained and is inadequate to the seriousness of the situation. A lot of healthcare works have been infected. The attitude to the pandemic from the president is not serious enough.⁵⁵

The average age of the death cases is 55 that compared with the 75 in Europe. According to the authorities this is due to the high rates of obesity and diabetes in Mexico.

⁵⁴ <https://www.crisisgroup.org/latin-america-caribbean/83-virus-proof-violence-crime-and-covid-19-mexico-and-northern-triangle>

⁵⁵ <https://www.forbes.com/sites/nathanielparishflannery/2020/12/03/why-is-mexico-failing-to-confront-the-covid-19-pandemic/?sh=3e577b1917cd>

NORTH MACEDONIA

1. COVID-19 2020 overview

▪ **First recorded patient**

On 26 February the virus was confirmed to have reached North Macedonia. It was 50-year-old woman. The initial contagion in the country was mainly connected with the COVID-19 pandemic in Italy as there are more than 70,000 residents of Italy from North Macedonia and resulted in many people returning to North Macedonia, bringing the virus with them.

▪ **Overall description of pandemic trough 2020 year**

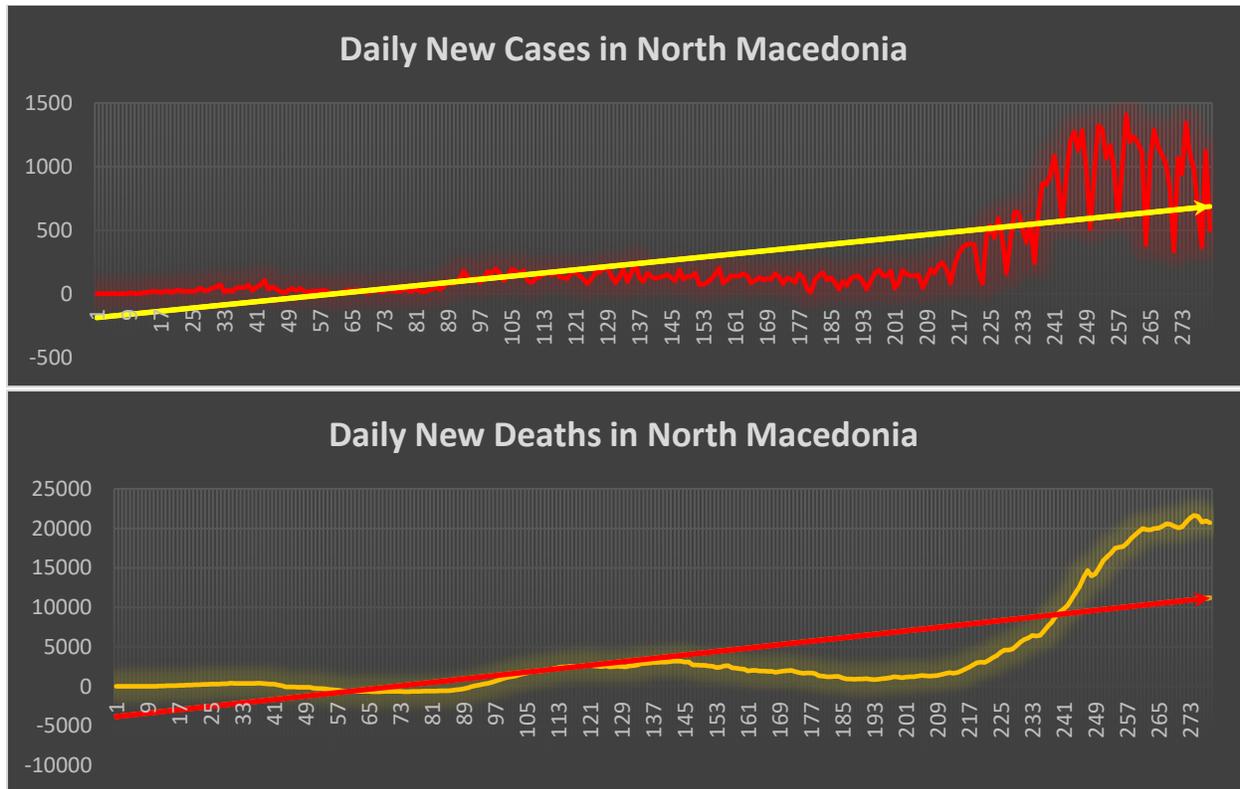
After the first peak in April-May (1000 active cases daily) followed a short decrease in new infected on a daily basis. But since of June the Health system stand a constant increase of newly infected people. The highest number of new cases for a day were 1402 on 18 NOV. The highest number of dead cases was 46 on 09 DEC. The infection trend hasn't followed any predefined models. Since the star of December there is some reduction of the speed of infection.

▪ **Measures introduced into force**

The country followed World Health Organization instructions and recommendations. The local authorities observed the trends of infections and deaths and applied appropriate measure. When the number of new infected people grew significantly there were a curfew – first time for 2 weeks in may and after that for weekdays, following the trend.

▪ **Vaccination program**

The Government uses every possible path to assure vaccines. From one side they applied to receive 800,000 vaccine doses through the European Union (EU) (The EU will allocate to non-members some 100 million vaccine doses out of 400 million units). From the other side they have ensured the delivery of 833,000 Covid-19 vaccine doses for 400,000 the COVAX system. And also are in direct negotiations with AstraZeneca and U.S. Pfizer to procure additional vaccine doses.



2. COVID-19 Impact.

▪ Political

The North Macedonian Government was very proactive and concurrently with the imposing of regulations for curbing the virus, the country became a NATO member and used every possible way to call for international help (NATO, EADRCC) in form of medicines and materials.

▪ Military

*After a **State of crisis** was declared since 20 NOV, the Law on Defense and the Law on Crisis Management, in particular, provided much wider opportunities for support to the competent institutions, primarily the health sector, by the army. So, the North Macedonian Army did particular task in imposing regulations, protecting the borders, disinfections etc.*

▪ Economic

As the most countries from the region, the pandemic had a strong negative impact over the economy. In the country, the parliament approved regulations for assistance the most vulnerable and the business.

▪ **Social**

Observing the development of the crisis, we could conclude that the regulations weren't strictly followed from the population. For that reason, the authorities use more hard measures and banning mass gatherings and movement in the country.

▪ **Information**

Despite the negative effect from the pandemic, the newly accepted NATO member state developed wide information campaign and provide information to the population accordingly.

▪ **Infrastructure**

There weren't any significant infrastructural projects influenced from the pandemics.

3. Conclusions

The pandemic in Republic of North Macedonia followed the trend of the countries in the region. From the Governmental point of view proactivity combined with "Strong hand" were a reason active cases to be limited to less than 22,000 (in the most severe period – NOV- DEC). In that quantity the Health system was in situation to treat appropriately the most severe and severe cases and by that way they had one of the best indicators from the Balkan countries. All of that happened on the backdrop of NATO and EU integration efforts.

NORWAY

1. COVID-19 2020 overview.

▪ First recorded patient

On 26 February, Norway confirmed the first case of COVID-19. The Norwegian Institute of Public Health announced that someone tested positive for SARS-CoV-2 after returning from China the previous week. The female patient was asymptomatic and in good health. She underwent a voluntary isolation at her home in Tromsø.

▪ Overall description of pandemic trough 2020 year

Since the first detected case of COVID-19 in Norway in mid-February 2020, the public health authorities have provided advice on well-known infection control measures, such as hand hygiene, sneezing and coughing habits, isolation of individuals with COVID-19 symptoms, and tracing of contacts of confirmed cases. Norway acted quickly to stem the spread of the virus domestically, and limit infection from abroad while increasing health service capacity. The policy emphasis quickly shifted to concerns about economic impacts, the need to buttress both employers and employees and support specific industries such as domestic air travel. Most recently, concerns about the social cost of the implementation of the lock down procedures and the need to mitigate the consequences has shaped policies relating to the easing of lock down procedures. This attention to the social aspects, and the ability to fund these, we believe, is a key differentiator of the Norwegian response. As the Norwegian Prime Minister, Erna Solberg, reflected, “The government has chosen to prioritise children, then working life, and finally other activities.”.

Services for vulnerable children and youth were considerably reduced during the first stage of fighting the pandemic. Most of the low threshold services for children and young people were closed due to social distancing and many of the social care workers in these services were reallocated to other parts of the health system. In addition, the rate of referrals to child welfare services declined dramatically, and collaboration across services was reported as more problematic. Despite the decline in provision and formal demand a large-scale epidemiological investigation assessing the prevalence of depression and anxiety associated with COVID-19 mitigation strategies found a two to threefold increase in depressive and anxiety

symptoms in individuals experiencing the restrictions. A study of quality of life between 9 and 29 March showed that people were more concerned after the COVID-19 outbreak regulations were implemented. The groups expressing the greatest increase in level of concern were single people under the age of 45 and immigrants, followed by parents with children under the age of 17. This has implications for future health policies. Older people and those with compromised immune systems or with long-term conditions have also been particularly affected by the regulations. For the families of many of these, being unable to visit, or finding that those they loved died alone has been a significant source of anxiety and further grief. To address this issue and relieve social stress, the government announced on 27 May that visits by family members to residential facilities and to attend births would be permitted. The significant outbreak of COVID-19 cases among the immigrant population especially in Oslo was, at least in part related to the communication strategy that had been adopted. The response, the provision of information in a range of minority languages and engagement with community information as part of an engagement strategy generated significant success. This has forced a reflection by health authorities on the need to consider indirect processes of discrimination such as defining an immigrant community as 'problematic'. As a consequence, health authorities now recognise the importance of engaging with such communities in a different way. Despite these areas of concern, the Norwegian policy response to COVID-19 is considered a success nationally and internationally. While there is a low level of community infection relying on herd immunity has never been an aspect of the Norwegian strategy. As the Prime Minister explained on 7 May "up until now, the strategy has been to stop the spread of the virus. We are now transitioning to a control strategy. We have had the same aim all along, to ensure that the health services have the capacity to assist everyone that needs it, both patients in need of health care due to COVID-19 and patients that need health care due to other reasons and diseases." It is unclear whether this policy will need to change in response to current modelling suggesting a second wave peaking in May 2021.

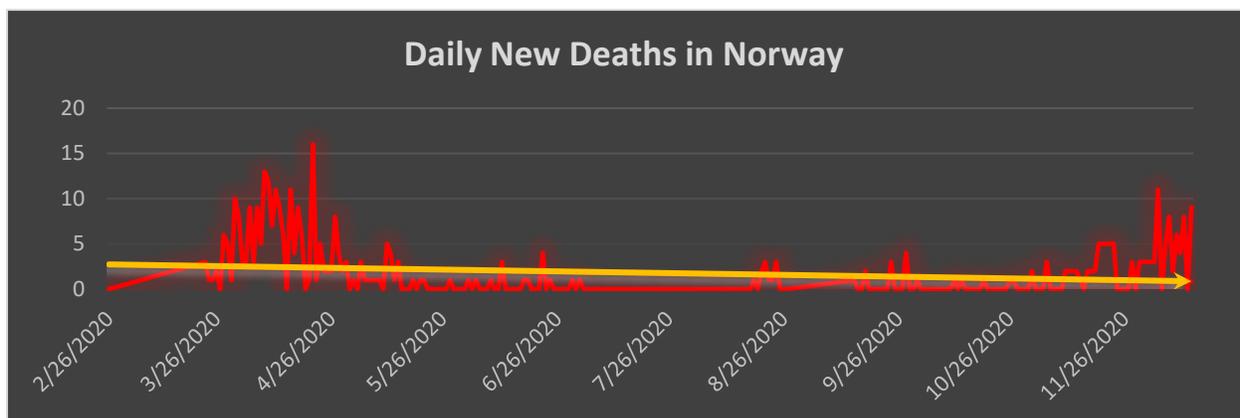
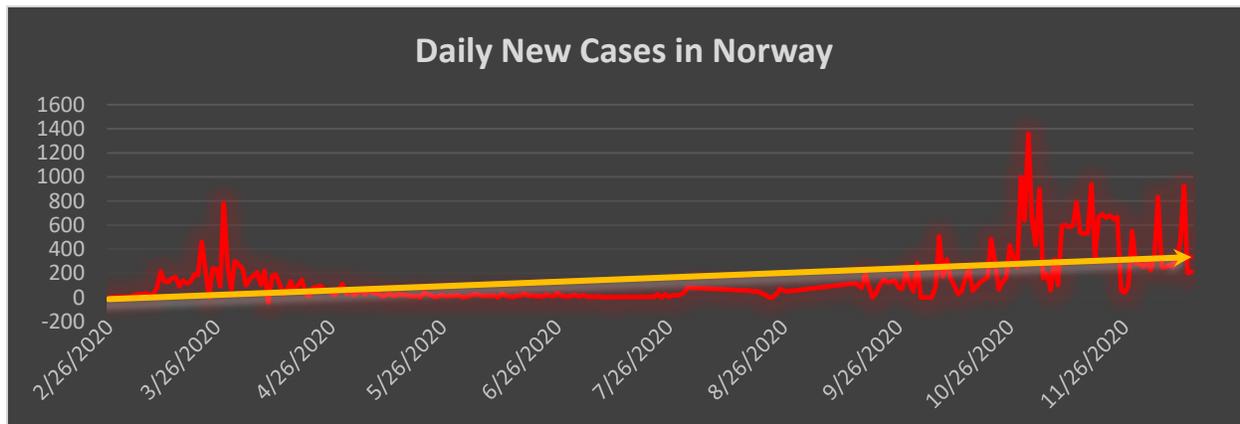
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▪ Vaccination program

Based on the current infection situation, the elderly in nursing homes and residential care homes, as well as people at increased risk should be given priority for the coronavirus vaccine. However, the situation may change, and the prioritisation is going to be assessed on an ongoing basis. Two main groups have been recommended: the elderly over the age of 65 years and people aged 18–64 with certain underlying diseases and conditions healthcare personnel.

Possible prioritisation of people at risk. At each vaccination site and in each municipality, there may be a need for a more detailed order of priority among of people at risk. In that case, NIPH suggests this order that is based on the known risk of having a serious disease course:

The eldest, down to 65 years. People under the age of 65 with one or more specified diseases / conditions. It may also be relevant to divide this group into two: 50–65 years first, and then 18- 50 years.



2. COVID-19 Impact.

▪ Economic

Norway is a rich country, and the strength of the oil and gas industry over the last 20 years, generating the Sovereign Wealth fund, has provided a buffer to the economic consequences of the crisis. Indeed, the need to draw on these reserves may also reshape the government's orientation to the country's economic dependence on this industrial sector. The 27 of February, the CEO of the Norwegian central bank, Yngve Slyngstad, argues that Norway needed to shift from “an oil-dependent nation to an oil fund nation”. This echoed statements by Norge Bank governor, Oystein Olsen who in his annual speech stated, “If this transition to a less oil-dependent economy could happen gradually, I'm very optimistic. If you have a more abrupt changes in conditions or policies...that...would make the transition more challenging”. Perhaps COVID-19 provides the impetus for this transition, a transition and a context that all, policymakers, business leaders and the population, feel is challenging. There will inevitably be shifts in health policy, to ensure greater sensitivity and responsiveness to immigrant populations, support for vulnerable young people and greater attention to the mental health consequences of isolation. But as telling will be the fallout both from the economic consequences, the impact on employment particularly amongst young people and the challenge to Swedish policy leadership across the Nordic countries.

3. Conclusions

According to National health authority NIPH it is assessed that the situation in Norway now is much less drastic than in March and declined to call it a ‘second wave’ of Covid-19. It is highly likely first and foremost, they must ensure that compliance with the current advice and measures is improved. There are too many examples of infection control slacking off on practice. Despite the fact that the toughest measures in Norway have been imposed in Oslo the numbers tell us that the infection is increasing which could be considered a highly recognizable pattern. It is likely the local outbreaks have pushed the national infection rate for the country above the key criterion. The Norwegian Institute of Public Health (NIPH) said that it did not deem it necessary to divide Norway into ‘red’ and ‘green’ zones for travel as has been the cases for international arrivals.

POLAND

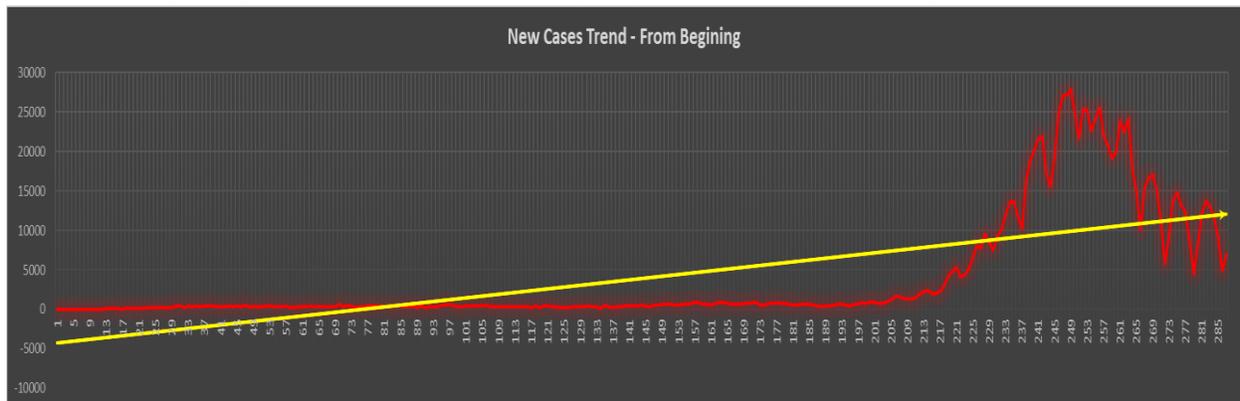
1. COVID-19 2020 overview

▪ First recorded patient

From the moment when more and more cases of COVID-19 began to be recorded in Western Europe, everyone waited with anxiety when the coronavirus would reach Poland. On March 4, 2020, during a press conference, Minister of Health Łukasz Szumowski announced the first confirmed case of SARS-CoV-2 coronavirus infection in country. First patient, called patient „O” was 64 years old man travelled back to Poland (Lubuskie District) from Germany.

