



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



The Standing Committee of European Doctors (CPME) gathers COVID-19 related information amongst National Medical Associations on a continuous basis and releases weekly updated status reports.

# COVID-19 in Europe: Status report from the National Medical Associations

**15 January 2021**

This report provides an overview of the national responses to the COVID-19 outbreak in Europe and the medical profession's involvement in the fight against the virus.

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*Disclaimer: As national situations constantly evolve this report does not claim permanent or comprehensive validity but rather provides a snapshot at a given point in time. The information provided originates from different dates.*

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## Questions<sup>1</sup>:

- COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
- Do all health professionals have access to high quality PPE?
- Have you changed your procurement practices for PPE?
- Are doctors regularly tested for COVID-19? If so, how often?
- If you request to be tested for COVID-19, are the test fees covered by the national health system?
- Are doctors a priority group in the national COVID-19 vaccination plan?
- Who may administer the COVID-19 vaccine (under supervision of a doctor)?
- How does your country organise the staffing of the vaccine centres?
- If you use a digital contact tracing app, is there a different regime for the proximity alerts if you are a health professional?
- Shortages of medicines (e.g. Propophol)?
- Shortages of Medical Devices (e.g. ventilation devices)?
- Have you used 100% of your stocks of medical devices and medicines needed to treat COVID-19 patients at any time of the pandemic?
- Did you manage to restock medicines and medical devices? Did you cooperate with other countries or participate in any EU programme?
- Have you noticed an increase of falsified or substandard medical devices or medicines to treat COVID-19 patients?
- Shortage of workforce?
- Do you still rely on national reserves of healthcare professionals, e.g. retired doctors, students?
- Working time/Work load
- Is there compensation for loss of income? Is there compensation for families of doctors, who lost their lives to Covid? Are bonuses given to health professions?
- What are the on-going restrictions on professional practice, appointments, patient contact?
- How long will it take to deal with the backlog of treatments (postponed elective surgeries, postponed cancer treatment, patients presenting late)?
- What training was offered to doctors to deal with the pandemic (e.g. relating to PPE, ICM or digital skills)?
- What kind of mental health and wellbeing support practices have been put in place for doctors and other healthcare professionals?
- Other workforce measures of note (e.g. in relation to travel restrictions)?
- Other comments

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<sup>1</sup> All information was updated with the reports provided by National Medical Associations up to **15 January 2021**. Fields marked with a « 0 » imply that no response has been received so far.

## Countries:

Albania	Greece	North Macedonia
Austria	Hungary	Norway
Belgium	Iceland	Poland
Bulgaria	Ireland	Portugal
Croatia	Israel	Romania
Cyprus	Italy	Serbia
Czech Republic	Kosovo*	Slovakia
Denmark	Latvia	Slovenia
Estonia	Lithuania	Spain
Finland	Luxembourg	Sweden
France	Malta	Switzerland
Georgia	Montenegro	Turkey
Germany	Netherlands	Ukraine
		United Kingdom

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\* References to Kosovo are without prejudice to positions on status. They are in line with United Nations Security Council Resolution 1244/1999 and the opinion by the International Court of Justice on the Kosovo declaration of independence.

Country	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
Albania	0
Austria	0
Belgium	0
Bulgaria	1682 medical professionals are infected. On 19 October, there was the celebration of the day of Saint Ivan Rilski, Patron Saint of Bulgarian physicians. The 20 Bulgarian doctors who lost their lives while taking care of their patients were commemorated.
Croatia	0
Cyprus	0
Czech Republic	By 15 November, there had been 5401 cases and 9 deaths among doctors, and 14,733 cases and 5 deaths among nurses. In general, the autumn wave of the COVID-19 epidemic has been much more serious than the spring wave.
Denmark	By 15 December, there had been 932 hospital doctors (5,06%) and 27 GPs (3,11%) infected with Covid-19.
Estonia	There were minor outbreaks in three hospitals in Estonia, one in Tallinn and one in the East region.
Finland	Health authorities do not publish this kind of information.
France	On 3 June, the retirement fund for doctors (CARMF) counted about fifty private physicians who had died of COVID-19.
Georgia	Roughly 9000 medical staff (doctors, nurses) are infected. The data are not exact. The sum of all infected doctors and other health professions is between 18.000 to 20.000. Exact statistics are soon expected. 33 died.
Germany	Especially in the early stages of the pandemic many health professionals with COVID-19 were registered without any special reference to their work. However, reporting has improved since. In July, there were 13 400 confirmed cases of health professionals who contracted COVID-19 (including other medical staff) of whom 20 died. (Source: RKI)