▪ Overall description of pandemic trough 2020 year

*From the beginning of pandemic number of infected people has grown and reached **1 147 251**⁵⁶, which stands 3.03% of entire population and placing Poland on 7th place in Europe and 14th on the World. Disease trend rate showing decreasing tendency, however still keeps high daily number of new cases. Currently average number of infected is 10 541 people a day during last two weeks.*

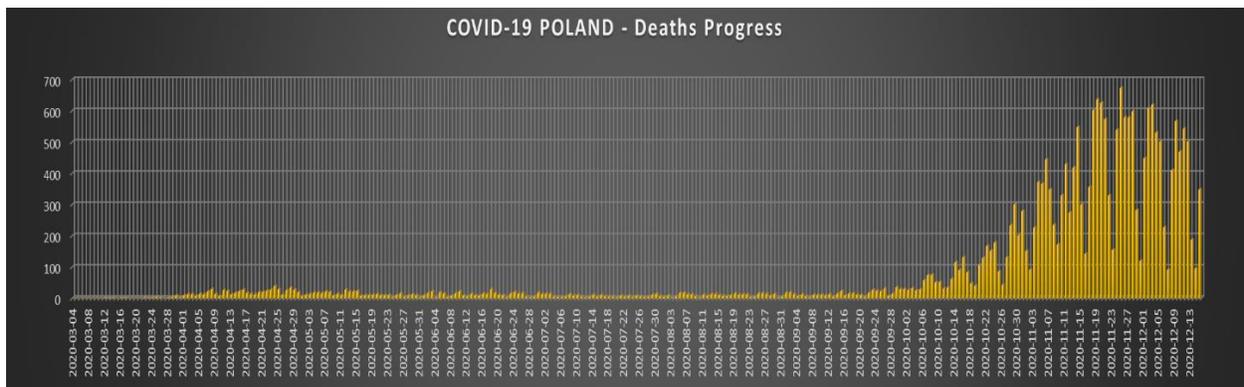


*First death recorded with SARS-CoV-2 implications was noticed on 11th March. Up to now number of deaths crossed **23 309** which placed Poland 6th in Europe and 15th on the World.*

⁵⁶ As of 15 DEC 2020

COVID-19

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▪ **Vaccination program**

It is estimated that vaccination program will start at the beginning of February. Poland signed contract for 45 million doses of vaccine against SARS-CoV-2, mostly from Pfizer Biotech, Johnson & Johnson and AstraZeneca. Government announced national vaccination program, which is based on following assumptions:

- *8 000 vaccination points on entire territory of the country*
- *vaccination is voluntary and free of charge*
- *vaccination will be done in following order: health care system employees, residents of nursing homes and patients of health and care facilities, people over 60 years, services that support the fight against COVID-19 - incl. police and army.*

2. COVID-19 Impact.

▪ **Political**

Presidential election in Poland in 2020 (also known as envelope elections) – was scheduled for May 10, 2020. A possible second round was to be held two weeks later, i.e. 24 May. Due to the COVID-19 epidemic in Poland, there have been numerous voices about the need to postpone the election date. In the announcement of the National Electoral Commission of May 7, 2020, it informed that the voting on May 10 would not take place because the NEC was deprived of the competence to determine the pattern and order printing of voting cards, which are a necessary condition for conduct a vote. On June 3, the Speaker of Parliament, Elżbieta Witek, ordered new elections, with the voting planned for June 28, 2020

Supported by the PiS, incumbent Andrzej Duda won the presidential election runoff in July 2020 by 51% to 49% against the liberal candidate Rafal Trzaskowski. The

narrow result reflects the political division of the country, with Duda gaining most support among elderly voters and those from the more rural eastern and southern regions, while Trzaskowski performed well among younger voters, in the larger cities and the western regions of the country.

In August, first Vice minister of Health Janusz Cieszyński and day after Minister Łukasz Szumowski declared resignation from their position. The politicians responsible for such a socially sensitive ministry resigned almost simultaneously. It looks like a joint escape from the fire, and not - as both explain - that these are their personal decisions that have been planned for a long time, and in addition, they have been postponed several times in a sense of responsibility for the state.

▪ **Military**

From the beginning of pandemic Armed Forces were involved in support to fight with COVID-19. Soldiers protects borders, patrol the streets with the police, transport food and personal protective equipment, and look after veterans and medical families. Every day, soldiers support the health service and run a helpline with psychological help. One of the tasks is also to disinfect buildings. In the highest engagement there was around 15 000 soldiers used daily.

As negative effect is worth to mention that reservist training for this year was almost completely suspended and many of exercise were not conducted, delayed or executed in limited way.

▪ **Economic**

Poland's economic contraction due to the coronavirus pandemic is expected to be 3.5%, much lower than the Eurozone recession of 8%. The economic performance is less dependent on exports compared to Poland's Central European peers like the Czech Republic, Hungary or Slovakia. At the same time private consumption accounts for 58% of GDP, reducing the vulnerability to external shocks (as evidenced by avoiding a recession in the 2009 credit crisis). In 2021, the economy is forecast to rebound by 5.6%.

Polish exports are forecast to decrease by 4.3% in 2020 (compared to Eurozone exports down 11.1%), as external demand has deteriorated, especially for cars and car parts. Private consumption is expected to shrink 4.8% in 2020 (Eurozone: down 9.6%) due to the pandemic spread, subsequent lockdown measures and rising

unemployment. Increased government payments to families (e.g. a child benefit programme) and pensioners, along with tax breaks, continue to sustain private consumption.

In order to support the economy, coronavirus-related fiscal stimulus measures (including credit guarantees) account for 13% GDP, or EUR 70 billion. Poland will also largely benefit from the “Next Generation EU” fund to help countries recover from the Covid-19 recession, and from additional EU subsidies. Monetary policy has been accommodative so far, with the Central Bank lowering the benchmark interest rate three times since March 2016, to a record low of 0.1% in July 2020.

The fiscal deficit is expected to increase to 8.5% in 2020 (from 0.8% in 2019). At 56% of GDP in 2020, (47% of GDP in 2019), public debt is rising but remaining sustainable. While public debt is subject to some currency risk and vulnerable to international investor sentiment, its overall composition remains low-risk.

▪ **Social**

The pandemic has changed social relationships and the problems that societies have to face. As far as social issues are concerned, for Poland, a special challenge for the coming months will be to reduce unemployment and income inequalities as soon as possible, but also to draw attention to the enormous workload of women who have to work professionally and take care of the family and home during lockdown.

According to the data provided by the Ministry of Labour and Social Policy in Poland, in April 2020 there were 966,000 unemployed (5.8%) registered, in May the number of unemployed slightly exceeded one million (6%) – this is official data created on the basis of information provided by Employment Offices.

At the same time, this rising number of unemployed people will have a direct impact on the economic situation of many families in the coming months. Currently, as many as 33% of surveyed Poles declare that their income has fallen as a result of a pandemic (layoffs, job cuts, reduced number of working hours). However, it must be honestly admitted that 13% of people say that since the beginning of the pandemic, their income has increased. This shows that the pandemic affects income inequalities, which have been increasing since the beginning of the fight against COVID-19 in Poland.

As the latest Eurofound report shows, the coronavirus restrictions introduced by the Polish government hit women the most for many reasons. In addition to immediate and easy-to-see consequences, such as job loss, there are also many less perceptible aspects that can have long-term negative effects on women's position in the labour market. One of the most visible economic consequences is the rising unemployment among women. Eurostat data show that women have suffered more due to the pandemic in Poland. Women work much more often in industries which require the (today undesirable) face-to-face contact (as doctors, teachers, nurses, hairdressers, beauticians, etc.), and at the same time less often in those industries considered crucial for the functioning of the state, and dominated by men (transport, security, agriculture, construction, etc.).

▪ **Information**

From the beginning of pandemic Ministry of Health organized daily press conference informing public about number of new cases, number of tests done during recent days and number of recorded deaths. Such information was rather reliable and communicated in a simple and understandable way. However, in November young student proved that total number of infected is higher of 22 000 cases than reported by Ministry. Chief of Sanitary Inspection explained that the main reason those data was not included were delays in getting results of tests and periodic brakes in works of sanitary and epidemiological stations caused by isolation or quarantine of employees.

▪ **Infrastructure**

The construction industry is particularly sensitive to the pandemic. Many companies were forced to suspend their businesses, which will have a ripple effect on supply chains. As a result, contractors may have problems not only with keeping deadlines, but also with providing building materials or construction workers (especially when they are foreign citizens).

From the other hand, Government invested many financial resources in building so called "temporary covid hospitals" and in opening new hospital departments, which made construction companies, occupied.

There is no evidence that big construction plans (highways, railway etc.) are severely impacted by pandemic.

3. Conclusions

Analyzing number of cases we could say that there was in fact one wave of COVID-19 in Poland, autumn this year, when highest pick was recorded on 7th of NOV (27 875 cases), while during spring time only 545 cases were noticed on 19th of APR. This could be the effect of total lockdown during spring and less restrictive approach during summer time and beginning of school year.

The pandemic has changed a lot when it comes to the Polish economy. Although theoretically, it seems that Poland is already succeeding, and the “anti-crisis shield” as well as entrepreneurship of Poles are bearing fruit, the social effects of the crisis are large and will not end with the complete termination of lockdown. A large group of citizens has lost their jobs; they will certainly supply the sector of unregistered persons, undertaking seasonal work.

The big step forward is expected when vaccination program will start, however this is huge logistic operation, especially that Pfizer Biotech vaccine must be kept in specific cold environment ($-70^{\circ}\text{C} \pm 10^{\circ}\text{C}$) and the scope is unheard of so far.

ROMANIA

4. COVID-19 2020 overview.

▪ First recorded patient

The first case was registered on 27 February 2020, a man travelling from Italy. The next two cases were Romanian citizens travelling also to areas in Italy affected by the COVID-19 disease. A large number of citizens entered the country from the time of the first travel restrictions in Lombardy .

▪ Overall description of pandemic trough 2020 year

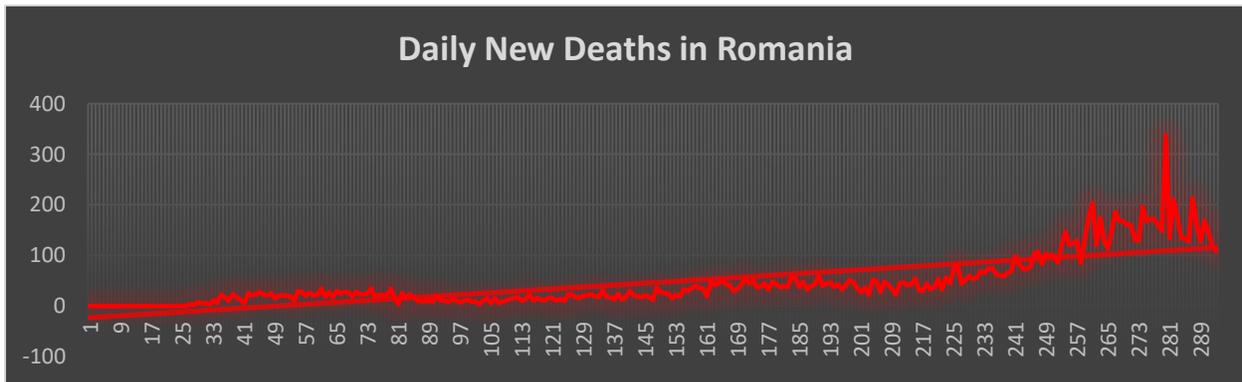
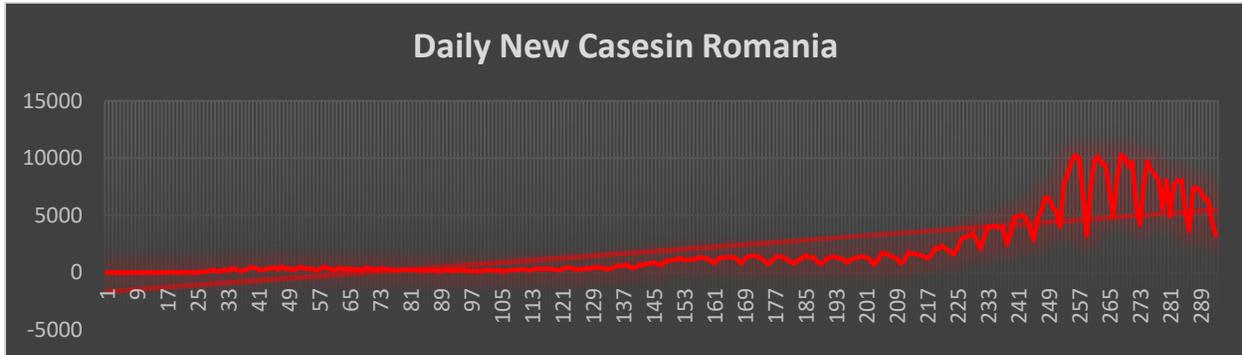
The number of infected persons continued to increase, either because of the lack of responsibility of the infected persons who did not tell their doctors or friends about their living in the dangerous area of Italy, or because they did not know that they had been infected with the virus. The incubation period for COVID-19 infected people estimated to be on average five to six days, but it could be up to fourteen days. The fact that many people, who came into contact with the virus showed no specific symptoms also facilitated the spread of the virus. Consequently, many people were hospitalized and a large number of medical staff was infected, too. Government measures in Romania were taken as soon as the first cases of the disease were confirmed. On the 1st March 2020, the terms “quarantine” and “isolated person” were defined. The number of people quarantined or in isolation was about 5600, after medical checkpoints were set in place at the border for citizens coming from the restricted areas of Italy. The next restrictions were: a ban on visiting family members in hospitals, a ban on public or private events in open or enclosed spaces with more than 1000 people (8 March 2020), the suspension of the pre-school education process and the suspension of car, air and rail transport with Italy (10 March 2020). When the number of 200 infected was exceeded (16 March 2020), a state of emergency was declared and other restrictive conditions were imposed: restaurants, hotels, bars closed, cultural, artistic, scientific, sports and entertainment events suspended, flights with Spain suspended and the restriction for travelling to/from Italy extended, universities went online.

▪ Vaccination program

The local Covid-19 vaccination campaign will have three phases, and vaccination will be free and voluntary. The first phase will target the staff in hospitals and ambulatory units. The second phase of the Covid-19 vaccination campaign covers

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high-risk individuals, including people who are older than 65. The third phase of the vaccination campaign is targeted at the wider public and children, depending on the evolution of the pandemic.



5. COVID-19 Impact.

▪ Political

Government instability risk is elevated in light of the unstable parliamentary majority and the upcoming parliamentary election in December 2020. The opposition inability to reach a quorum for a no-confidence vote against the centre-right government in September indicates strengthening of the PNL ahead of the election. Policy-making in the one-year outlook focused on mitigating negative impacts of the COVID-19 virus pandemic. The government focused on financial relief and economic support measures at the expense of budget deficits. The government and major local authorities are likely to continue to issue public debt and seek funding from international credit institutions to cover expenditures. Many policy areas like improving the public administration, judiciary services, and privatisation initiatives faced delays, unpredictability, and ad-hoc decisions.

▪ Military

The armed forces were engaged for internal security, border control, providing additional medical capacity and transport of COVID-19 patients. The medical personnel from emergency military hospitals across Romania and CBRN team has been deployed to the United States, as part of NATO Allies' response to the COVID-19 pandemic. The medical team provided specialized support in several medical care and treatment units across the state of Alabama. The CBRN specialists shared their experience and expertise in how to limit the spread of the new coronavirus infection, notably through biological decontamination of personnel, equipment, and terrain. Also, they trained to provide support to central and local authorities throughout the country in the fight against the pandemic.

▪ **Economic**

Romania's economy during COVID-19 has regressed significantly. Romania was, and continues to be, significantly impacted by COVID-19. Since February, Romania has recorded an excess of 300,000 positive cases. Additionally, the economic impact of lockdown procedures has been extreme. Since the beginning of the pandemic, Romania has witnessed a double-fold reversal of its usual annual GDP growth. In 2019, Romania's GDP growth was 4.2%, down from 4.5% in 2018. In 2020, GDP growth was -4.8%.

Tens of thousands of people, largely skills-based workers, have lost their jobs due to the sudden recession, furthering the widening chasm between the demand for skills-based-labour and individuals qualified to fill those roles. An already weakening national currency, the New Lei reached its new weakest point against the Euro in March. About 4.84 Lei is now equivalent to a single euro, further decreasing the buying power of citizens in Romania.

Romania's economy during COVID-19 witnessed a significant decrease in trade and export; a dire situation for a country whose economy is largely export-driven. More than a third of all companies that had a decrease in exports of up to 25%. As disruption of vital trade continues, there are concerns about the greater implications of the COVID-19 economic downturn. Romania, as of now, is only projected to have a GDP growth of 3.9% in 2021, marking the beginning of the greatest slump of Romania's economy in 6 years.

▪ **Social**

Similar to other countries, in line with the WHO recommendations and according to the national law, the measures taken by the Romanian authorities covered a broad spectrum of the social life: social distancing measures recommended to the general population; suspension of cultural, artistic, religious and of other types of gatherings; limitation of the freedom of movement; limitation of the commercial activity; wide range of measures regarding work from home and teleworking; closure of the schools; limitation of the religious services, imposed through military ordinances issued by the Minister of Interior. In Romania, the government, based on programs and national strategy conducted evaluating and monitoring of the social services' quality.

On line education, virtual platform and workspaces for both teachers and students were organized accordingly. This virtual space provided constant support for 30,000 teachers and familiarized them with the free educational applications, platforms and software.

▪ **Information**

The Romanian government disseminated information flow through governmental and institutional web sites. The government and institutions updated information accordingly. They provided content in several languages and met the complex challenge of reflecting world news and covid sensitive national data from a Romanian perspective. It also explained the situation in Romania to the world. People followed provided info, obeyed the measures imposed by governmental authorities.

▪ **Infrastructure**

COVID-19's direct impact on ongoing construction activity in Romania has been minimal since no restrictions were in place specifically targeting construction works. Several indirect factors limited the amount of construction activity. In the covid lockdown, only a few major constructions work delayed some big projects moved faster than scheduled, such as bridge and road construction, taking advantage of reduced traffic.

Initial concerns over construction material availability have been raised. However, no major shortages have been identified. Lack of investment interest appeared, especially in the hotel and restaurant segments.

Real estate transactions are shown signs of slowing down, with March 2020 seeing 4.6% fewer houses and 11.7% fewer apartments traded compared to the previous month. The market remained 8.5% more active than March 2019, however.

6. Conclusions

The challenges faced during the early stages of the COVID-19 epidemic in Romania have revealed valuable insights into areas which require major improvements. The most apparent issues were found within the healthcare system, where a combination of mismanagement, ignored concerns of medical staff, and inadequate infrastructure drastically weakened the potential of the pandemic response. However, by promptly addressing these key issues, a scenario of uncontrolled spread was avoided. The rapid employment of containment measures coupled with the dissemination of information through all available channels was instrumental in reaching this outcome. By early May, the increase in incidence in Romania was comparable to that of moderately affected countries. The COVID-19 pandemic has highlighted areas of the Romanian healthcare system where improvements are required for similar scenarios to be successfully managed in the future. Nevertheless, the early stages of this crisis illustrated the importance of both reacting rapidly and considering specific sociocultural aspects in the context of an epidemic. Indeed, such future approaches will make the best use of the available resources and channels of communication during an ongoing health crisis.

RUSSIA

1. COVID-19 2020 overview.

▪ First recorded patient

Initially, COVID-19 reached Russia in end-January 2020, while its mass outbreak began in March. On 31 January, the first two cases in the country were confirmed, one in Tyumen, Tyumen Oblast, and another one in Chita, Zabaykalsky Krai. Both were Chinese nationals, with both cases being contained.

Originally, Moscow was the epicenter of the pandemic, though the share of other regions in total cases increased gradually.

On 23 February, eight Russians from the cruise ship Diamond Princess were evacuated to Kazan, Tatarstan where they were hospitalised, including three confirmed cases. These cases were listed as occurring on international conveyance and not included in official Russian statistics.

▪ Overall description of pandemic trough 2020 year

There were no other confirmed cases until 2 March when the first case in Moscow was confirmed, two days later, on 5 March the first case in Saint Petersburg was confirmed. On next day, 6 March, six more cases were confirmed, with five of them being in Moscow and one of them being in Nizhny Novgorod. All of them were reported to be linked to Italy. The situation has turned very serious over the past few weeks, with the number of confirmed cases exploding from just 199 on March 19 to 10,131 as of April 9.

The first two confirmed deaths were recorded on 25 March in Moscow. The patients were 73 and 88 years old and had been tested positive for the coronavirus.

The government of Russia has initially responded to the pandemic with preventive measures to curb the spread of the COVID-19, which involved imposing quarantines, carrying raids on potential virus carriers, and using facial recognition to impose quarantine measures.

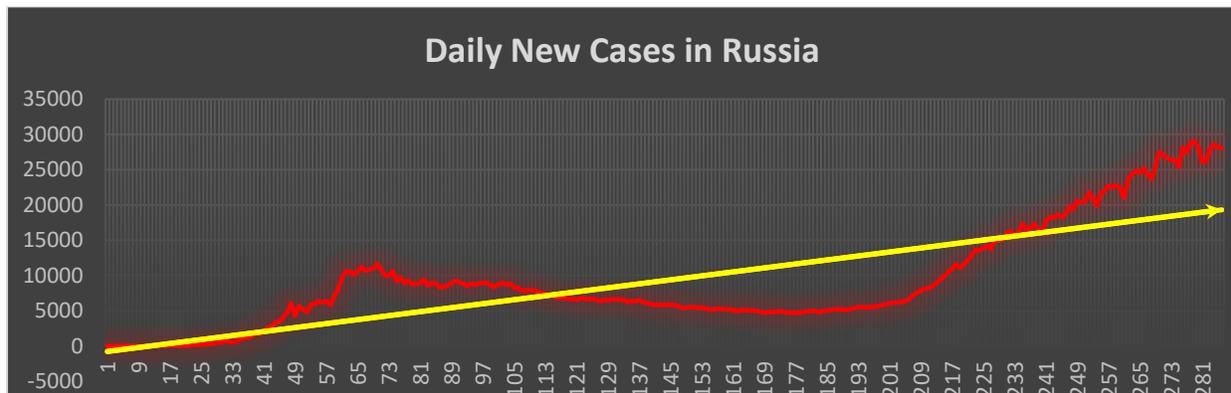
Measures to prevent a crisis in Russia include banning the export of medical masks, random checks on the Moscow Metro, and cancellation of large-scale events by schools. The Russian government has also taken measures to prevent foreign citizens from heavily affected countries from visiting Russia. Local governments

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have also responded to the pandemic by imposing their own preventive measures in their communities. On 30 March, non-working period was set up which, after two extensions, lasted until 11 May 2020. By the end of March 2020, the vast majority of federal subjects, including Moscow, had imposed lockdowns. By 17 April 2020, COVID-19 cases had been confirmed in all federal subjects. On 10 May, the World Health Organization's representative to Russia, announced that Russia may have reached the plateau for the virus.⁵⁷

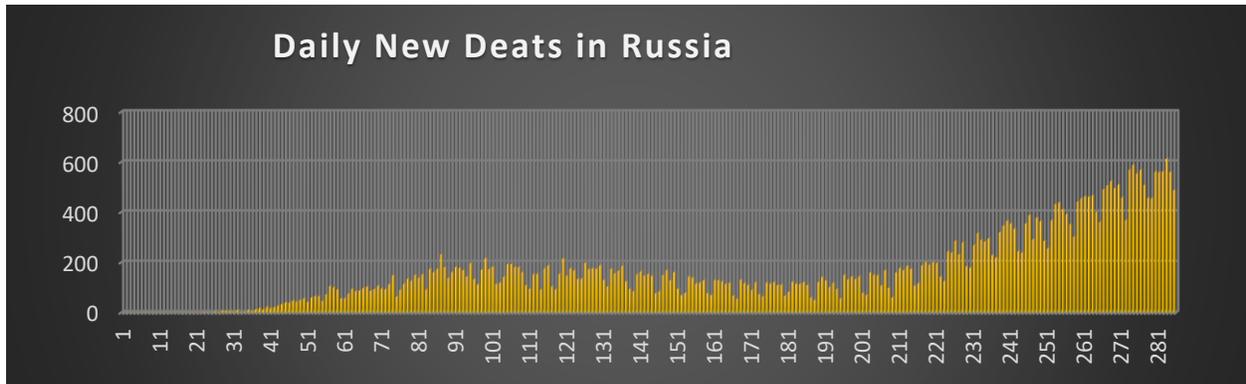
On 1 September, Russia's confirmed number of cases surpassed 1 million, becoming the fourth country to reach that mark.

Currently, Russia has the highest number of confirmed cases in Europe, after France temporarily had more cases than Russia for a few weeks, and the fourth-highest in the world after the United States, India, and Brazil. According to figures from the national coronavirus crisis centre, as of 12 December 2020, Russia has 2,625,848 confirmed cases, 2,085,958 recoveries, 46,453 deaths, and over 82.1 million tests performed. According to detailed data published by the Federal State Statistics Service, 55,671 people with COVID-19 died from April to September 2020, with the virus determined or assumed to have been the main cause of death for 25,929 of them⁵⁸



⁵⁷ ["Russia may have reached coronavirus plateau - WHO representative". TASS](#)

⁵⁸ <https://meduza.io/en/news/2020/12/10/rosstat-excess-deaths-in-russia-exceed-138-000-people-since-the-start-of-the-pandemic>



▪ **Vaccination program**

In the global efforts for COVID-19 vaccines development, on 11 August, President Putin announced that the vaccine developed by the Gamaleya Research Institute of Epidemiology and Microbiology was the first vaccine against the coronavirus to be registered. Over 30 countries ordered Sputnik V and some have already signed delivery agreements, such as India, Brazil, or Mexico. At the same time, survey results showed that less than 40 percent of Russians would get vaccinated voluntarily. The skepticism from the international as well as the national community stemmed from a low number of clinical tests. Public vaccination in Moscow started in early December 2020. Furthermore, Russia started trials of two more vaccines against COVID-19, developed by the Vector research center and the Chumakov Center.

4. COVID-19 Impact.

▪ **Political**

On 25 March, President Putin announced that the 2020 Russian constitutional referendum, which was originally scheduled for 22 April, was postponed. On 1 July, the main day for the vote on constitutional amendments took place. As a result, Russia went ahead with a constitutional referendum allowing Putin to stay in power until 2036, and – despite a short spat over the Vladivostok celebrations – signalled further rapprochement with China. At the beginning of the crisis, Putin took a stance against criticism of China’s handling of the crisis, calling ‘the attempts by some people to smear China’ on the origin of the virus ‘unacceptable.’ Xi and Putin promised to fight ‘unilateralism’ together and support each other in their respective paths of political development. Meanwhile, the pandemic has caused no social unrest – with the

exception of some online activity – in Russia, although its economy has contracted by 6 %. As in other states, restrictive measures affected temporarily several human rights such as freedom of movement as well as privacy, but several others are permanent, such as the March 2020 law on ‘fake news’, allowing for measures targeting activists, journalists, bloggers and politicians disseminating information considered false by the government.⁵⁹

▪ **Military**

Russian Armed Forces had delivered military medical assistance to some of the hard-hited countries such as Italy, Serbia and United States. On 22 March, after a phone call with Italian Prime Minister, Russian president arranged the Russian army to send medical help to Italy, which was the European country hardest hit by coronavirus.

Russia has also sent military medics and medical equipment to Serbia. This assistance included 11 flights and 87 military medics.

On 1 April, a Russian military plane was sent to the United States to deliver medical equipment. The equipment was apparently sold to the US.

On 9 May, with the 2020 Moscow Victory Day Parade postponed, celebrations marking the 75th anniversary of the surrender of Nazi Germany were reduced. An air show took place in Moscow instead. Authorities also urged citizens to stay at home instead. On 24 June, the Victory Day parade in Red Square took place while it was reported that 30 major cities in Russia had cancelled their parade.

Last but not least, despite the fact that a conscription campaign started on 1 April, conscripts were not sent to duty stations until 20 May.

▪ **Economic**

Fueled by a COVID-19 triggered deep global recession, Russia’s 2020 GDP growth is projected to contract by 6 percent, an eleven-year low, with a moderate recovery in 2021-2022, according to the World Bank’s Russia

⁵⁹ [https://www.europarl.europa.eu/ReqData/etudes/STUD/2020/603511/EXPO_STU\(2020\)603511_EN.pdf](https://www.europarl.europa.eu/ReqData/etudes/STUD/2020/603511/EXPO_STU(2020)603511_EN.pdf)

*Economic Report. The decline of Russian economic growth is further exacerbated by plummeting crude oil prices that dropped 53 percent between January and May 2020.*⁶⁰

The Russian government allocated nearly 640 billion Russian rubles to support small- and medium-sized businesses, individual enterprises, and self-employed in 2020 due to COVID-19 and its negative impact on the economy. Furthermore, almost 500 billion Russian rubles were planned to be spent on that sector in the following year. The total financial assistance to the population suffering from the pandemic exceeded 869 billion Russian rubles in 2020 and 2021.

▪ **Social**

*The COVID-19 pandemic has had a significant impact on Russian society. Many people have had to switch to remote work or study and be quarantined. And that is not to mention those in a more extreme situation, like those who contracted the disease or lost jobs. According to daily surveys by the Public Opinion Foundation (FOM), the proportion of those whose lifestyles have not changed plummeted from 60% at the beginning of the pandemic to 20% after the imposition of the lockdown measures. FOM surveys show that up to 50% of Russians fear losing their jobs because of the epidemic and its consequences, and 21.9% of Russians have experienced negative effects in the labour market due to restrictions associated with the coronavirus (loss of a job or transition to part-time employment, closing down of a business). Still, this either has not yet led to strong deterioration in personal well-being or simply has not affected the level of trust in various political and social institutions.*⁶¹

▪ **Information**

The high level of distrust in information about the coronavirus is noteworthy. It is not a matter of the quality of information or statistics, but about a tendency to consider the pandemic a hoax, in line with conspiracy theories. Almost 38%

⁶⁰ <https://www.worldbank.org/en/news/press-release/2020/07/06/russian-economy-faces-deep-recession-amid-global-pandemic-and-oil-crisis-says-new-world-bank-report>

⁶¹ <https://eusp.org/en/news/covid-19-and-russians-political-sentiments>

of respondents believe the information, abundant on social media, that the pandemic is a hoax. The lockdown restrictions, these respondents say, are an overreaction. Less than 0.1 percent of respondents are undecided. Unlike attitudes in the case of direct negative experience with the virus or economic consequences of the pandemic, COVID-dissidence is an important factor that generates a low level of trust in and support for the authorities.

Unsurprisingly, Russia embarked on a disinformation campaign as soon as the pandemic unfolded. Russian virus-related disinformation targets both foreign and domestic audiences. A multitude of narratives are rapidly generated and disseminated in a manner reminiscent of what a report from the RAND Corporation calls a “firehose of falsehoods,” i.e., a stream of misleading claims so large and constant that it overwhelms efforts at debunking. Specific stories may even contradict each other. For example, Russia’s disinformation campaign has simultaneously alleged that the virus is a hoax and that it is man-made.⁶²

▪ **Infrastructure**

In the past decade, Russia has focused on developing broadband internet access and built a strong digital infrastructure. This infrastructure has enabled the growth of strong domestic digital platforms to create a more efficiently distributed network of data centers. In times of crisis such as the COVID-19 pandemic, To ensure digital resilience, current initiatives are focused on responding to the COVID-19 outbreak and provisioning the population with the necessary online services. For example, the platform all.online integrates swift information on up to 500 services “for a comfortable life in self-isolation.” It includes free online courses, trainings to increase digital literacy, life-hacks, tools for remote business management, and more.⁶³

5. Conclusions

⁶² <https://www.csis.org/analysis/russias-response-covid-19>

⁶³ <https://www.worldbank.org/en/country/russia/brief/covid-19-response-digital-russia>

This crisis has shown that both the timing and scope of policy decisions are critical. Fortunately for Russia, there is some fiscal space to further support relief and recovery measures.

The recovery of the economy in Russia depends not only on the covid situation inside Russia, but also on the resiliency of the global economy and the oil prices. As in many countries at this point an exact prognosis is impossible to give and the situation remains unprecedented.

SERBIA

1. COVID-19 2020 overview.

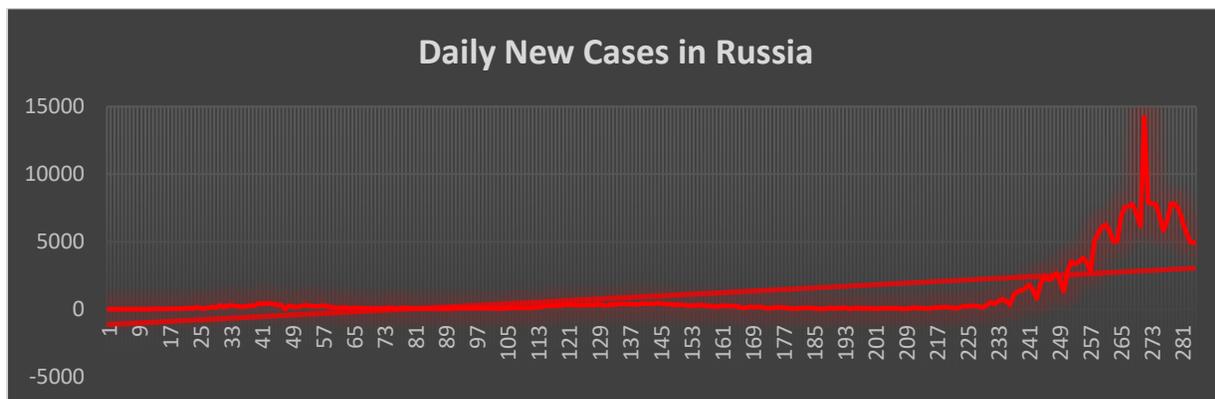
▪ **First recorded patient**

On March 6, 2020, the first confirmed case of COVID-19 was reported in Serbia (from Vojvodina, the northernmost province of Serbia). The patient had a history of travel to Hungary and Italy, and the infection was considered an “imported” case. The patient was examined, tested, isolated (later hospitalized) and all their contacts were identified, traced and put under epidemiological surveillance as well. The early response to COVID-19 in Serbia was grounded by a strong pre-existing framework of public health laws. Adequate emergency response and disease surveillance systems helped to delay the start and the magnitude of the outbreak.

▪ **Overall description of pandemic trough 2020 year**

On March 15, 2020, a State of Emergency was declared across Serbia implicating martial law with the active deployment of the army, including at the borders, and a substantive lockdown of public life with the closure of all schools, kindergartens, universities and sports facilities. Foreign nationals were asked not to visit Serbia and all Serbian citizens returning from any country worldwide were put into mandatory 14-day self-isolation, with a required 28- day self-isolation for those returning from areas with high COVID-19 transmission rates. A public education campaign called “Stay at Home” was launched and was widely promoted on the internet and across national TV channels.

So far the country has ensured the delivery of 1.8 million COVID-19 vaccine units for the end of this year and through the entire 2021.





2. COVID-19 Impact.

▪ Political.

The parliamentary, provincial and municipal elections in Serbia initially foreseen for April were postponed following the outbreak of the COVID-19 pandemic and held on 21 June 2020. While contestants were able to campaign and fundamental freedoms were respected, voter choice was limited by the governing party's overwhelming advantage and the promotion of government policies by most major media outlets. The Serbian authorities addressed long-standing electoral shortcomings through a transparent and inclusive dialogue with political parties and other relevant stakeholders well ahead of the next elections. Some opposition parties boycotted the elections. The newly constituted Serbian parliament was marked by the overwhelming majority of the ruling coalition and the absence of a viable opposition, a situation which is not conducive to political pluralism in the country. The new parliament and political forces continued to engage in the inter-party dialogue led by the European Parliament, to improve parliamentary standards and forge broad cross-party and societal consensus on EU-related reforms, which is vital for the country's progress on its EU path.

▪ Military

In Serbia, declaring the state of emergency allowed the Ministry of Defence (MoD) to step in without any official consultations with the Ministry of Health and other civilian structures. The fact that the President commands the army also effectively prevented better inter-governmental coordination, because, according to the law, under the state of emergency the Armed Forces are to act only in line with

their plans and the President's orders. There was a confusion about who was really in charge, such as who decided which public objects the military would guard.

The armed forces have been mobilised to support civilian authorities in responding to COVID-19 pandemic. However, the urgency was used to deploy the military without respect for due decision-making procedures and/or through a more transparent manner. Moreover, the crisis demonstrates that the armed forces need more capacities for disaster response, as they are likely to remain de facto first responders in the foreseeable future.

▪ **Economic**

The negative effect of the pandemic has been reflected in a drop in economic activity, with manufacturing, transportation and tourism being the most affected industries. In April, overall industrial production dropped by 17.6% and manufacturing by 20%. The total value of foreign trade decreased substantially, 28.2% in April and 26.4% in May. In early 2020, the foreign remittances declined significantly (down 9.4%) and according to the National Bank of Serbia, by EUR 800 million from January to May.

A comprehensive package of emergency measures (monetary, fiscal and banking), implemented by the government, have aimed to mitigate the negative economic impact of the crisis. The cost of these measures pushed up the general government deficit and increase the public debt to 60% of national GDP. The fiscal balance deteriorated strongly as a result of substantial revenue shortfalls and expenditure increases. Total revenue decreased by 3.5% in January to August 2020, negatively impacted by lower social contributions (-5.3%), non-tax revenue (-10.4%) and corporate income tax (-10.4%). Total expenditure growth reached 22.9% in the same period, with particularly significant increases for subsidies (+186.8%), other current expenditure (+139.0%), goods and services (22.0%), expenditure for employees (11.2%) and capital expenditure (17.9%). The growth of claims of the NBS decreased from 42% in May to 16% in August. The growth of credit to households accelerated from 9.1% to 13.3% and the growth of credit to companies decelerated slightly from 13.1% to 12.1%.

▪ **Information**

Under new rules on the flow of information about the coronavirus, local crisis headquarters or health institutions no longer talk directly to the public. The information flows to the national crisis staff – which then transmitted it to the public. All local crisis headquarters and medical institutions in Serbia sent any information about the coronavirus pandemic to the central Crisis Staff. In this line, the Crisis Staff informed the public about anything regarding COVID-19.

Some NGOs in Serbia have voiced unease with the move to control the flow of information, saying that the solution is not in line with the advice of United Nations experts, or of European Commission President Ursula von der Leyen, who has called for journalists to be allowed to work without obstacles “to provide citizens with access to key information”.

▪ **Social**

The coronavirus disease (COVID-19) pandemic is of a scale most people alive today have never seen. The outbreak is claiming lives and livelihoods as families struggle to stay afloat. Communities are rising to the challenge – from health workers risking their lives to fight the virus, to young people deploying innovative ways to share public health messages. Yet, even as the spread of the virus slows, its social toll will come fast and hard. The pandemic is exacerbating poverty, inequality and vulnerability experienced by society. Families from the poorest households are reliant on public services - such as healthcare, education, transportation and social care services. So decreased access can have devastating consequences. The unavailability of health services, such as routine vaccinations, can have dire results. School closures negatively impact learning, but for families relying on school meals, these closures can have a direct bearing on food security and poverty.

▪ **Infrastructure**

In the Pandemic time, Serbia invested about 80 million euros in new hospitals and equipment.

In the beginning, certain health care institutions were designated for COVID-19 hospitals. But, those hospitals resumed their regular work gradually. Following an increase in the number of cases that require hospitalization, the COVID-19 Crisis Response Team has been adding new hospitals in the COVID system. In addition, many temporary hospitals have been established.

By the end of November, the Ministry of Health continued to include additional hospitals into the COVID-19 system. In addition to many clinics at tertiary level within Clinical Centres in Belgrade, Novi Sad, Nis and Kragujevac, COVID-19 patients were treated in many general hospitals across the country.

The first new COVID hospital in Batajnica (a suburb of Belgrade) was built on 4 December and started accepting COVID-19 patients as of 5 December.

In the Pandemic time, Serbia has invested about 80 million euros in new hospitals and equipment.