<b>Greece</b>	More than 1500 healthcare professionals are COVID-19 positive and approximately 500 doctors and nurses are in quarantine. Three doctors and one nurse passed away.	
<b>Hungary</b>	On 02/10/2020, there were 481 infected health professionals in Hungary. There are no specific numbers on doctors available at the moment.	
<b>Iceland</b>	There are no overall statistics for COVID-19 infections amongst doctors. The IcMA has regularly made enquiries to all health organisations in the country. So far there appear to be no patient – doctor transmissions and no deaths among doctors.	
<b>Ireland</b>	As of 12/10/2020 there has been 9756 (21.8% of all cases) cases of infection among HCWs and 8 deaths. Between 29/09/2020 and 12/10/2020 (14 day period) there were 476 HCW cases. 20 (4.2%) of these cases were amongst doctors. A seroprevalence study carried out over a 3 month period (July – Oct) in Tallaght University Hospital on 1200 of its staff found antibodies of COVID19 in 18% of participants. For staff with roles in direct patient contact the rate was 20% and for roles with less direct patient contact the rate was 13%. 12% of the 1200 participants had been previously diagnosed with COVID19. Seroprevalence excluding previous confirmed infections was 7.5%. Half of this group suspected having the infection at some point.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Based on data 27/9/20 there have been 1661 (10.41% of all cases ) cases of infection among healthcare professionals and 14 deaths, 7 of which were doctors.	
<b>Latvia</b>	Available data indicates low infection rate among doctors and other health professionals - close to the 10% of all cases. To our knowledge, no deaths among health professionals have been registered due to COVID-19.	
<b>Lithuania</b>	There is no information about the prevalence among doctors. Lithuanian Medical Association knows about 61 170 healthcare workers tested till October and 558 of them were tested positive (0,91%). The biggest number of infected healthcare workers was in September -126. There were no deaths among doctors and other health professionals.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0

<b>Netherlands</b>	No prevalence data among doctors available. Until 17 November 2020, 58,424 confirmed cases (health professionals, age 18-69 years) have been registered. 16% of all confirmed cases (age 18-69 years) are health professionals. 1,7% of all registered deaths due to COVID-19 were health professionals.	
<b>North Macedonia</b>		0
<b>Norway</b>	Available data indicate very low infection rates among doctors and other health professionals since June. To our knowledge no deaths among health professionals have been registered due to COVID-19.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	On 7 October, the situation in Romania was: The infection rate of health workers compared to the average infection rate of citizens is 3.21/1. The share of infected health workers in the total number of infected citizens is 4%. A total of 5,717 confirmed cases of health workers, of which 700 are doctors. Deaths among health workers: 34. So far, 142,570 infections and 5,203 deaths due to COVID-19 have been registered in the Romanian population.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	There is no overall statistics for prevalence amongst doctors. According to the media 2 doctors with confirmed COVID-19 infection have deceased.	
<b>Switzerland</b>	There are no official numbers available, incidence varies by canton and speciality. In the beginning of the pandemic the risk of infection for doctors and other health professionals in Switzerland was clearly elevated in comparison to the general population. One reason was lack of PPE. Death rates are considered to be low.	
<b>Turkey</b>		0