3. Conclusions

The coronavirus SARS-CoV-2 (COVID-19) is having a significant impact on every aspect of life in Serbia. The COVID-19 pandemic is far more than a health crisis and effects will continue to be felt in Serbia long after the initial curtailment response. Even though the initial number of cases has remained manageable, Serbian's health care resources remained vulnerable to a wider outbreak or a significant increase in critical cases. The negative effect of the pandemic has been reflected in a drop in economic activity, with manufacturing, transportation and tourism being the most affected industries. People in vulnerable situations were the most likely to suffer and there was an urgent need for a coherent short to medium-term mitigation response. The political instability poses a challenge to a comprehensive and integrated approach, but without urgent socio-economic responses, lives and livelihoods in Serbia might be jeopardised for years to come, affecting the realisation of development goals and economic and social right.

SOUTH AMERICA

1. COVID-19 2020 overview.

▪ First recorded patient

The coronavirus landed in South America on February 26, when Brazil confirmed a case in São Paulo. Since then, governments across the region have taken an array of actions to protect their citizens and contain COVID-19's spread. By 3 April, all countries and territories in South America had recorded at least one case.

▪ Overall description of pandemic trough 2020 year

On 13 May, it was reported that South America and the Caribbean had reported over 400,000 cases of infection with 23,091 deaths. On 22 May, citing especially the rapid increase of infections in Brazil, the World Health Organization declared South America the epicentre of the pandemic. On 26 June 2020, the number of confirmed COVID-19 cases in South America surpassed 2 million while the United States had about 2.4 million. However, a month later on 26 July 2020, if Mexico and key areas in Central America and the Caribbean are included, then the total in Latin America (4.27 million) has surpassed the total in the United States (4.25 million). The region as a whole had seen more than 13 million cases and more than 400,000 deaths, as of beginning of December.

▪ Measures introduced into force

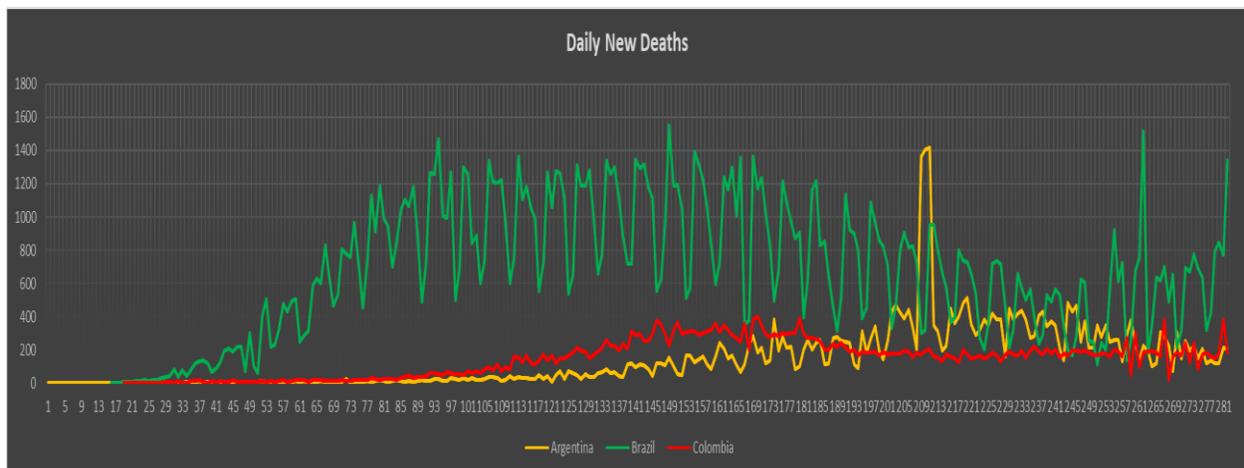
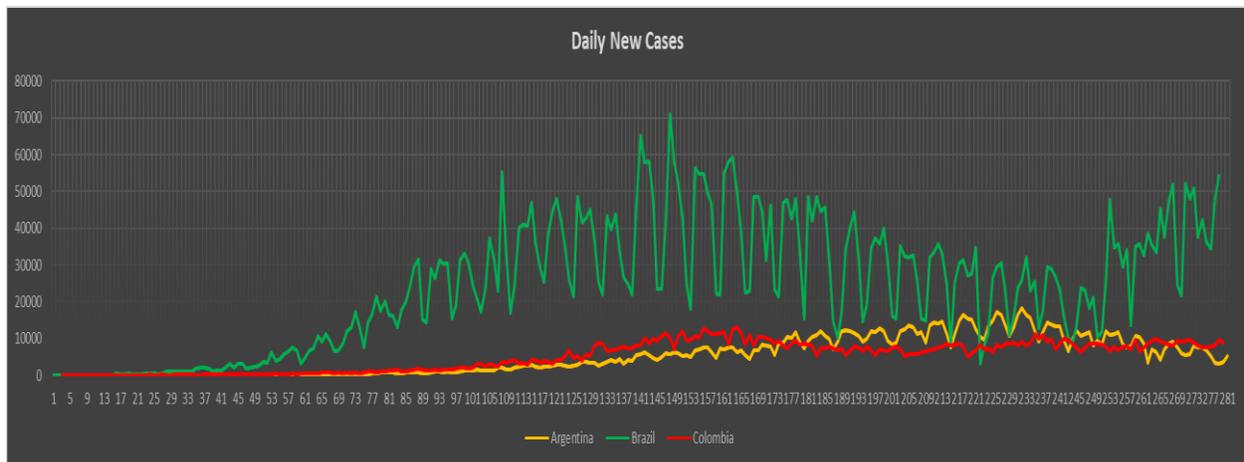
The countries in South America followed World Health Organization (WHO) and Pan-American Health Organization (PAHO) instructions and recommendations. The local authorities observed the trends of infections and deaths and applied appropriate measure. They also reinforced the necessity of using face masks. The most affected countries like Brazil, Argentina and Colombia enforced a curfew. Responses to the outbreak have included restrictions on commerce and movement, closure of borders, and the closure of schools and educational institutions.

▪ Vaccination program

While most countries in the region have joined the World Health Organization's COVAX Facility in the hope of having rapid and fair access to the COVID-19 vaccine once it becomes available, several local initiatives to produce it have also been implemented. In August 2020, the governments of Argentina and Mexico signed an agreement with mAbxience, the British pharmaceutical company AstraZeneca and

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Oxford University. The aim is to jointly produce between 150 and 250 million doses of the COVID-19 vaccine to be distributed across Latin America within the first half of 2021. Similarly, Brazil signed separate agreements with four pharmaceutical companies to produce a COVID-19 vaccine and financed the construction of a factory with the help of private investments. In Chile, Colombia, Cuba and Peru, among others, clinical trials for different American, Russian and Chinese vaccines are being conducted with the expectation that an effective one will become available. More than a center for Research and Development (R&D), South America has become a region where vaccines will be tested in phase 3 (only in some countries including Brazil) and – hopefully - in the coming months vaccines will also be manufactured in Argentina, Brazil and Mexico. Innovation and R&D, unfortunately is weak in Latin and Caribbean countries themselves. Brazil seems to have more trials for assessing treatments, but still much less than in other regions.



2. COVID-19 Impact.

▪ Political

The political impact of the pandemic has been great in some South American countries. In March 2020, when the first cases of COVID-19 were reported, Chile was still facing protests and riots that had begun in October 2019, and the pandemic affected the scheduled 2020 Chilean national plebiscite, which was rescheduled.

In Brazil even though that the President downplays the situation and opposes containment measures, the virus and the chaotic crisis management are bringing about serious negative health, social, and economic consequences for the citizens. Investigations, including those on corruption, and revelations about the Justice Minister who resigned are targeting the President and his family. While the homicide rate is on the rise again in 2020, the President pleaded in a cabinet meeting for armed resistance from the population against the health protection policies in the federal states. Threatened by impeachment, the President is struggling for his political survival, challenging the rule of law and democratic principles.

On the other hand the decision-making process in Argentina is made by the president but in conversation with the governors and mayors and with a strong presence of the expert committee that advises them. The government has competences to legislate with exceptional powers in an emergency such as the current one.

▪ Military

Whilst South America's response to COVID-19 has varied in terms of the time and scale of lockdowns, a common factor is that the armed forces in each country have been mobilized to provide assistance. For some countries, this level of deployment is unprecedented in recent times. Argentina, for example, has deployed 22,000 personnel, with Defence Minister stating that this is Argentina's largest deployment of personnel since the Malvinas/Falklands conflict of 1982. There are indications that governments have recognized the potential squeeze on already pressed defence budgets, with Peru and Argentina both increasing defence spending for 2020 to support current deployments. In Brazil, the Ministry of Defence has been working to identify companies that can provide medical equipment. By the end of

April, approximately 240 companies had registered an interest with 470 separate products identified. These range from ventilators to face masks.

- **Economic**

Despite the fact that both the armed forces and the defence sector have been utilized during the COVID-19 crisis, there is a significant prospect that economic uncertainty will lead to reduced defence spending in the near-term.

The economic impact of COVID-19 in Brazil has been significant. The fact that industrial output fell by 9.1 percent from February to March 2020 makes it highly likely that Brazil will enter a recession. Rather than if there will be a recession the question is now how deep will this recession be?

Chile has taken quick action in order to support its economy, announcing a fiscal support package worth USD11.75 Billion on 19 March 2020. This equates to 4.7 percent of GDP. But whilst the protests have largely subsided due to COVID-19 and the subsequent lockdown, the potential for them to flare up again is clear. Discontent amongst the population remains, demonstrated by a protest on 21 April 2020.

With falling export demand, Peru is expected to see a drop in GDP of 4.5 percent in 2020, however, its bounce back in 2021 is expected to be significant at 5.3 percent. Part of the reason for this is the fact that Peru has been able to provide the largest economic stimulus package in the region, at 12 percent of GDP. As one of the world's largest food exporters, Peru is also in a strong position to meet global demand once it increases towards the end of 2020.

Economically the COVID-19 crisis is expected to hit Argentina the hardest, largely due to the fact that the economy was already in significant difficulty before the outbreak. Argentina was in a recession as of 2019 with GDP falling by 2.2 percent. This contraction is expected to continue in 2020 and now be exacerbated further by the measures being taken to contain the virus. Therefore, the International Monetary Fund (IMF) is forecasting a decline of 5.7 percent in 2020.

- **Social**

Economic Commission for Latin America and the Caribbean (ECLAC) has estimated that there will be 12 million more unemployed people in 2020 than in

2019, which will mean a total of 37.7 million people without a job. According to the same estimates, there will be a rise of at least 4.4% in poverty, which means 28.7 million more people living in poverty and most probably 15 or 16 million living in extreme poverty. The pandemic is going to bring hunger, poverty, inequality and on top of this, a very poor welfare system. This is why ECLAC is proposing a basic emergency income of \$ 140 for the next 6 months for the poorest, which are 215 million people in the region.

▪ Information

WHO run an awareness campaign about the risks of incorrect and false information regarding the Coronavirus pandemic in South America region. “Stop The Spread” is a global campaign which aims to raise awareness about the risks of misinformation around COVID-19, and encourages them to double check information with trusted sources such as WHO and national health authorities. WHO are promoting this campaign in many countries across South America. The campaign is in support of WHO’s work towards addressing the infodemic of false information about COVID-19 and busting myths about the spread, diagnostic and treatment of the disease.

▪ Infrastructure

The pandemic had profound effects on infrastructure services, making its social and economic impacts even worse. Poor people are not able to go to their jobs, attend school and reach health facilities when they need it most. The energy sector was also strongly affected, with consumption per capita plunging below the 2017 global average, and people and businesses struggling to pay their bills. Rethinking infrastructure services is key to recover from COVID-19, especially in South America, a region that still invests relatively little in it compared to the rest of the world. Private sector investment could play a bigger role in Latin America, under the right conditions. There is much that the region can do to achieve this. The Governments must also recognize that responding to the pandemic has fiscal limitations. This is why high-quality investments in infrastructure sectors, such as transport, must be a part of COVID-19 recovery packages.

3. Conclusions

For the most part, South American countries have acted quickly and firmly in order to attempt to contain the spread of the COVID-19 virus. Despite this, the crisis and the efforts to contain the spread of the virus have come at a high cost, both in terms of lives lost and economic damage. Even where countries such as Argentina have been able to limit the number of fatalities, the prospect of a deeper recession is becoming a reality. Sadly, Brazil, which has tried to balance controlling the disease with the economic damage, is likely to now suffer the double blow of a deep recession as well as an increased death toll.

Whilst the current COVID-19 crisis has seen increased utilization of the armed forces and in many cases, a short-term rise in Operations and Maintenance (O&M) and personnel spending, the weak economic situation of many South American countries makes future spending cuts almost inevitable.

SOUTH KOREA

1. COVID-19 2020 overview.

▪ **First recorded patient**

The first case in South Korea was announced on 20 January 2020. It was a 35-year-old Chinese woman. The first South Korean national to be infected occurred three days later, a 55-year-old man who worked in Wuhan, China.

▪ **Overall description of pandemic trough 2020 year**

The South Korean national authorities demonstrated their discipline and firm resolve to show to world their high effectiveness in curbing and fighting COVID-19. The development of the active-cases diagram for the time since the first case represents a 3 detach waves.

As a whole South Korea is characterized with a low rate of active cases. The highest level of new cases for a single day is 1062 (29FEB), the highest level of active cases is 8897 (10DEC) and the highest dead-level in a day is 9 (24MAR). That is on the backdrop of highly develop in technical and economical since country with population more than 51,6 million.

▪ **Measures introduced into force**

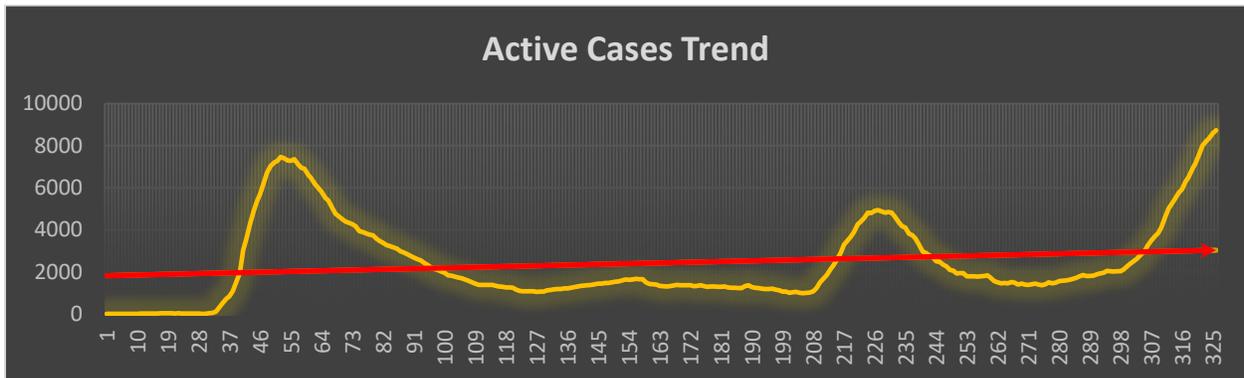
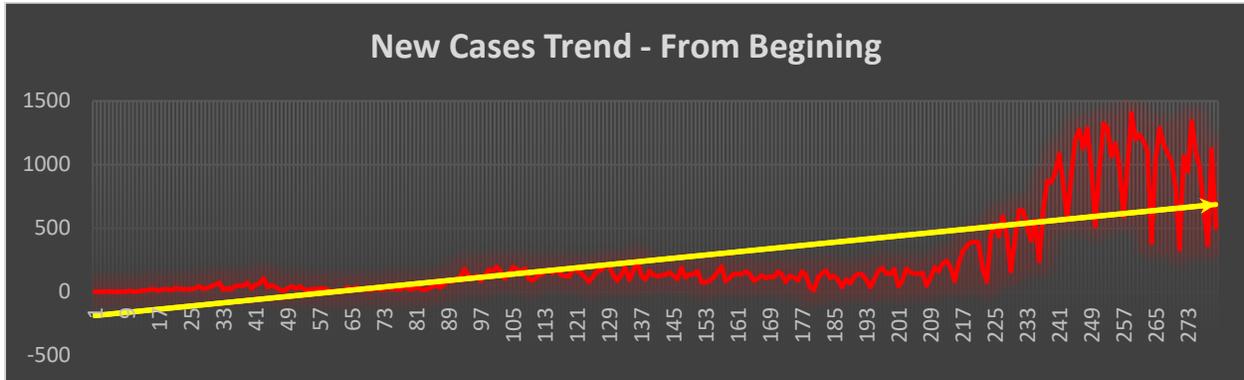
South Korean success in curbing the virus is due to some important reasons:

- *Mass testing program. Including from mobile check-points.*
- *Strict border control. It is important to be mentioned that the access to the country is through air or sea.*
- *And last but not least their **Epidemiological Investigation Support System**. It is a software used by investigators to track and trace contacts by information from credit card and smartphone data. The system analyzes information 10 times faster and after that at least 100 close contacts are tested.*

▪ **Vaccination program**

South Korea has signed a deal with British-Swedish bio giant AstraZeneca Plc. to purchase the company's COVID-19 vaccine. The reason for that is the vaccine is much cheaper than those developed by other companies and can be kept long term

at 2 C to 8 C. South Korea with a population of about 50 million is reportedly seeking to secure enough COVID-19 vaccines to vaccinate 30 million people.



2. COVID-19 Impact.

▪ **Political.**

Korean Center for Disease Control and Prevention were the “right hand” and advisory body the Government. They were very proactive and flexible, observing and predicting the development trend, and the regulations were loosened and tightened accordingly.

▪ **Military**

The defense ministry was activated in the earliest possible stage to support national authorities in imposing measures in fighting the virus. Alongside, some military exercises were cancelled or postponed, while all the needed measures were strictly followed in the military units in order to limit virus spreading. In November a cluster from a military base was the reason for temporary ban on vacations and off-installation trips for all troops.

▪ **Economic.**

The Ministry of Economy and Finance announced Comprehensive Economic Policy Response to the COVID-19 Pandemic. In the country a LOCK-DOWN wasn't announced, so the economy wasn't affected from the internal regulations.

▪ **Social.**

Some social tensions erupted during the year. The protestor accused authorities in violation of privacy.

▪ **Information.**

Excellent information campaign was held in South Korea concerning the crisis in that terms Government activities, reason, consequences, limitations, etc.

▪ **Infrastructure**

The number of active cases till December 2020 didn't pressed the health system, so all the severe cases were appropriately hospitalized and treated. South Korean health system has huge resources coupled with appropriate state policy for protecting human life and responsible engagement of industry which provided buildings for healing of not only severe cases, but for all quarantined people.

3. Conclusions

The Government from Korean peninsula applied their comprehensive vision and approach in coping with crisis. It was a good experience they had from the previous MERS and SARS epidemics they had fought against, and for that reason they mobilized all the national (human, intellectual, economic, social, informational and military) resources and step up into the pandemics with more consciousness and without stressing national population with enforcement of very severe restrictive measures.

SWEDEN

1. COVID-19 2020 overview.

▪ **First recorded patient**

The first case of coronavirus has been confirmed in Sweden, the country's Public Health Agency said in a statement on Friday 31 January 2020.

The patient is a woman in the Jonkoping region of southern Sweden who had visited the Wuhan area of China. She sought medical attention after arriving in Sweden on Jan. 24.

▪ **Overall description of pandemic trough 2020 year**

Whenever you question the strong measures governments are using to control the virus, fingers will be pointed at Sweden. This, in the public mind, is a terrible warning – the one developed nation that consciously defied lockdown measures and suffered unacceptable human losses as a result.

Sweden chose a model that might over-report COVID-19 deaths: they do not require a death certificate stating COVID-19 is the cause of death, but also count all people who die with the virus (including post-mortem testing and all residential aged care facility [RACF] deaths) as COVID-19 deaths by automatically matching the national death registry with test results.

Intensive care admissions in Sweden reached their peak between late March and early May, and since then there were only few new admissions. Even during their peak, their health system was never overwhelmed; they still had spare intensive care capacity, though they had to postpone some elective surgical procedures and were close to running out of personal protective equipment at one stage.

So what about the big question – mortality? We all heard about their 'horrendous death toll'. What might be helping drive the death rate down is an increasing prevalence of immune response; while Sweden never officially pursued any herd immunity strategy (as opposed to what the press keeps stating), recent research suggests that immunity might be more widespread and lasting than previously assumed.

▪ **Measures introduced into force**

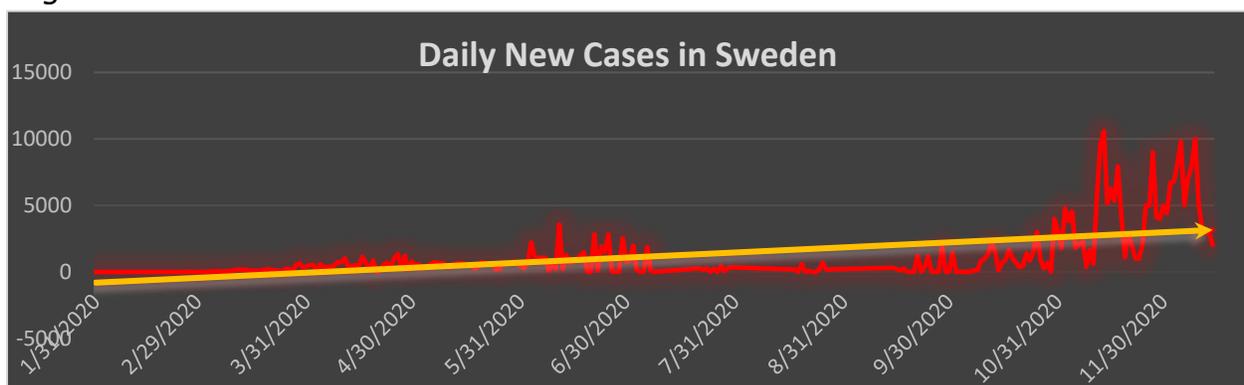
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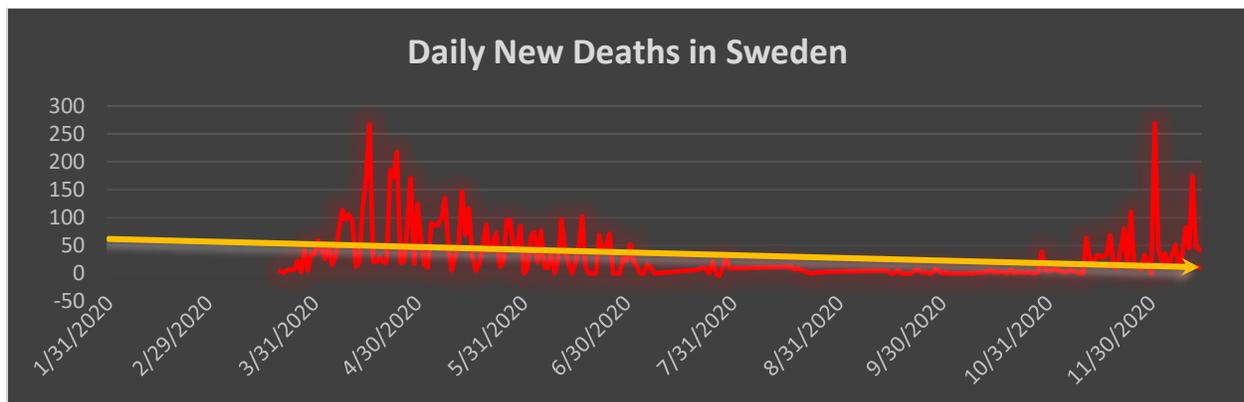
Sweden has largely relied on voluntary social distancing guidelines since the start of the pandemic, including working from home where possible and avoiding public transport. There's also been a ban on gatherings of more than 50 people, restrictions on visiting care homes, and a shift to table-only service in bars and restaurants. The government has repeatedly described the pandemic as "a marathon not a sprint", arguing that its measures are designed to last in the long term. The unusual strategy has attracted global criticism, some believed tougher restrictions at the start of the pandemic could have saved lives. But according to clinical epidemiologists there's no consensus in Sweden's scientific community that the strategy as a whole has failed. Sweden's authorities never said achieving herd immunity was their goal, but they did argue that by keeping more of society open, Swedes would be more likely to develop a resistance to Covid-19. Sweden was one of the few countries that did not introduce strict lockdown measures and instead relied on public recommendations to stem the spread of the virus. But after seeing a new surge of cases, it announced restrictions. Stricter general guidelines are also in force in different regions.

▪ Vaccination program

Sweden's COVID-19 vaccination program could begin as early as January.

"First of all, the vaccine must go through the required reviews and be approved for use. Our assessment is that vaccination could begin as early as January," said state epidemiologist Anders Tegnell. Risk groups, people aged 70 and above, elderly caregivers, health professionals, and other caregivers who work closely with risk groups will be prioritized in the vaccination process. "In Sweden, vaccination should be carried out in compliance with existing planning and approval procedures," said Tegnell.





2. COVID-19 Impact.

▪ Economic

What about keeping the economy going? At first, it was thought that avoiding a government-mandated lockdown would save Sweden from the economic disaster that is following the forced shutdowns in most countries in Europe. As it turned out, Swedes' decision to avoid going outside or spending – regardless of government mandate – meant that the expected advantage seems smaller than expected. At the beginning of June, it seemed that Sweden might be doing better than its neighbours economically. But this advantage shrank by July.

Any economic benefits of Sweden's more liberal approach will be difficult to determine given their highly export dependent economy, where 46% of GDP hinges on exports. Sweden was well aware of this situation, hence economic protection was not a factor determining the Swedish strategy according to a recent analysis. Where does this leave us? Sweden's death rate is higher than some other nations that entered a hard lockdown. But its economy seems not to have been quite as badly affected. Considering the damage inflicted by lockdown measures, including unemployment, poverty, delayed surgical procedures, delayed cancer diagnosis, neglected chronic disease, social isolation, and increased mental health burden and suicides, the Swedes could still fare better with their policy than more restrictive countries in the long run – while preserving the civil liberties of their citizens. I do not mean to argue that stricter countermeasures against COVID-19 are futile. I only want to suggest that the most severe interventions could potentially cause more harm than good.

▪ Social

In the public mind, Sweden's efforts to preserve its liberties and economy have failed. But that overlooks the fact that Sweden did undertake countermeasures – but only evidence-based and ethically defensible approaches, respecting the principles of autonomy, non-maleficence, beneficence, and justice. They openly admit where they failed to implement them in time, resulting in many avoidable premature deaths in their RACFs, and are adjusting their policies accordingly. We began our fight against the pandemic with a dearth of evidence on this major new threat. The knowledge we have gained has been hard-fought. To write off alternative approaches – and to overlook the major costs that come with lockdowns – is, in my opinion, wrong. We can do better.

3. Conclusions

Sweden, unlike its Nordic neighbors Denmark and Norway – and virtually every other country in the western world – has resisted extensive lockdown restrictions to stem the coronavirus outbreak. Instead, it's largely kept society, including schools and restaurants open, and relied on voluntary social-distancing measures that appeal to the public's sense of self-restraint. Polls show the strategy is broadly supported by most Swedes. They rely to have measures in place that can keep on doing over the longer term, not just for a few months or several weeks. It is highly likely there are lessons for that low rate of transmission. We should be very keen on working and hearing more from the Swedish approach. Respectively health authorities need to be very careful and find the first sign that something is going on so that they can do as much as possible to prevent it from escalating. Localized outbreaks are expected, but rather than fight them with nationwide rules, it is highly likely the officials plan is to use targeted actions based on testing, contact-tracing and isolating patients rapidly. It's very important that they have quick and local response to hit down the virus without making restrictions for the whole country. This a Swedish approach could be attributed to the model of governance, where large public authorities comprised of experts develop and recommend measures that the smaller ministries are expected to follow. In other words, the people trust the experts and scientists to develop reasonable policies, and the government trusts the people to follow the guidelines.

SWITZERLAND

1. COVID-19 2020 overview.

▪ **First recorded patient**

The coronavirus disease 2019 (COVID-19) have spread to Switzerland on 25 February 2020 following a COVID-19 outbreak in Italy. Afterwards, multiple cases related to the Italy clusters discovered in multiple cantons, including Basel-City, Zürich, and Graubünden.

▪ **Overall description of pandemic trough 2020 year**

Since 28 February, the national government, have gradually imposed restrictions to response to the virus. The measures were gradually removed in several phases beginning in late April until June 2020, but new measures were imposed in October as cases surged again. As with most countries, the number of people suffering from COVID-19 in Switzerland was likely to be much higher than the number of confirmed cases. Since 6 March 2020, the Swiss government has had an official policy of not testing people with only mild symptoms⁶⁴.

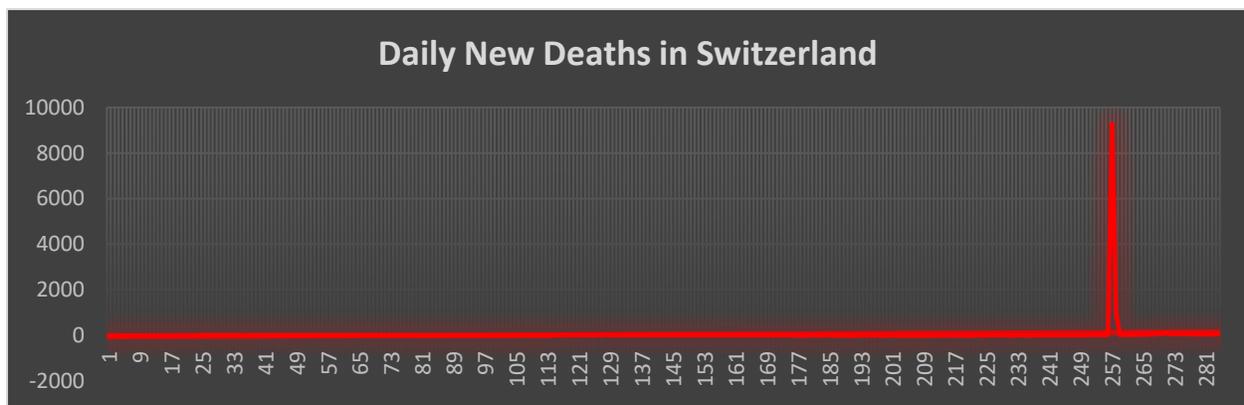
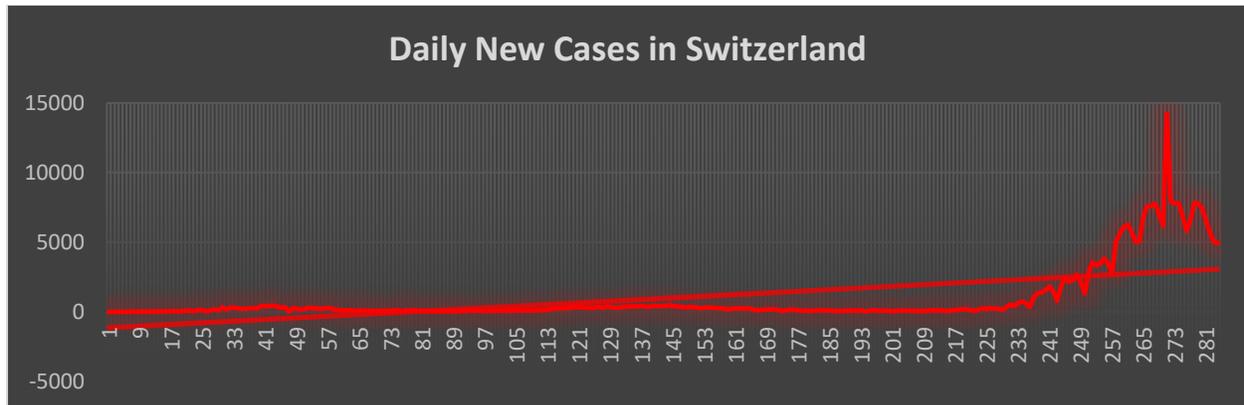
Looking back, the lockdown and strict restrictions imposed in spring had a dramatic impact, flattening the curve and allowing the authorities to ease measures step by step. From its March peak, the number of new cases fell to around a dozen in early June, alongside a drop in hospital cases and deaths. But in mid-June the number of new cases began to creep up in different parts of the country and rose sharply in October and the beginning of November. This was partly due to people returning from at-risk countries, but mainly due to contacts among family members, at the workplace, and private parties.

▪ **Vaccination program**

From January, the Swiss health office plans up to 70,000 vaccinations per day.

⁶⁴ (https://www.swissinfo.ch/eng/covid-19_coronavirus--the-situation-in-switzerland/45592192, n.d.)

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2. COVID-19 Impact.

▪ Political

After the arrival of Covid-19 and a nationwide shutdown, political life in Switzerland seems almost back to business. Plexiglass-protected parliamentarians met for the autumn session, demonstrations are again allowed (under conditions), and most votes and local elections are going ahead as planned. The reality is different for campaigners behind people's initiatives and referendums, the two key instruments of the Swiss direct democracy system. While on paper they can go out onto the street and gather support, the pandemic is slowing them down.

When it comes to people's initiatives, at least, the numbers speak for themselves: just one has been launched since March of this year, compared with a dozen for the same period in 2019. This is unlikely to lead to any immediate abuses of the democratic process since such initiatives are generally long-term projects that don't come to vote until years after being launched. Rather, the inactivity now might lead to a "catch-up" flurry of initiatives being launched next year.

However, it has been identified the problems with collecting signatures for referendums – 50,000 signatures are needed within three months to challenge a new law passed in parliament. Thus, had an important impact on the political decision-making process.

- **Military**

The armed forces were engaged for internal security, border control, providing additional medical capacity, transport of COVID-19 patients and disinfection of public surfaces. The most controversial engagement was assisting the police in providing internal security and reinforcing lock-downs through presence patrolling and guarding hospitals and other public buildings.

- **Economic**

In Switzerland, individual cantons and cities may see noticeable differences in COVID-19's impact on their revenue and expenditures, depending on their economic structure and the resilience of their tax base. Cantons and municipalities tax revenue could drop by an average 6%-8% year on year in 2020 if the country's GDP contracts by 6.5%, as currently forecast. The drop will continue in 2021 as Switzerland's tax collection is spread out over several years. Cantons' health expenditure have significantly increased as they pay 55% of the invoiced cost of in-patient health care treatment for their residents, and are in charge of hospitals and implementing public health measures. Cantons have also started to support local economies. The crisis will generate additional borrowing needs by around 20%. However, most Swiss subnational government had balanced budgets before the crisis.

- **Social**

Public health measures implemented in reaction to COVID-19 had an enormous impact on the social lives of all citizens. Similar to other countries, Switzerland introduced containment policies including the closure of schools and universities, restriction of gatherings to a maximum of five persons together, etc. However, the threatening news is that imposed measures could potentially cause stress, concern for family members, and drastic changes in daily routines, social contacts, and finances. Nearly 60% of all students are affected by school closures, and numerous experts anticipate an adverse impact on mental health due to the pandemic and its containment measures. Mental health problems are a serious public health issue and decreasing over time.

Information

The Swiss government disseminated information flow through swissinfo.ch. This channel provided content in several languages and met the complex challenge of reflecting world news and covid sensitive national information from a Swiss perspective. It also explained the situation in Switzerland to the world. People trusted and followed the channel, obeying the measures imposed by national and cantonal authorities.

Infrastructure

Prior to the COVID-19 outbreak, many emerging markets had already put multi-year infrastructure projects into motion, and the associated investments are not expected to drop off to the same extent as seen in previous crisis periods. The pandemic has also shown the urgent need for more investment in health infrastructure in many emerging markets.

3. Conclusions

Switzerland is among the countries with the highest number of coronavirus disease-2019 (COVID-19) cases per capita in the world. There are likely many people with undetected SARS-CoV-2 infection because testing efforts are currently not detecting all infected people, including some with clinical disease compatible with COVID-19. It is recommended a combination of measures: rapid diagnosis and immediate isolation of cases, rigorous tracking and precautionary self-isolation of close contacts, to respond more effectively to the pandemic. Also, there were economic and social benefits to a liberal approach of the country. In the longer term, however, more rapid control will reduce the economic and social costs of social-distancing measures that adversely affect businesses, communities and individuals. Fully acknowledging the operational challenges, rapid and determined prevention of transmission through the approach outlined here is needed to maintain a relatively open society and economy while minimizing the damage to the health of the population.

TURKEY

1. COVID-19 2020 overview.

▪ **First recorded patient**

The first case in Turkey was recorded on 11 March, when a local returned home from a trip to Europe. The first death due to COVID-19 in the country occurred on 15 March. Turkey has stood out from the rest of Europe by not ordering a legal lockdown. The government kept many businesses open, and allowed companies to set their guidelines regarding workers.