<b>UK</b>	Doctors in England and Wales completed the survey between 6 and 12 August. Of the 4,120, 12% had a diagnosis confirmed by testing, and 14% had not. 63% did not believe they had contracted the virus. Continuing or new symptoms that are believed to have been caused by Covid-19 that are reported by doctors who had contracted Covid-19 and have now recovered (1,030 respondents) include: chronic fatigue 21%; reduced exercise capacity 21%; muscle weakness 8%; Concentration difficulties 11%.
<b>Ukraine</b>	0

Country	Do all health professionals have access to high quality PPE?
Albania	0
Austria	0
Belgium	0
Bulgaria	Yes, however helmets are not widely available. Many doctors and health staff purchase them privately.
Croatia	0
Cyprus	0
Czech Republic	Currently, they do. Hospitals were required to build up the stocks of PPE for 1-2 months of operation. In May when the epidemic situation in CR got better, the Czech Medical Chamber also called upon the private doctors to build up the stocks of PPE for at least 1 month of operation. The offers of existing commercial suppliers of PPE are published on the Czech Medical Chamber website.
Denmark	Yes.
Estonia	Health professionals mostly have access to high quality PPE.
Finland	Yes, they do.
France	A state stock has been made available to health professionals and the quality is monitored by the ANSM through its materiovigilance service. In case of a defective product , there is a form to notify "Deficient Quality in Covid-19 protective equipment": <a href="https://signalement.social-sante.gouv.fr/psig_ihm_utilisateurs/index.html#/accueil">https://signalement.social-sante.gouv.fr/psig_ihm_utilisateurs/index.html#/accueil</a>
Georgia	Yes.
Germany	In spring, there was an evident lack in PPE, first and foremost regarding protective gear and protective masks for health professionals. General practitioners were severely affected.
Greece	Yes, they do.
Hungary	Yes, they do.
Iceland	Yes, they do.



<b>Ireland</b>	Yes, they do.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Yes, they do.	
<b>Latvia</b>	Yes, they do.	
<b>Lithuania</b>	Yes, certainly. Health care institutions are required to build up stocks of PPE for some months.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Only if necessary. Hospitals have their own guidelines. For health professionals working outside the hospital PPE is only recommended when caring for patients with confirmed or suspected COVID-19 within 1,5 m distance. Health professionals may deviate from these guidelines and ask for PPE in specific situations.	
<b>North Macedonia</b>		0
<b>Norway</b>	Whereas at the end of March and the beginning of April, 240 of 356 municipalities reported shortages of PPE, as of August 2, the Norwegian Health Directorate reports no shortage. Some municipalities report having less than 3 weeks supplies.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	No, only those in the medical units dedicated to COVID-19. The rest have PPE bought either from personal resources for doctors with free practice, or purchased by employers from the usual suppliers of sanitary materials, being difficult to assess their quality.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	Yes. All health professionals have access to PPE at the moment.	

<b>Switzerland</b>	At the moment yes. This may be changing, if a 2nd wave comes.	
<b>Turkey</b>		0
<b>UK</b>	<p>Shortages. BMA has written to the Prime Minister to request that “that healthcare workers have the proper protection for caring for patients with Covid-19 as well as being given priority testing.”</p> <p>According to a recent survey by the BMA, however, more than half of doctors working in high-risk environments said there were either shortages or no supply at all of adequate face masks, while 65% said they did not have access to eye protection. Furthermore, 55% said they felt pressurised to work in a high-risk area despite not having adequate PPE. BMA members in the UK were asked to give feedback on their current PPE supplies between Friday, 3 April and Monday, 6 April. The most recent survey, closed on 13 August, involved nearly 4,000 doctors from England and Wales. The situation is improving, but there are still localised problems. For example, the latest survey shows that around 20% of doctors either have shortages of no supply at all of long-sleeved gowns. In April, just under half of all doctors said that they had either had to buy or rely on donated PPE for themselves or their department. The latest survey is available here: <a href="https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors">https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors</a></p>	
<b>Ukraine</b>		0

Country	Have you changed your procurement practices for PPE?
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	The Emergency Law allowed medical establishments to contract directly with providers of disinfectants, medical equipment, PPEs etc., thus suspending some articles of the Procurement law.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	During the state of emergency in March and April, PPE was purchased without providing for full and open competition. Fast but in some cases at immoderate prices. After the end of the state of emergency, The Public Procurement Act came back into force. According to our information, the state-organized purchases are slow.
<b>Denmark</b>	The Danish authorities continuously adjust the guidelines etc on use of PPE in the health care sector.
<b>Estonia</b>	No, there was not.
<b>Finland</b>	Procurement processes have been streamlined. Domestic production started in the summer.
<b>France</b>	The state has made a state stock available to healthcare professionals , which is provided, free of charge, through pharmacies, upon presentation of proof of activity.: <a href="https://solidarites-sante.gouv.fr/IMG/pdf/2020-dgs-urgent_51_-_evolution_doctrine_distribution_masques.pdf">https://solidarites-sante.gouv.fr/IMG/pdf/2020-dgs-urgent_51_-_evolution_doctrine_distribution_masques.pdf</a>
<b>Georgia</b>	No.
<b>Germany</b>	Germany enacted a new regulation on the procurement of PPE regarding COVID-19 (Verordnung zur Beschaffung von Medizinprodukten und persönlicher Schutzausrüstung bei der durch das Corona-Virus SARS-CoV-2 verursachten Epidemie). The German state is thus responsible for acquisition and distribution of PPE needed to handle the pandemic.
<b>Greece</b>	No, there was not.
<b>Hungary</b>	No, there was not.

<b>Iceland</b>	No, there was not.	
<b>Ireland</b>	Yes, there is now a single point of contact for critical PPE.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	During the state of emergency in March - May, PPE was purchased without providing for full and open competition. PPE became available fast but in some cases at immoderate prices. This is due to the fact that Kosovo* is a small market. After the end of the state of emergency in June 2020, the Public Procurement Law came back into force, eventhough with a lot of tecnical problems.	
<b>Latvia</b>	No. There were partial relief in the legal framework during the state emergency declared from March 11 to June 7.	
<b>Lithuania</b>	Yes, the rules of public procurement have been changed due to a large sypply of PPE. Moreover, national companies contributed and provided a lot of PPE for free.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	No.	
<b>North Macedonia</b>		0
<b>Norway</b>	Due to the pandemic, a larger supply of PPE than before has been stockpiled, as the pandemic revealed that the previous preparedness strategy was not sufficient when the whole world community is impacted. One of the regional health corporations, Health South East, has been tasked with procuring and distributing PPE nationally, as a temporary measure.	
<b>Poland</b>		0
<b>Portugal</b>		0