▪ **Measures introduced into force**

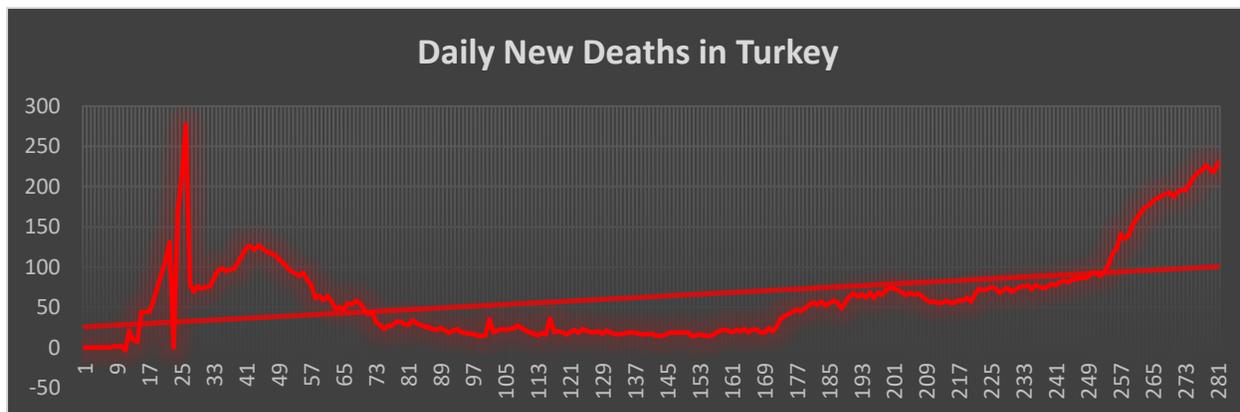
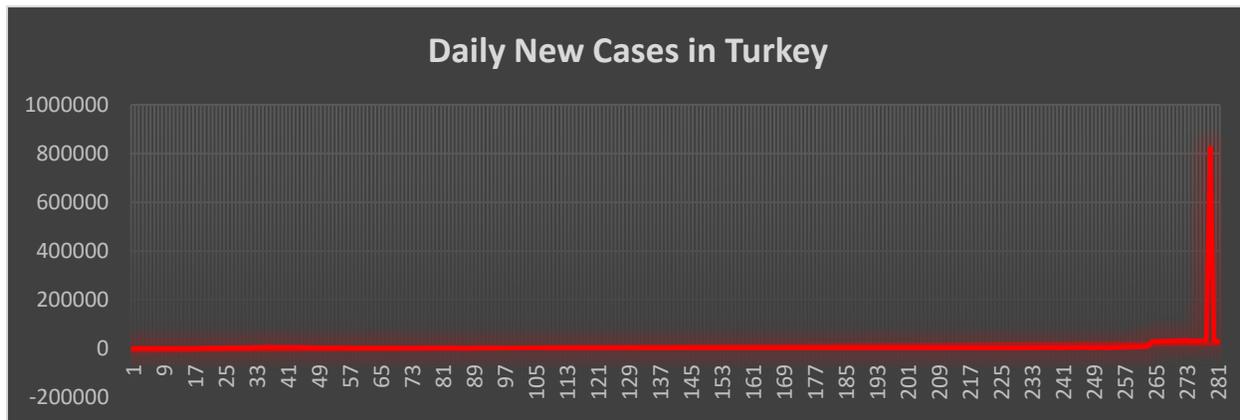
Preparedness for the pandemic has been ongoing before the first case was detected. The Pandemic Influenza National Preparedness Plan was available after being updated in light of experiences gained during the 2009 Influenza A pandemic. Accordingly, Pandemic Coordination Boards and Operation Centers have been established on the national and provincial levels. This was an adaptable plan to the Novel Coronavirus Disease (COVID-19). National teams were formed to work on a 24/7 basis, and established a Scientific Committee at the Public Health Emergency Operation Center within the General Directorate of Public Health. "COVID-19 Risk Assessment", "COVID-19 Guideline" and "Case Report Form", regulations of personal protective equipment along with need-based guidelines, treatment algorithms, brochures and related documents have been released. For the case-based follow-up, Public Health Management System (HSYS) is being used. PCR and rapid diagnostic kits are being used to analyze the samples at the central Microbiology Reference Laboratory and the authorized laboratories in several provinces. Various preventive measures were implemented including flight restrictions to certain countries, gradually expanded to suspending all flights and prohibiting the entry of foreign nationals, 14-day isolation and symptom monitoring for those that came from countries under risk. Persons with chronic diseases have been granted an administrative leave, on campus education at schools and activities of public rest and entertainment areas were temporarily suspended. The measures have been implemented for penitentiary institutions, dormitories, nursing homes, public transport and intercity buses, and also weekend curfews implemented. Following the pandemic plan, actions have been carried out with a multi-sectoral

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approach, and preventive measures have been implemented to cover the society as a whole.

▪ **Vaccination program**

The vaccination program is expected to be carried out in four stages. Nearly 60 million people in Turkey expected to be vaccinated, the mass campaign is going to start at the end of December. Will be applied Chinese-made vaccine, free-of-charge. Approximately 25 million people are not qualified for the vaccine, including pregnant women, citizens under 18 years old, and those have recently just recovered from the virus. The campaign will begin with first front line health workers and the elderly. Another 10 million doses of the vaccine will arrive in February, for the second front line.



2. COVID-19 Impact.

▪ **Political**

Turkey's response to the pandemic has been marked by a tension between an approach based on science, represented by the minister of health, and a piecemeal

counterpart shaped by Erdoğan's political priorities: saving the economy and keeping his conservative religious base happy. As the country begins to open up, Erdoğan's policies and narrative suggest that Turkey should expect more of the same authoritarian politics. It is doubtful that this helped or did not help to solve Turkey's persistent economic and political problems that have been exacerbated by the pandemic.

The government's efforts to combat the pandemic have become a predictable epicentre of conflict between the government and opposition. From the first days of the pandemic, opposition parties have highlighted the sluggish response of the government's approach towards COVID-19. Forming its own Coronavirus Committee, the CHP outwardly questioned the government's official data and argued for a more transparent process, citing gaps in the reported COVID-19 results that included the location, age, and gender of patients. Specifically targeting the Ministry of Health, parties adamantly and consistently questioned the COVID-19 data.

▪ **Military**

The armed forces were engaged for internal security, border control, and building field hospitals. Turkey has extended mandatory military service at least one month, in a move aimed at preventing the further spread of the coronavirus during the discharge period characterised by the mass movement of people.

As the number of patients increased, hospitals and health facilities started to become insufficient. Military units established Field Hospitals at border gates to prevent the virus from entering and spreading in Turkey. Also in this period, armed forces actively participated in border control activities at BXP's.

▪ **Economic**

Turkey's immediate response helped contain some of the more negative effects of COVID-19 though emerging economic imbalances have required policy tightening. Early social distancing, mobility restrictions, testing, and health capacity enhancements helped contain the spread of the virus and the number of fatalities. The economy came to a near sudden halt during the second quarter of 2020. Fiscal, monetary, and financial measures, however, extended support to some of the most affected parts of the economy. Leading indicators suggest that both supply and

demand are making up for lost ground. At the same time, monetary expansion on the back of already negative real interest rates contributed to macroeconomic imbalances and erosion of external buffers, eventually prompting a reversal in monetary easing.

COVID-19 increased the fragility of businesses, especially small businesses in certain sectors such as restaurants, hotels, coffee shops, performance and entertainment and sports services. About 149,382 enterprises have been closed due to COVID-19 measures in these sectors. These are also the sectors where women's businesses are clustered, and women are mostly employed.

- **Social**

Turkish people are facing several problems because of the novel coronavirus (COVID-19), as the pandemic has brought about drastic changes to their daily routines. The effects of the covid lockdown have reached from young people, workers to old citizens over 65. It is obvious that increasing unemployment, decrease in air contamination, high stress and depression, a slowdown in the economic growth, and the tourism industry are profoundly affected due to the COVID-19 in Turkey. Furthermore, on the one hand, the consequences of the pandemic are segregated into social problems and psychological issues in daily routines.

Now Turkey has many challenges, including unemployment, less inflow of foreign investment, repeated change in government policies, export, and GDP growth also decreased. Due to the outbreak of COVID-19, most of the industries have been closed and mobility considerably reduced, which resulted in mitigation of air pollution from fossil fuel burning in industries and vehicles that lead to a good air environment. We can say that COVID-19 entails all aspects of social life in Turkey.

- **Information**

The government disseminated information flow through governmental web sites and TV channels. The government updated information accordingly. They provided content in several languages and met the complex challenge of reflecting world news and covid sensitive national datum. The media also explained the situation in Turkey to the world. People followed provided info, obeyed the measures imposed by governmental authorities.

3. Conclusions

The Turkish state has acted early in the healthcare policy sector, quickly and swiftly, and implemented instrument mixes effectively. Specifically, it adopted multiple substantive authoritative policy tools, including curfews, travel restrictions or bans, quarantines, closures of school and business venues, along with information-based tools including factual information campaigns and ‘moral suasion’ to promote ‘stay at home’, ‘social distancing’ and personal protection. More significantly, a communicative discursive strategy as a policy tool was introduced to influence thinking, decisions and actions of the public by framing COVID-19 pandemic as an existential ‘threat’ and ‘enemy’ to ‘fight against’ with ‘solidarity’. In doing so, the effectiveness of substantive policy and medical instrument mixes have increased.

UKRAINE

1. COVID-19 2020 overview.

▪ **First recorded patient**

The virus was confirmed to have spread to Ukraine when the country's first case was confirmed to be hospitalized in Chernivtsi Oblast on 3 March 2020, a man who had travelled from Italy to Romania by plane and then arrived in Ukraine by car. An emergency was declared on 20 March in Kyiv Oblast, Chernivtsi Oblast, Zhytomyr Oblast, Dnipropetrovsk Oblast, Ivano-Frankivsk Oblast, and the city of Kyiv.

▪ **Overall description of pandemic trough 2020 year**

As of 15 December, a total of 909 082 cases of COVID-19 had been confirmed in Ukraine, including 15 480 deaths and 522 868 fully recovered. In the past 24 hours, 6 541 new cases were confirmed. The seven-day moving average of newly-confirmed cases stood at 11 933, the highest point was on 29 November 14 270.⁶⁵

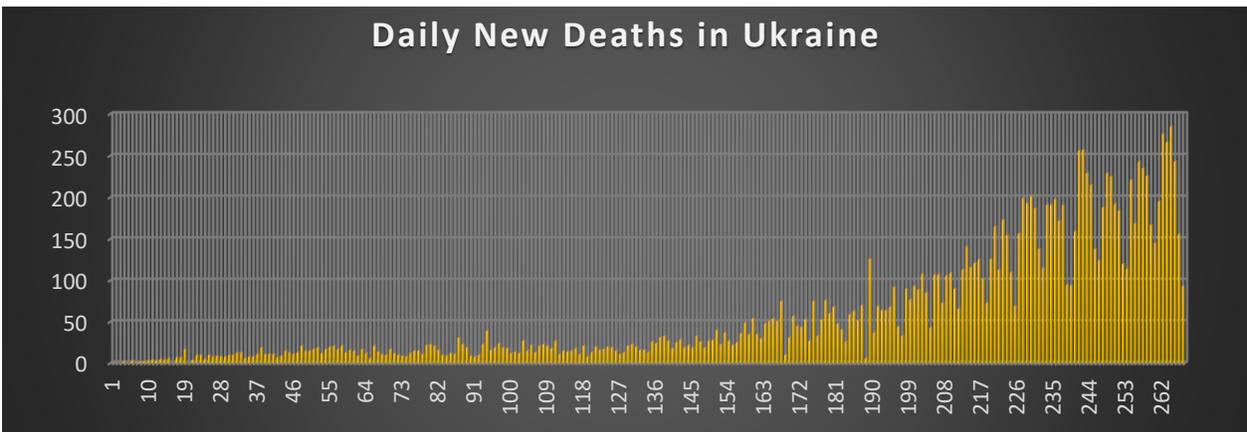
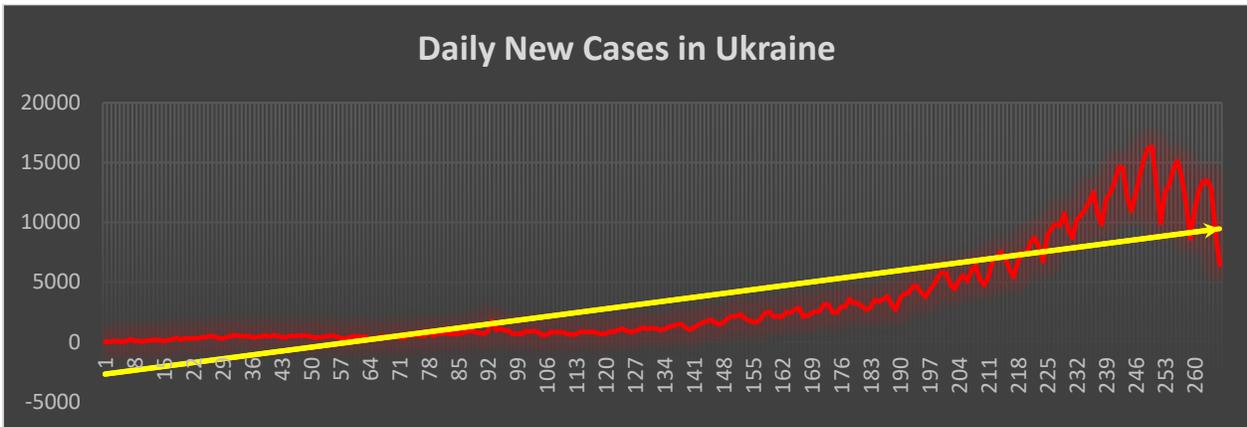
▪ **Measures introduced into force**

On 12 March, Ukraine imposed a three-week nationwide quarantine and shut down educational institutions and public events with over 200 people. On 17 March, the government ordered the closure of all schools, educational institutions, cafes, restaurants, gyms, shopping malls and entertainment venues. Most public transport was also shut down. Grocery stores, pharmacies, banks and gas stations remained open. Gatherings of over 10 people were also prohibited. On 25 March, the quarantine was extended until 24 April, and on 22 April the government announced a further extension to 11 May. On 4 May, the Prime Minister announced a relaxation of containment measures as of 11 May but an extension of quarantine until 22 May, whereby some enterprises were to remain closed: most public transport, intercity and foreign travel by train and air, indoor cafes and restaurants, schools and universities.

Since 22 May, Ukraine has been in the “adaptive quarantine” stage, which means that most of the restrictions have been lifted, but in the areas with high infection rate all quarantine restrictions are to be maintained. Decisions on easing of or return

⁶⁵ <https://ourworldindata.org/coronavirus/country/ukraine?country=~UKR>

to confinement measures in cities or regions are to be taken by local and regional authorities. On 26 August, the government further extended the COVID-19 “adaptive quarantine” until 31 October, due to the worsening dynamic of new infections in the country. On 31 October, the government extended the COVID-19 “adaptive quarantine” until 31 December.⁶⁶



▪ **Vaccination program**

Ukraine is set to receive 8 million doses of a COVID-19 vaccine under the global COVAX program, and it can expect them to arrive in spring 2021. Ukrainian Health Minister had signed a document with the Global Alliance for Vaccines and

⁶⁶ <https://www.statista.com/statistics/1104580/coronavirus-cases-by-region-in-ukraine/>

Immunization (GAVI) as part of the COVAX program, which aims to produce and distribute the COVID-19 vaccine equitably around the globe.⁶⁷

2. COVID-19 Impact.

▪ Political

The onset of the COVID-19 epidemic coincided with a government reshuffle in early March and the launch of its second phase of healthcare reforms (which began on 1 April). Amid concerns that the reform in its current form could lead to the dismissal of 50 000 doctors and the closure of 332 hospitals in Ukraine, the President called for changes in its design and address these issues. Since 1 July, the law has been amended to ensure that hospitals receive no less funding than last year, as well as to protect medical workers from dismissal.

The Ministry of Health has also developed a set of new rules and standards on the hospitalisation of COVID-19 patients, their emergency treatment as well as deployment of temporary hospitals. A dedicated COVID-19 website was created by the government, with information in English and Ukrainian: www.covid19.com.ua.

On 9 November, the government imposed a new hospitalisation protocol, which prohibits planned hospitalisations and allows only urgent hospitalisations.

▪ Military

Alongside with the main function and responsibilities of the Armed Forces of the Ukraine, there are many examples exist of the Ukrainian military adjusting to work side by side with civilians to combat the virus. This is resulting in much improved civil-military relations. There are a number of ways in which this is happening.⁶⁸

- *Firstly, Ukraine's Ministry of Defense, like many countries around the world, reached out to retired military personnel, requesting for joint activities to tackle cases of coronavirus infection. In particular, the Army called on over*

⁶⁷ <https://www.kyivpost.com/ukraine-politics/health-minister-stepanov-ukraine-to-receive-covid-19-vaccine-in-spring-2021.html?cn-reloaded=1>

⁶⁸ <https://www.kcl.ac.uk/impact-of-covid-19-on-ukraines-military>

800,000 veterans with specific medical skills to return for duty and help train volunteers assisting to combat Covid in the conflict-zones.

- *The Reserve Forces are automatically enlisted in “Active Status” to combat the virus.*
- *The Joint Forces Operation, deployed on the Eastern Front, has produced four mobile hospitals containing 250 beds and 45 ventilators. These hospitals will aid coronavirus patients, both military and civilian, in the immediate conflict zone.*
- *The Ukrainian Air Force is combating the disease by transporting shipments of medical cargo from China, such as infection tests and support kits.*
- *The Ministry of Defence had successfully facilitated cooperation between local authorities and military unit commanders. This occurred when the pandemic jeopardised the food supply chain of about 30 per cent of Ukrainian Armed Forces personal.*
- *Lastly, the National Guard’s mission has also shifted to policing and patrolling the streets of highly populated cities, like the capital. They are authorised to arrest people who violate the lockdown quarantine rules, which are extended to June 22. (Although, I have not found evidence of arrests).*

▪ **Economic**

From January-September 2020, Ukraine’s national budget deficit was UAH 81.725 billion, which is four times higher than the deficit for the same period last year.⁶⁹ On 24 September, the National Bank of Ukraine (NBU) upgraded its budget deficit forecast for 2020 (from 7.5% to 6.0-6.5% of GDP). The forecast was altered by the “strong underfunding” of existing government expenses in 2020 to date. On 13 October, the IMF released its World Economic Outlook, which forecasts that GDP in Ukraine will shrink by -7.2% in 2020.¹² On 5 November 5, the Ministry for Development of Economy, Trade and Agriculture reported that it estimates the

⁶⁹ <https://uazmi.com/news/post/e1Kc31N0iHCJ8KfwiMBV4>

decline in the gross domestic product of Ukraine (GDP) in the third quarter of 2020 at 3.6%, and in January-September of this year at 5.5%.⁷⁰

▪ **Social**

The COVID-19 pandemic is pushing Ukraine towards its worst recession in decades—possibly a depression—with devastating consequences for its most vulnerable people, according to a broad UN assessment presented to the Government on 18 September.⁷¹ The socio-economic assessment of COVID-19’s impact on businesses and households, led by UNDP found that 84 percent of households have lost income and 43 percent have at least one family member who has lost a job. More than 2,000 households and enterprises across the country participated in the surveys. The crisis has impacted people differently depending on gender, economic status, and location. City-dwellers, for example, tend to have better access to the Internet, state services, and transport and better employment prospects than others. People living in conflict-affected areas, further, face additional deprivations, the report found. Ongoing shelling damaged many water supplies, which has deprived them of running water during the pandemic, while unemployment and extreme poverty increase the vulnerability for young people begging, increased alcohol intake or abuse, and participation in sex work. The crisis and the lockdown have also led to a spike in domestic violence. The reported cases have increased by 30 percent. Many more have no doubt gone unreported – such is the tragic and unfortunate nature of domestic violence.

▪ **Infrastructure**

In 2019 Ukraine announced a number of new developments under the country's ‘Great Construction’ project. Information on this initiative can be found here: <https://www.president.gov.ua/en/news/sim-novih-shkil-bude-zdano-u-volinskij-oblasti-cogo-roku-vol-62169>, The government also plans to spend 100 billion UAH (\$3.7 billion USD) on road construction alone, which it hoped would create 170,000 jobs. Ukrainian Prime Minister Denys Shmyhal announced in April

⁷⁰<https://www.me.gov.ua/Documents/List?lang=uk-UA&id=010de307-2345-4162-b5e5>

⁷¹https://www.undp.org/content/undp/en/home/newscentre/news/2020/UN_study_documents_impact_COVID19_in_Ukraine.html

2020 that funds would begin disbursement in May 2020. Transport infrastructure industry value declined by over 20% in 2015, following the outbreak of conflict. The market began to recover in 2016 growing more than 22% in 2017, 10% in 2018, and over 13% in 2019. This recovery could halt in 2020 due to the Covid-19 pandemic. The sector is expected to rebound in 2021, with an annual average growth rate of 2.4% through the end of the decade. International support remains critical for large-scale transport projects. Ukraine's economy is now expected to contract by 3.3% in 2020, as the country contends with the spread of Covid-19. This casts some doubt on the government's ability to push forward with its ambitious infrastructure development plans. Construction industry value is expected to contract by 1.5%.⁷²

3. Conclusions

The crisis and the imposed quarantine and lockdown have caused a reduction in outputs, household spending and trade. The global value chains have been disrupted and this will lead to a steep decline of GDP in Ukraine.