<b>Romania</b>	Unfortunately, there have apparently been frauds in public procurement, and there are currently ongoing investigations. In March and April, doctors with free practice tried to be supplied by the public agency of the Ministry of Health, but the frauds and difficulties in purchasing from external providers, made that all purchases were on the free market, which in turn was as well subject of speculative pressures.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	Yes. In Sweden, the 21 regions and 290 municipalities are responsible for everyday purchasing, delivery and receipt of personal protective equipment and medical supplies. During the COVID-19 response, the National Board of Health and Welfare has been commissioned by the Government to assist coordinated purchasing from the national level and to secure access to personal protective equipment and other supplies if the regional or municipal capacity for this is insufficient. The Board is also commissioned to assist with redistribution of equipment and supplies, if needed.	
<b>Switzerland</b>	Numbers for surgical masks and gloves have been adopted.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>Are doctors regularly tested for COVID-19? If so, how often?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Medical doctors are tested upon return from vacation and quarantine. Some hospitals have introduced bi-monthly testing.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	Not regular. Only in case of showing symptoms and based on recommendation of the general practitioner, or in case of proven contact with an infected person within quarantine.
<b>Denmark</b>	Doctors with ordinary patient contact are tested every 6th week. Doctors in contact with particularly vulnerable patients are tested every second week.
<b>Estonia</b>	Doctors in general do not have access to regular testing.
<b>Finland</b>	There is no regular testing. Doctors are tested if they have symptoms.
<b>France</b>	Healthcare professionals are invited, like any citizen, to be tested in the event of symptoms or "contact cases".
<b>Georgia</b>	Yes, once or twice a week.
<b>Germany</b>	Any health professional who had contact with COVID-19 patients is tested regularly. (Source: Nationale Teststrategie SARS-CoV2)
<b>Greece</b>	All healthcare professionals are tested at least once a week.
<b>Hungary</b>	No, only if they have symptoms or had contact with infected patients.
<b>Iceland</b>	No, but everyone can get a test if they think they have COVID -19 or were in contact with infected individuals.
<b>Ireland</b>	No, healthcare workers are referred for testing if they display one of the symptoms or if they have symptoms of acute respiratory illness AND have been in contact with a confirmed or probable COVID-19 case in the last 14 days.
<b>Israel</b>	0
<b>Italy</b>	0

<b>Kosovo*</b>	Not regulary. Only in case of showing symptoms or in case of proven contact with an infected person within quarantine.	
<b>Latvia</b>	They are tested in the same way as the general population. University hospitals and some regional hospitals have introduced wekly testing of health care profesionalns.	
<b>Lithuania</b>	Doctors are tested as much as needed, there are no restrictions.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Only if they have (mild) symptoms.	
<b>North Macedonia</b>		0
<b>Norway</b>	Health personell who within the previous 10 days has been in countries outside of Norway which are not covered by the requirement of quarantine on return (so-called yellow areas), should inform their employer before returning to work. The recommendation is that they undergo at least one test for SARS-COV-2 and that they do not carry out work in contact with patients before a negative test is present.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	They are tested in the same way as the general population, only if they are COVID suspected, or if they have come in direct contact with positive patients and show symptoms. Some medical units test their employees if they have established their own procedure for this. The medical staff of the care units for the elderly and people with special needs is officially tested every two weeks.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	They are not regularly tested, only if they show symtoms of COVID-19 or have been at risk to have been infected according to infection contact tracing.	

<b>Switzerland</b>	No. Healthcare workers are referred for testing only if they display one of the symptoms or if they have symptoms of acute respiratory illness AND have been in contact with a confirmed or probable COVID-19 case in the last 14 days.	
<b>Turkey</b>		0
<b>UK</b>	Staff will get home kits to test themselves twice a week - <a href="https://www.england.nhs.uk/coronavirus/publication/asymptomatic-nhs-staff-testing/">https://www.england.nhs.uk/coronavirus/publication/asymptomatic-nhs-staff-testing/</a>	
<b>Ukraine</b>		0



<b>Country</b>	<b>If you request to be tested for COVID-19, are the test fees covered by the national health system?</b>	
<b>Albania</b>		0
<b>Austria</b>		0
<b>Belgium</b>		0
<b>Bulgaria</b>	No, if a person wishes to be tested for COVID-19, costs are borne by the person in question. If referred by physician, tests are covered by the National Health Insurance Fund	
<b>Croatia</b>		0
<b>Cyprus</b>		0
<b>Czech Republic</b>	Yes, in this case the test is covered by the public health insurance.	
<b>Denmark</b>	Yes	
<b>Estonia</b>	Yes, it is.	
<b>Finland</b>	Tests are provided both in the public and private sector. In the public sector, the test is free of charge. In the private sector, fees vary and the cost is partly reimbursable from the sickness insurance.	
<b>France</b>	Healthcare professionals benefit from easy access to COVID-19 tests on presentation of their professional card in any laboratory of their choice and with full coverage by health insurance.	
<b>Georgia</b>	Yes, for cases which fit case definition, in case of close contacts and priority groups.	
<b>Germany</b>	Yes, it is for health professionals.	
<b>Greece</b>	All citizens have access to public hospitals and can be tested.	
<b>Hungary</b>	No, only if the request comes from the doctor. If you want to be tested personally, the price is regulated by the authorities since 17 September.	
<b>Iceland</b>	Yes, they are.	
<b>Ireland</b>	If a healthcare worker is referred for a test there is no charge.	
<b>Israel</b>		0
<b>Italy</b>		0

<b>Kosovo*</b>	No charges in this cases.	
<b>Latvia</b>	Yes, it is covered. The referral from the GP is necessary though.	
<b>Lithuania</b>	All the test fees are covered by the national health system.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes. Test fees are covered by Public Health Budget.	
<b>North Macedonia</b>		0
<b>Norway</b>	Normally yes	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	No	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	There is no charge for PCR tests. The fee for the antibody test varies depending on the healthcare region but e.g in the biggest region in Stockholm, the antibody tests are for free.	
<b>Switzerland</b>	Depends on the situation.	
<b>Turkey</b>		0
<b>UK</b>	Yes	
<b>Ukraine</b>		0

Country	Are doctors a priority group in the national COVID-19 vaccination plan?
Albania	0
Austria	0
Belgium	0
Bulgaria	0
Croatia	0
Cyprus	0
Czech Republic	0
Denmark	Health personnel is planned to be among the first groups to get the vaccine.
Estonia	0
Finland	Healthcare personnel is a priority group.
France	0
Georgia	0
Germany	0
Greece	0
Hungary	0
Iceland	0
Ireland	0
Israel	0
Italy	0
Kosovo*	0
Latvia	0
Lithuania	0
Luxembourg	0
Malta	0
Montenegro	0

<b>Netherlands</b>	Yes, doctors working in nursing homes, and doctors working in disability and home care are a priority group in the first round.	
<b>North Macedonia</b>		0
<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	<p>Doctors were not a priority group at first but now the authorities have agreed that vaccination of healthcare staff within ICUs and other Covid related wards can be vaccinated in parallel with the priority groups that are</p> <ul style="list-style-type: none"> <li>• Persons who live in the elderly care homes or have homecare.</li> <li>• Staff in elderly care, healthcare and other care staff who work close to people above.</li> <li>• Close household contacts to people who have homecare.</li> </ul>	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

Country	Who may administer the COVID-19 vaccine (under supervision of a doctor)?
Albania	0
Austria	0
Belgium	0
Bulgaria	0
Croatia	0
Cyprus	0
Czech Republic	0
Denmark	The covid-19 vaccine is administered by the normal rules of delegation but the set up with establishing vaccine centres etc. are very tight for minimising the risk of wasting vaccines.
Estonia	0
Finland	Healthcare personnel may administer the vaccine.
France	0
Georgia	0
Germany	0
Greece	0
Hungary	0
Iceland	0
Ireland	0
Israel	0
Italy	0
Kosovo*	0
Latvia	0
Lithuania	0
Luxembourg	0
Malta	0

<b>Montenegro</b>		0
<b>Netherlands</b>	health professionals who are competent / skilled and meet the legal requirements (wet BIG).	
<b>North Macedonia</b>		0
<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	Licenced doctors and licenced nurses.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

Country	How does your country organise the staffing of the vaccine centres?
Albania	0
Austria	0
Belgium	0
Bulgaria	0
Croatia	0
Cyprus	0
Czech Republic	0
Denmark	Among other initiatives the regions have established job-banks for retired doctors and nurses. They are now used for staffing vaccine centres. GPs vaccinate the elderly in the nursing homes.
Estonia	0
Finland	Municipalities are responsible for organising the vaccinations in their respective areas.
France	0
Georgia	0
Germany	0
Greece	0
Hungary	0
Iceland	0
Ireland	0
Israel	0
Italy	0
Kosovo*	0
Latvia	0
Lithuania	0
Luxembourg	0