Due to the COVID-19 pandemic, Ukraine may face worst recession in decades, leaving more than 9 million people in poverty. UN OCHA in Ukraine⁷³ reports that since the beginning of the pandemic, more than 80% households have lost income and in more than 40% of families, at least one family member has lost her/his job. Although there are no data on eastern Ukraine, the socio-economic consequences of the pandemic in the conflict-affected region will be destructive.

⁷² <https://www.trade.gov/knowledge-product/ukraine-infrastructure>

⁷³ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine_humanitarian_snapshot_20201110-ua.pdf

UNITED KINGDOM

1. COVID-19 2020 overview.

▪ **First recorded patient**

The COVID-19 spread to the United Kingdom in the late January 2020. These cases are considered as imported from abroad and the first case with transmission within the country is documented on 28 February. Total number of COVID-19 cases in 2020 are more than 1.8M and death cases more than 64K.

▪ **Overall description of pandemic trough 2020 year**

Two peaks of COVID-19 spread were observed in UK – in March-May and in September-November. First wave characterized by high number of daily death cases (1k/day) and low number of new daily cases (about 5k/day). During the second wave the death toll rate was lower (up to 600/day) and the daily new cases were 3 to 4 times higher than the previous peak (up to 30k/day).

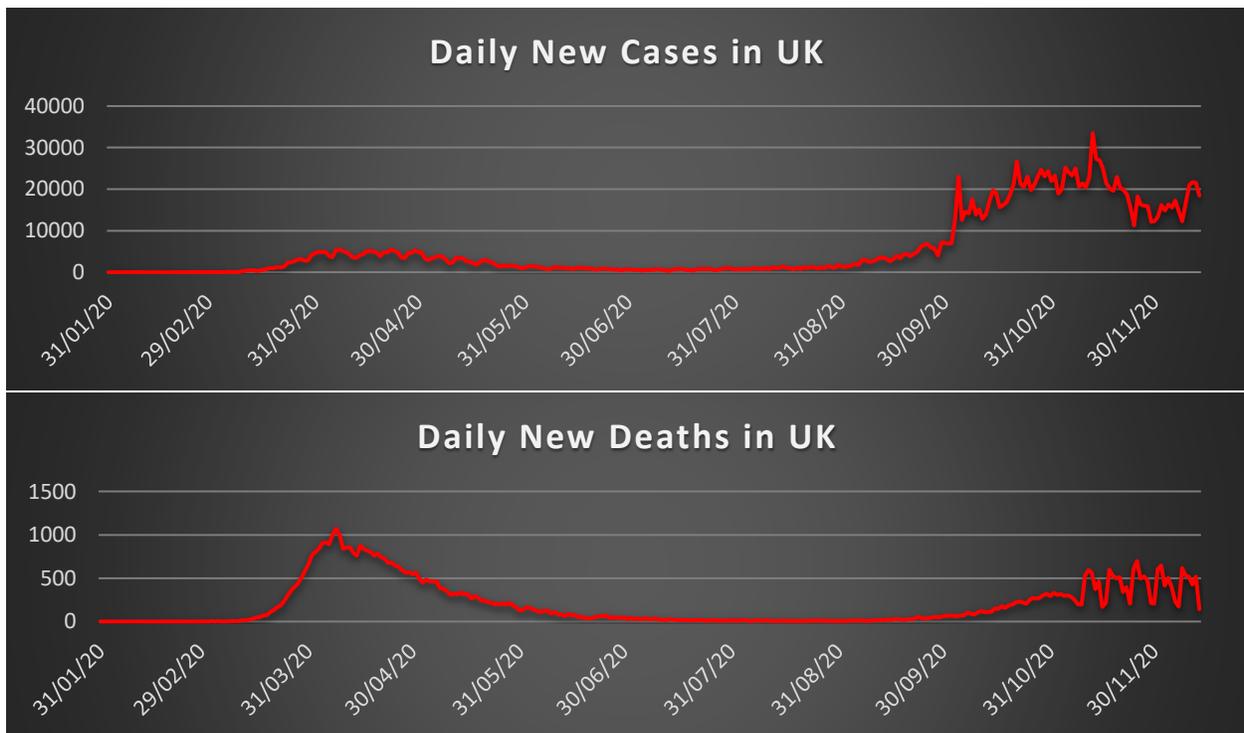
▪ **Measures introduced into force**

The UK was twice in lockdowns in March and in November. In end of November, UK government introduced the COVID-19 Winter Plan which lifted the current national restrictions from 2 December. With this plan England moved back into a regional tier system. This approach targets the toughest measures only in areas where the virus is most prevalent and which are seeing sharper increases in the rate of infection, while maintaining a geographical scale that is pragmatic and reflects the interconnectedness of our local areas.

▪ **Vaccination program**

UK lunched first in the world mass vaccination programme by approving the Pfizer-BionTech's COVID-19 jab. The first patients in line are the over-80s, care home workers and at-risk frontline health and social care staff. The UK has ordered 40 million doses of the jab – enough to vaccinate 20 million people – with 800,000 in the first batch. However, the bulk of Britain's vaccine requirements are expected to be met by a jab developed by AstraZeneca and the University of Oxford, which is awaiting regulatory approval. The government has ordered an initial 100 million doses of the drug, which is cheaper to manufacture and easier to store and transport.

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2. COVID-19 Impact.

▪ Political

One aspect that the all political systems worldwide would be impacted is the divide both in economic values between the left and the right, and in cultural values between liberal globalists and conservative nationalists. It will make it more difficult for the UK government to allow further private sector involvement in healthcare, and pressure for the well-paid to relieve the burden for the most vulnerable sectors of society will further grow.

UK is experiencing also a revival of regionalism since the regional governments are in charge of healthcare and take the key decisions on how to deal with the epidemic. Here, Scotland is perhaps the prime example. According to a poll published on 26 May, 78% of Scots felt the Scottish Government had done well in the crisis, while just 34% felt likewise about the UK Government.

On the international domain, UK government is using the COVID-19 pandemic to justify the BREXIT by being the first state launching the mass vaccination campaign.

▪ Military

UK armed forces supported the planning for establishment of temporary hospitals. UK Royal Forces provided airlift support for medical stuff. The UK armed forces also supported the ambulance services across the country. They also provided PCR mobile testing teams. The UK armed forces increased the transport capacity of the NHS supply chain to cope with exceptional demand and replacing sick or isolating planners and drivers. In case of a BREXIT without a deal after anuary 2021 UK plans to use military airlift capabilities to deliver the vaccines from Belgium.

Covid-19 crisis accelerated UK military's push into virtual war gaming. UK defence chiefs are seeking to fast-track new virtual reality technology developed by a British gaming company to create a digital replica of the country, arguing this would help test resilience to future pandemics, natural disasters and attacks by hostile states. Real-world uses could range from forecasting the damage from natural disasters such as floods to calculating the effect of a cyber attack against a power station or presenting simulated hostage rescue scenarios to the government's Cobra emergency committee.

▪ **Economic**

The restrictions put in place by the Government and the Devolved Administrations to control Covid-19 have all had a significant impact on the economy. The Office of National Statistics estimated that GDP in April – the first full month of the previous national restrictions – was around 25% below the level recorded in February. Economic growth started to pick up in May, but the level of output remained 8.2% lower in September than in February. The sectors most affected by the March lockdown and subsequent tiering restrictions are those dependent on social consumption, particularly hospitality and leisure.

There has also been significant disruption to the labour market. In the three months to September 2020, there were 314,000 redundancies, the highest since records began. Data shows that the number of employees fell by 782,000 between March and October 2020. ONS data shows that vacancies have been rising since June but remained 28% down on the year in October.

The further restrictions in place over October and November across the UK will have had significant additional impacts on the economy and society – although

neither the Government's policy nor the wider environment are the same as in the previous restrictions earlier this year.

- **Social**

The introduction of tiers will have an impact on everybody's lives as a result of reduced mobility and socialising due to the restrictions in place. People will not be able to undertake all the activities they ordinarily would, such as meeting friends and family and other recreation activities.

The use of bubbling in all tiers, and the ability to meet others outside the bubble will go some way to addressing the issues of social isolation and loneliness seen earlier in the pandemic.

The impacts on crime are unclear. There was a reduction in theft and the overall number of victims of crime during the first national lockdown. Recorded crime flagged as domestic abuse-related increased.

There are key challenges in particular to mitigate the impact on children and young people – especially the disadvantaged. There is clear evidence about the importance of maintaining face-to-face provision in schools. A core element of the COVID-19 Winter Plan in England is that education settings will remain open in all tiers.

- **Information**

Media consumption rose across a range of formats during lockdown – perhaps unsurprisingly, given how much time people have been spending indoors. The consumers were making more efforts to get informed: in April, half of consumers said they watched more news (54%), while a fifth (20%) said they watched more documentaries. One in ten said they watched more educational programming (9%) and more science TV shows (8%). Appetite for news decreased significantly by July: those who said they watched more news fell from 54% to 41%.

What's more, while more people were watching news, fewer people said they trust it. The percentage of UK consumers who said they couldn't rely on news rose from 35% to 46% over lockdown. Seven in ten (72%) agreed that they were "fed up" with news programming and over half (55%) said it was too negative.

In terms of entertainment, nearly four in ten (37%) said they'd watched more films in April, and a fifth said they'd watched more drama (22%). And with lockdown darkening the nation's mood somewhat, it may be understandable why 13% of Brits watched more comedy and 7% watched more kids programming. A little light entertainment can go a long way.

▪ **Infrastructure**

In the end of March 11 temporary hospitals were established in the biggest cities with the support of the UK armed forces. In parallel, UK strated to increase the COVID-19 testing capacity from 20k daily tests initially up to 300k daily test finally for several months. In May, UK launched a massive Test & Track system enabling the authorities to better monitor the spread.

The lockdown has demonstrated that many parts of the workforce can efficiently operate remotely, and that the traditional 9 to 5 spent entirely in the office is no longer necessary. Other changes that have been witnessed during Covid-19 are those in the levels of people walking, cycling, and running. In short, participation in active travel has rocketed. Taken together these changes point to a future whereby, at least in the short to medium-term, new infrastructure investments should be prioritised around accelerating the rollout of both fibre and 5G and greater active travel provision. Therefore, enabling many thousands of people to continue to work more flexibly (i.e. between the office and home), while ensuring that safe spaces for more members of the public to continue to engage in active travel are in place.

3. Conclusions

It is also clear that restrictions to contain COVID-19 have had major impacts on the economy and public finances, even if it is not possible to forecast with confidence the precise impact of a specific change to a specific restriction.

The challenge of balancing the different health and societal impacts, and taking a long-term perspective on these, is not straightforward but the UK Government has and will continue to pursue the best overall outcomes, continually reviewing the evidence and seeking the best health, scientific and economic advice.

It is the Government's intention and belief that the situation will finally change during 2021, as vaccines and community testing yield benefits, but until then such measures are considered vital in order to protect the NHS and save lives.

UNITED STATES

1. COVID-19 2020 overview.

▪ First recorded patient

The first known case of COVID-19 in the U.S. was confirmed on January 20, 2020, in a 35-year-old man from Washington who had returned from Wuhan, China, five days earlier. Later on cases have been confirmed in all 50 U.S. states, the District of Columbia, and all inhabited U.S.

▪ Overall description of pandemic trough 2020 year

As of December 16, more than 17,156,248 people in the United States were infected with the coronavirus, and at least 300,000 had died about one-fifth of the global total number of confirmed coronavirus deaths.

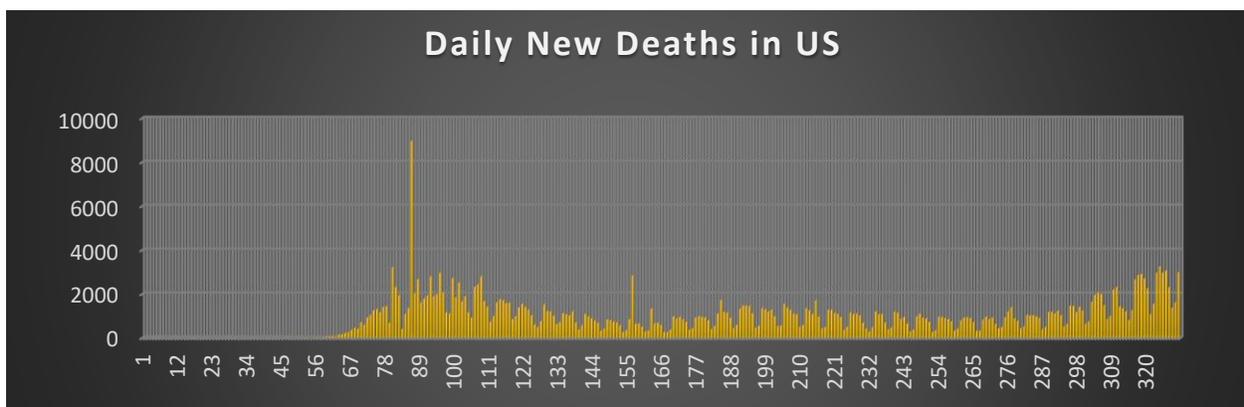
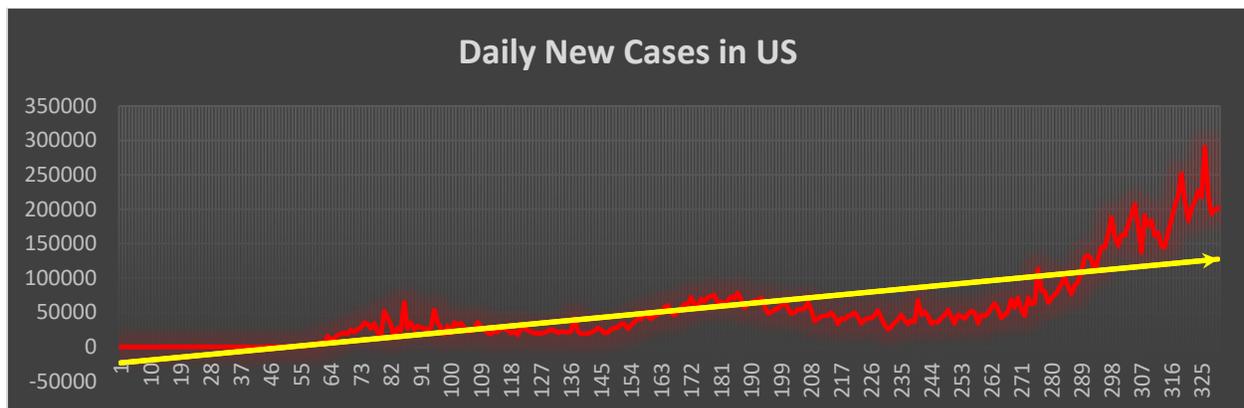
On December 9, the U.S. recorded 3,157 new COVID-19 deaths, the highest daily death toll to date, and over 200,000 new cases were reported per day throughout most of December. Deaths are emerging at devastating levels, with more than 2,000 announced on most recent weekdays.

Although the number of deaths is still rising, one set of brighter figures is that of deaths in relation to infections, the share of cases resulting in death fell from 6.7% in April to 1.9% in September, reflecting that health workers are now more successful in treating the disease.

The number of people diagnosed with COVID-19 each day plateaued after reaching a peak in late April, then peaked again in late July. But in recent weeks, there has been a new surge of cases across the country. The current wave of infections is the third one to hit the US this year but the one major difference is that it's affecting every region at the same time. The spring wave was predominantly in the Northeast, while the summer one hit the South and West hardest. This time around, it's the Midwest where infections are rising fastest - but every region is seeing a spike in cases, and officials in some of the worst-hit states have warned that hospitals are already in a challenging situation.

The chart below shows that the current wave is growing at a faster rate than the previous two - although some of that is down to increased levels of testing.

COVID-19
ANNUAL REPORT 2020



▪ **Measures introduced into force**

American life has been fundamentally reordered because of the virus. Major public events have been cancelled, concerts, parades and high school basketball games continue to be called off, film releases postponed, several sports leagues, including the NBA and NHL, have suspended their seasons, and starting from March 13, foreign nationals from the European Union’s Schengen area were forbidden from entering the United States for 30 days. Many states have ordered full shutdowns, ordering the closure of bars and restaurants, banning public gatherings, closing schools, and requiring residents to stay at home unless absolutely necessary. By early April, over 90 percent of the U.S. population lived in a State that had issued a stay-at-home order. These orders issued by states to stem the spread of the virus have frozen the economy.

Most states began easing or lifting those restrictions in the summer, despite the fact that case trends were on the rise in many places. Now that cases are increasing more quickly again, some states are re-implementing previous measures.

- **Vaccination program**

The US Food and Drug Administration has authorised the Pfizer-BioNTech coronavirus vaccine for emergency use. Federal officials at the CDC have agreed that the nation's 21 million healthcare workers should be prioritised, as well the three million elderly Americans living in long-term care homes. But there is less consensus on how states should distribute it to other groups.

Officials say vaccinations for groups that are not at a high risk are expected to take place in the spring of 2021.

In the last week of November, the states presented their plans to distribute their first shipments of the Pfizer vaccine once they became available.

2. COVID-19 Impact.

- **Political**

In the weeks leading up to the presidential election, both President Trump and Democrat Joe Biden have ramped up their efforts to reach out to voters across the country. While Biden's campaign adopted a cautious approach and endorsed Covid-19 mitigation strategies like constantly social distancing and wearing a mask; Trump has pointedly opposed several of these restrictions, claiming they are politically motivated. He has consistently downplayed the seriousness of COVID-19, promising from the beginning that "it'll disappear". A majority of Americans for months have said they disapprove of the president's handling of the pandemic, a statistic that not only has remained consistent since early 2020 but is consistent throughout the battleground states he would have to win if he had wanted a second term.

In an already divided United States, COVID-19, and the way Trump and his Democratic opponent Joe Biden approached it, had separated Americans further and spawned an election year like no other.

President-elect Joe Biden has vowed to make tackling the pandemic a top priority, but the third wave will have claimed the lives of tens of thousands more people before he takes charge.

- **Military**

In mid-March, the government began having the military add its health care capacity to impacted areas. The United States Army Corps of Engineers (USACE),

under the authority of Federal Emergency Management Agency (FEMA), leased private buildings nationwide, which were converted into temporary hospitals. The Army also set up field hospitals in various affected cities. At the height of this effort, U.S. Northern Command had deployed nine thousand military medical personnel. On March 18, in addition to the many popup hospitals nationwide, the Navy deployed two hospital ships, USNS Mercy and USNS Comfort, which were planned to accept non-coronavirus patients transferred from land-based hospitals.

On April 6, the Army announced that basic training would be postponed for new recruits. Recruits already in training would continue what the Army is calling "social-distanced-enabled training".

- **Economic**

Prior to the pandemic, the U.S. economy was doing very well. Unemployment was at a 50-year low and inflation was also below the Fed's target of 2.0%. However, because a significant portion of the U.S. economy were closed, 'real' GDP growth fell during the second quarter by an astounding 31.40%. These are numbers not seen since the Great Depression.

Although the unemployment rate reached 14.7 percent in April unemployment declined to 13.3 percent in May despite expectations of an increase and continued to fall to 11.1 percent in June. In particular, 80.6 percent of the increase in unemployment from February to May was likely due to temporary rather than permanent layoffs.

The US economy has regained more than half of the jobs lost this spring, recovering more quickly than many economists had feared. But job gains have slowed in recent months as virus cases and hospitalisations hit new records.

- **Social**

The COVID-19 pandemic and associated economic shutdown created a crisis for all workers, but the impact was greater for women, non-white workers, lower-wage earners, and those with less education.

While non-Hispanic white people are dying in the largest Black and Hispanic people are dying at much higher rates relative to their share of the U.S. population; moreover, this disparity is true for every age group.

The mass protests against police brutality and racism have shaken dozens of cities across the United States prompting officials and public health experts to warn of a possible second wave of coronavirus outbreaks. While the demonstrations were ignited by the death of George Floyd, they are also channeling the outrage felt by those who have seen the virus lay bare entrenched inequalities in American society. Covid-19 kills black Americans at a higher rate than whites, and it has stripped black Americans of their jobs and income at an outsize rate.

▪ **Information**

The CDC was the most trusted source of information about the outbreak (85%), followed by the WHO (77%), state and local government officials (70-71%), the news media (47%), and President Trump (46%).

Conspiracy theories and misinformation reached millions of Americans through social media and television commentary. As a result, many people believe falsehoods, for example, that wearing masks is dangerous, that a global syndicate planned the virus, or that COVID-19 is a deception. President Trump has repeatedly broadcast misinformation to downplay the threat of the virus and to deflect criticism of the administration's response.

3. Conclusions

The US is still leading the world in terms of seven-day average mortality and total number of dead. The coronavirus has left no state unscathed and american life has been fundamentally reordered because of the virus. The COVID-19 pandemic has caused sharp drops in employment and economic growth and triggered widespread disruption of the economy and its impact has been wildly uneven. Case numbers are spiking across most of the United States, leading to warnings about full hospitals, exhausted health care workers and potential lockdowns.

As the virus continues to circulate widely within the United States and thousands of new cases are still being identified each day true normalcy remains a distant vision.

EUROPEAN UNION ANNUAL REPORT

The European Commission is coordinating a common European response to the coronavirus outbreak. It is taking resolute action to reinforce the public health sectors and mitigate the socio-economic impact in the European Union. It is mobilizing all means at disposal to help the Member States coordinate their national responses and is providing objective information about the spread of the virus and effective efforts to contain it.

President von der Leyen has established a Coronavirus response team at political level to coordinate our response to the pandemic.

During these times of crisis, across the European Union, countries, regions and cities are stretching out a helping hand to neighbours and assistance is given to those most in need: donations of protective equipment such as masks, cross-border treatments of ill patients and bringing stranded citizens home. This is European solidarity at its best.

To help repair the economic and social damage caused by the coronavirus pandemic, the European Commission, the European Parliament and EU leaders have agreed on a recovery plan that will lead the way out of the crisis and lay the foundations for a modern and more sustainable Europe.

The EU's long-term budget, coupled with the NextGenerationEU initiative, which is a temporary instrument designed to boost the recovery, will be the largest stimulus package ever financed through the EU budget. A total of €1.8 trillion will help rebuild a post-COVID-19 Europe. It will be a greener, more digital and more resilient Europe.

The new long-term budget will increase flexibility mechanisms to guarantee it has the capacity to address unforeseen needs. It is a budget fit not only for today's realities but also for tomorrow's uncertainties.

On 10 November 2020, an agreement was reached between the European Parliament and EU countries in the Council on the next long-term EU budget and NextGenerationEU. This agreement will reinforce specific programmes under the long-term budget for 2021-2027 by a total of €15 billion.

More than 50% of the amount will support modernisation through:

- *research and innovation, via Horizon Europe*
- *fair climate and digital transitions, via the Just Transition Fund and the Digital Europe Programme*
- *vaccine*
- *preparedness, recovery and resilience, via the Recovery and Resilience Facility, rescEU and a new health programme, EU4Health*

In addition, the package pays attention to traditional policies such as cohesion and the common agricultural policy, in order to ensure stability and modernization; fighting climate change, with 30% of the EU funds, the highest share ever of the European budget; biodiversity protection and gender equality.

NextGenerationEU.

NextGenerationEU is a €750 billion temporary recovery instrument that will allow the Commission to raise funds on the capital market. It will help repair the immediate economic and social damage brought about by the coronavirus pandemic. Post-COVID-19 Europe will be greener, more digital, more resilient and better fit for the current and forthcoming challenges.

The Recovery and Resilience Facility: the centrepiece of NextGenerationEU with €672.5 billion in loans and grants available to support reforms and investments undertaken by EU countries. The aim is to mitigate the economic and social impact of the coronavirus pandemic and make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions. Member States are working on their recovery and resilience plans to access the funds under the Recovery and Resilience Facility.

Recovery Assistance for Cohesion and the Territories of Europe (REACT-EU): NextGenerationEU also includes €47.5 billion for REACT-EU. It is a new initiative that continues and extends the crisis response and crisis repair measures delivered through the Coronavirus Response Investment Initiative and the Coronavirus Response Investment Initiative Plus. It will contribute to a green, digital and resilient recovery of the economy. The funds will be made available to

- *the European Regional Development Fund (ERDF)*

- *the European Social Fund (ESF)*
- *the European Fund for Aid to the Most Deprived (FEAD)*

These additional funds will be provided in 2021-2022 from NextGenerationEU and in 2020 through a targeted revision to the current financial framework.

NextGenerationEU will also bring additional money to other European programmes or funds such as Horizon2020, InvestEU, rural development or the Just Transition Fund (JTF).

The Commission put forward proposals in June 2021 on sources of revenue linked to:

- *a carbon border adjustment mechanism*
- *a digital levy*
- *the EU Emissions Trading System*
- *By June 2024, the Commission will propose new sources of revenue, such as:*
 - *a Financial Transaction Tax*
 - *a financial contribution linked to the corporate sector*
 - *a new common corporate tax base*

The MFF Regulation and the Interinstitutional Agreement endorsed on 10 November 2020 must now be formally adopted.

In parallel, work must continue towards a final adoption of all other elements of the package, including the sectoral legislation and the Own Resources Decision.

The Own Resources Decision, which would enable the Commission to borrow to finance NextGenerationEU, needs to be ratified by all EU countries in line with their constitutional requirements.

Anyone can benefit from the EU budget. Find open and upcoming calls for funding proposals, get background information on funding processes and programmes, and apply online.

On 27 May 2020, in response to the unprecedented crisis caused by the coronavirus, the European Commission proposed the temporary recovery instrument NextGenerationEU of €750 billion, as well as targeted reinforcements to the long-term EU budget for 2021-2027.

On 21 July 2020, EU heads of state or government reached a historic agreement on the package. Since then, the European Parliament and the Council, and with the participation of the European Commission, held 11 trilateral political dialogues on the deal with the objective of fine-tuning the final parameters of the deal.

European Commission.

The European Commission is working on all fronts to contain the spread of the coronavirus, support national health systems and counter the socio-economic impact of the pandemic by taking unprecedented measures at both national and EU level.

The European Commission has adopted other measures of support, such as:

economic measures that complement the European Central Bank's €1,350 billion Pandemic Emergency Purchase Programme in addition to the €120 billion programme decided earlier

- temporary state aid rules so governments can provide liquidity to the economy to support citizens and save jobs in the EU*
- triggering the 'escape clause' that allows maximum flexibility to our budgetary rules. This will help EU countries support healthcare systems and businesses, and secure people's jobs during the crisis*
- screening of foreign direct investment. The Commission has issued guidelines to help Member States protect critical European assets and technology in the current crisis*
- Providing economic guidance to Member States*

The European Semester Spring Package provided economic policy guidance to all EU Member States in the context of the pandemic. The recommendations focus on

cushioning the impact of the crisis in the short term and building growth in the long term, in line with our green and digital goals.

Mobilising the EU budget and the European Investment Bank to save people's jobs and to support companies hit by the crisis.

The Commission's Temporary Support to mitigate Unemployment Risks in an Emergency (SURE) is designed to help people keep their jobs during the crisis.

SURE support is issued as social bonds, to make sure every euro has a clear social impact. Money will soon flow to 18 EU countries, to keep people employed. Fifteen countries have already received support under SURE.

In addition, the Commission presented guidelines to ensure the protection of seasonal workers in the EU during the pandemic. It provides guidance to national authorities, labour inspectorates, and social partners to guarantee the rights, health and safety of seasonal workers, and to ensure that seasonal workers are aware of their rights.

The Commission tabled an investment initiative to provide Member States with immediate liquidity. It consists of unspent cohesion policy funds and includes: new methods to reach the most vulnerable under the Fund for European Aid to the Most Deprived, such as home deliveries and the use of electronic vouchers to reduce the risk of spreading the virus.

To support farmers and the agriculture sector, the Commission has launched exceptional measures to support and stabilise agricultural markets; adopted an additional package of exceptional measures to support the wine sector. On 4 May, the Commission adopted another package of measures to further support the agricultural and food sectors most affected by the coronavirus crisis.

Supporting research for treatment, diagnostics and vaccines

The Coronavirus Global Response pledging marathon raised funds for universal access to coronavirus treatments, tests and vaccines. It started in May and culminated in a Global Pledging Summit and concert in June 2020.

The Commission participates in the COVAX Facility for equitable access to affordable COVID-19 vaccines and contribute €500 million in guarantees.

IT has mobilised more than €660 million under Horizon 2020 since January to develop vaccines, new treatments, diagnostic tests and medical systems to prevent the spread of the coronavirus and save lives.

The Commission has offered CureVac, a highly innovative European vaccine developer, financial support by backing a €75 million European Investment Bank loan.

The European Investment Bank also signed a €100 million financing agreement with immunotherapy company BioNTech SE to develop a vaccine programme. The EIB financing is backed by both Horizon 2020 and the Investment Plan for Europe.

The Commission's Vaccines Strategy is designed to accelerate the development and availability of vaccines. It aims to

- secure the production of vaccines within the EU*
- ensure sufficient supplies for its Member States through Advance Purchase Agreements with vaccine producers*
- adapt the EU's regulatory framework to the current emergency*
- use the flexibility of our rules to speed up the development, authorisation and availability of vaccines*

So far, the Commission has authorised 6 contracts, for almost 2 billion doses of potential vaccines:

- an agreement with BioNTech-Pfizer for the initial purchase of 200 million doses on behalf of all EU Member States, plus an option to purchase up to a further 100 million doses;*
- an agreement with AstraZeneca for the purchase of 300 million doses of the vaccine, with an option to purchase 100 million more, on behalf of EU Member States;*
- an agreement with Sanofi-GSK for the purchase of 300 million doses, on behalf of all EU Member States;*

- *an agreement with Johnson and Johnson for the initial purchase of 200 million doses on behalf of all EU Member States, and could further purchase up to an additional 200 million;*
- *an agreement with CureVac for the initial purchase of 225 million doses on behalf of all EU Member States;*
- *an agreement with Moderna for the initial purchase of 80 million doses on behalf of all EU Member States, plus an option to request up to a further 80 million doses.*

The Vaccination Strategy presented by the Commission helps identify vulnerable groups which should benefit from vaccination.

It also makes recommendations regarding vaccination services and infrastructure, vaccine deployment, as well as availability and affordability of vaccines and communication too ensure public confidence.

The Commission will put in place a common reporting framework and a platform to monitor the effectiveness of national vaccine strategies.

European Health Union.

On 11 November 2020, the Commission laid the first bricks of a European Health Union, based on two pillars:

- *A stronger health security framework, which will entail:*
- *Harmonising European, national and regional preparedness and response plans. These plans would be stress-tested and audited regularly by the Commission and EU agencies.*

An EU emergency system. It would trigger increased coordination and rapid action to develop, stockpile, and procure the equipment needed to face the crisis.

The Commission's panel of 7 independent epidemiologists and virologists provides science-based guidelines and advises upon:

- *response measures for all Member States*
- *gaps in clinical management*

- *prioritisation of health care, civil protection and other resources*
- *policy measures for long-term consequences of coronavirus*

Based on scientific advice from this panel as well as the European Centre for Disease Prevention and Control (ECDC), the Commission took the following steps

The Commission has allocated €3 billion from the EU budget, matched with €3 billion from Member States, to fund the Emergency Support Instrument and RescEU's common stockpile of equipment.

Personal protective equipment (PPE)

To aid the production and availability of personal protective equipment (PPE), the Commission is

- *working closely with Member States to assess the available stock of PPE in the EU, the production capacity and anticipated needs*
- *ensuring conformity assessment and market surveillance to increase the supply of PPE without compromising health and safety standards*
- *discussing with industry how to convert production lines to supply more PPE and providing manufacturers with guidance to increase production of PPE, hand sanitisers and disinfectants*

Tests

The Commission issued a recommendation to Member States on testing strategies, including the use of rapid antigen tests. €100 million from the Emergency Support Instrument is invested in the purchase and delivery of such tests in the Member States. In parallel, the Commission is launching a joint procurement to help EU countries get more of these tests.

In addition, the Commission has given €35.5 million from the Emergency Support Instrument to the International Federation of the Red Cross to scale up COVID-19 testing capacity in the EU, train volunteers and protect the most vulnerable.

During the pandemic, the Commission has issued:

- *guidelines for border management measures to protect health and ensure availability of goods and essential services*
- *temporary restrictions on non-essential travel to the EU*
- *guidance to ensure the free movement of workers, especially in the health care and food sectors*
- *guidance on health, repatriation and travel arrangements for cruise ship passengers and cargo vessel crews*

Proposals to ensure that any measures taken by Member States that restrict free movement due to the pandemic are coordinated and clearly communicated at the EU level, with a single set of colours to represent risks and a single set of rules to follow. The Commission will also work with Member States on a common approach to quarantine practices

- *guidance on travellers to be exempted from the temporary travel restriction*
- *a testing protocol for aviation and an EU Passenger Locator Form are in the making, to facilitate safe travel*
- *reopen eu visual*

Re-open EU provides essential information regarding the safe relaunch of free movement and tourism across Europe. A Re-open EU app will launch in the coming weeks. You can find real-time information on:

- *borders*
- *available means of transport*
- *travel restrictions*
- *public health and safety measures*
- *a map with a clear colour code*

Fighting disinformation

The Commission is in close contact with social media platforms regarding measures to promote authoritative content, improve users' awareness, and limit coronavirus disinformation and advertising related to it.

So far more than 600 disinformation narratives on the coronavirus have been exposed, published and updated on www.EUvsDisinfo.eu. The Commission's fighting coronavirus-disinformation page also provides materials for myth busting and fact checking.

The Commission is deploying all available tools and funding research to help in the fight against coronavirus-related misinformation and disinformation.

The Commission and the European External Action Service are working closely with other EU institutions and Member States, including through the Rapid Alert System set up in March 2019, as well as with international partners from the G7 and NATO.

On 10 June, the Commission presented a series of actions to step up fighting disinformation around the coronavirus pandemic, such as strengthening strategic communications and public diplomacy in the EU's immediate neighbourhood and around the world as well as its support to independent media and journalists.

These actions are feeding into further EU work on disinformation, notably the European Democracy Action Plan and the Digital Services Act.

NATO CONTRIBUTION TO COVID-19 PANDEMIC (THROUGH EADRCC) ANNUAL REVIEW.

*On **March 25, 2020**, the Secretary General of NATO, activated the Crisis Management Mechanism to study the progression of the pandemic and plan a comprehensive response ranging from coordination transportation of medical equipment to dispatching NATO military doctors to countries in need to assist in the construction of field hospitals. Following these preliminary efforts, NATO foreign ministers authorized SHAPE to create a dedicated COVID-19 Task Force, to operationalize these plans. In this regard, the COVID-19 Task Force heavily relied on the **Euro-Atlantic Disaster Response Coordination Center (EADRCC)**.*

***NATO** with the **EADRCC**, stands ready to coordinate assistance requests and offers from allied and partner nations, as well as from the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) in support of the stricken nations. At this moment, **nine (9) allied and nine (9) partner nations** have requested international assistance through the EADRCC. In chronological order of requesting, these are: **Ukraine, Spain, Montenegro, Albania, The Republic of North Macedonia, The Republic of Moldova, Bosnia and Herzegovina, Georgia, Colombia, Slovenia, Afghanistan, Mongolia, Bulgaria, Tunisia, Iraq, Slovak Republic, and Czech Republic**. To date **fifteen (15)** requests for International assistance are active right now, since Spain, Italy, Bulgaria, Montenegro, and Slovenia have retrieved their respected requests. It is proven that most of the Member States are difficult to react, since each of them needs the same materials and equipment. In addition, the Republic of Moldova issued a second request for international assistance while Ukraine and Czech Republic have updated their requests.*

*NATO added value in the response to this crisis due to the ability to offer efficient logistical solutions at a shared transportation cost. To coordinate logistics, SHAPE relied on **NATO's Support and Procurement Agency (NSPA)**. During the COVID-19 crisis, the NSPA organized rapid cost-effective deliveries of protective medical equipment, through NATO's airlift capabilities. In this respect and in connection with NSPA, NATO's initiatives such as the Strategic Airlift International Solution (SALIS)*

and the Strategic Airlift Capability (SAC), established in 2003 and 2009 respectively, have been vital to the prompt and safe delivery of medical supplies.

In Numbers, until June 2020, NATO contributes to the fight against pandemic as follows:

- More than **350** flights transporting medical personnel,*
- **100** field hospitals built,*
- **45.000** treatment beds provided,*
- **14.000** military medical professionals deployed to assist in civilian Hospitals,*
- **500.000** troops around the alliance helped respond,*
- **6.000** defence scientists work to improve virus detection and decontamination,*
- **13** allies received assistance from NSPA,*
- **24/7 support** from **NATO EADRCC**, to facilitate medical and financial assistance to 16 NATO and Partner Nations (more than 300 ventilators, more than 10.000lts of disinfectant and more than 2 million masks, were donated).*

*Cooperation with multilateral organizations such as the **European Union**, the **World Health Organization (WHO)**, and the **United Nations** also facilitated the achievement of NATO deliverables. EU also resorted to NATO logistics apparatus to deliver aid between and even beyond EU countries. Another area of cooperation was medical resilience, where NATO and EU built on the experience of two organizations with experience in the field, the **Multinational Medical Coordination Center (MMCC)** and **European Medical Command (EMC)**. The goal is the increasing readiness in medical capabilities through cooperation between military medical services and civilian health system of member states.*

NATO's COVID-19 contribution was the rapidity and the cost-effectiveness in the delivery of medical aid compared to the aid some NATO member states received from countries outside the alliance (such as China, but also Brazil, Cuba, and Egypt). The alliance's experience in disaster relief, the coordination operated by EADRCC, the easy access to military heavy cargo planes thanks to the NSPA procurement

agencies, which also reduced market competition between states over medical supplies, facilitate this endeavor. Through this process NATO contributes with personnel and means, such as cargo aircrafts, directly from the resources allocated by its member states, and the medical aid exchanged performed under the NATO coordination through EADRCC.

*In terms of the operational framework, NATO has tackled COVID-19 following the protocol defined for **hybrid threats**. Due to the nature and the dynamics of the pandemic regarding its deadly potential, military activities including training and exercises were reduced by 33%, with only a 20% of personnel involved.*

*Unfortunately, during this period of crisis, powers like China and Russia seized the opportunity to discredit NATO member states' management of the pandemic and even accuse the alliance itself for the pandemic spread by propagating a huge amount of "**Fake News**". To counter disinformation, **NATO's Public Diplomacy Division (PDD)** has been extensively monitoring and reporting these false claims with fact checking in cooperation with the EU.*

NATO's response to the COVID-19 pandemic thus far has shown that the Alliance can play a positive supporting role in helping not only the member states, to respond to health emergencies. Across the Alliance, more than half a million troops have supported the response to date, setting up almost 100 field hospitals and airlifting hundreds of tons of critical supplies around the world. The lessons learned until now of COVID-19 also cites that pandemics pose a risk to the health and safety of service members and their families, while posing a challenge to maintaining the desirable level of military readiness.