<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Regional public health services are staffed for BioNTech/Pfizer vaccine. Moderna vaccine will be distributed/administered by GP's / nursing homes, etc. after approval.	
<b>North Macedonia</b>		0
<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	In Sweden, the 21 healthcare regions are responsible for vaccination in their own region and they have different strategies for organizing the vaccination.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0



<b>Country</b>	<b>If you use a digital contact tracing app, is there a different regime for the proximity alerts if you are a health professional?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	N/A
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	0
<b>Denmark</b>	No
<b>Estonia</b>	No, there is not.
<b>Finland</b>	The app "Koronavilkku" is the same for all who use it (i.e. approximately 2 meters, 15 minutes). 2,5 million Finns have downloaded the app out of a population of 5,5 million.
<b>France</b>	There are no differences.
<b>Georgia</b>	No.
<b>Germany</b>	The German digital contact tracing app makes no distinction between the general population and health professionals regarding the proximity alerts regime.
<b>Greece</b>	There is no digital contact tracing app.
<b>Hungary</b>	No, there is not.
<b>Iceland</b>	No, there is not.
<b>Ireland</b>	No, there is not.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No, there is not.
<b>Latvia</b>	No, there is not.

<b>Lithuania</b>	We don't use a digital contact tracing app.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	No.	
<b>North Macedonia</b>		0
<b>Norway</b>	No digital contact tracing app is currently used nationally.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	There is no established digital tracking system in Romania.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	In Sweden we do not have a contact tracing app.	
<b>Switzerland</b>	No, there is not.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>Shortages of medicines (e.g. Propophol)?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	No shortages
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	Currently not.
<b>Denmark</b>	Shortages of different kind of medicines occur regularly.
<b>Estonia</b>	No, there are no shortages.
<b>Finland</b>	No shortages have been reported.
<b>France</b>	There is currently no communication about the risk of drug shortage.
<b>Georgia</b>	Yes.
<b>Germany</b>	In spring, there were concerns about potential shortages of propophol, adrenalin and vaccines against pneumococci. 317 supply shortages were reported so far.
<b>Greece</b>	No, there are no shortages.
<b>Hungary</b>	No, there are no shortages.
<b>Iceland</b>	No, there is not.
<b>Ireland</b>	This year has seen an increase in demand and uptake for the seasonal flu vaccine. 1.35 million doses were made available for those in HSE-defined at-risk groups including healthcare workers. It is expected that all doses will be administered. This figure is an increase from last year, with just under 1 million (950,000) doses administered last winter.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No, there is not.
<b>Latvia</b>	No, there is not.

<b>Lithuania</b>	Currently not.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	At the moment no shortage.	
<b>North Macedonia</b>		0
<b>Norway</b>	A list of medicines published by the Norwegian Medicines Agency shows that there is a shortage of medicines, for example cisatracurium and paracetamol, but alternatives are available. More information can be found here: <a href="https://legemiddelverket.no/legemiddelmangel/nyheter-om-legemiddelmangel-og-avregistreringe">https://legemiddelverket.no/legemiddelmangel/nyheter-om-legemiddelmangel-og-avregistreringe</a>	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	With a few exceptions related to temporary procurement difficulties, there are still no medicines shortages.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	In July, the Medcial Product Agency decleared that there are no longer any shortage of propophol.	
<b>Switzerland</b>	Yes, they have been documented.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

Country	Shortages of Medical Devices (e.g. ventilation devices)?
Albania	0
Austria	0
Belgium	0
Bulgaria	No shortages
Croatia	0
Cyprus	0
Czech Republic	Currently not.
Denmark	No
Estonia	No, there are no shortages.
Finland	No shortages have been reported. The epidemic is in control all around the country and healthcare capacity has been sufficient so far.
France	There is currently no communication about the risk of medical devices shortage.
Georgia	Yes.
Germany	There is no actual shortage. However, the German government ordered more than 26 000 new ventilation devices.
Greece	No, there are no shortages.
Hungary	No, there are no shortages.
Iceland	At the beginning of the pandemic there was an urgent need to restock medical devices in the national hospital, but that was dealt with in cooperation with other countries including China. Today there is no shortage.

<b>Ireland</b>	No, there are no shortages. However we have a shortage of ICU capacity: At 5 beds per 100,000 Ireland has among the lowest number of intensive care beds in the OECD and falls well below the OECD average of 12 ICU beds per 100,000 population. The number of ICU beds has increased from 255 to 285 with funding for 17 additional ICU beds in the HSE Winter Plan. However, double the number of current ICU beds would be required to bring Ireland in line with international ratios.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No, there are no shortages.
<b>Latvia</b>	No, there is not.
<b>Lithuania</b>	No, there are no shortages.
<b>Luxembourg</b>	0
<b>Malta</b>	0
<b>Montenegro</b>	0
<b>Netherlands</b>	At the moment no shortage.
<b>North Macedonia</b>	0
<b>Norway</b>	The demand is met at the moment
<b>Poland</b>	0
<b>Portugal</b>	0
<b>Romania</b>	For now, at the current level of new daily cases that today exceeded 3,000 with about 600 COVID patients in intensive care, the health system still can manage, but by reaching 1,000 patients in intensive care, the technical and human capacity will be exceeded, even if they will expand the ICU wards.
<b>Serbia</b>	0
<b>Slovakia</b>	0
<b>Slovenia</b>	0
<b>Spain</b>	0
<b>Sweden</b>	No shortage of ventilation devices.
<b>Switzerland</b>	Yes, they have been documented.

Turkey		0
UK		0
Ukraine		0

<b>Country</b>	<b>Have you used 100% of your stocks of medical devices and medicines needed to treat COVID-19 patients at any time of the pandemic?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	No. In fact, according to a recent survey, hospitals believe they can manage a new wave over the autumn/winter period in terms of equipment.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	Not yet.
<b>Denmark</b>	No
<b>Estonia</b>	No, they were not.
<b>Finland</b>	No, they were not.
<b>France</b>	This has not been specified.
<b>Georgia</b>	No.
<b>Germany</b>	No, they were not.
<b>Greece</b>	No, they were not.
<b>Hungary</b>	No, they were not.
<b>Iceland</b>	No, there is not.
<b>Ireland</b>	No, no they were not.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No.
<b>Latvia</b>	No
<b>Lithuania</b>	No
<b>Luxembourg</b>	0



<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes.	
<b>North Macedonia</b>		0
<b>Norway</b>	n/a	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	Only for very short periods of time	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	No. Sweden has had enough capacity during the pandemic apart from initial shortage of some medicines and PPE.	
<b>Switzerland</b>	Unknown.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>Did you manage to restock medicines and medical devices? Did you cooperate with other countries or participate in any EU programme?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Yes. But Bulgaria has not cooperated with other countries
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	As far as I know, during the first wave of the epidemic, there was sort of a symbolic aid happening from the side of the Czech Republic towards Italy.
<b>Denmark</b>	Yes. DMA does not know if Denmark has cooperated or participated in any EU programmes.
<b>Estonia</b>	Yes, it was possible to restock.
<b>Finland</b>	Restocking has been possible. Finland has participated some EU programmes.
<b>France</b>	There was cooperation in the context of EMA activities.
<b>Georgia</b>	Georgia received a grant from the EU and bought some medical equipment, protective equipment. Trainings are hold for medical staff.
<b>Germany</b>	Regarding medical devices, Germany donated ventilation devices to France, Italy and Spain. Filling a gap of the corresponding EU programme, Germany also plans to give some ventilation devices to developing countries.
<b>Greece</b>	This is not applicable.
<b>Hungary</b>	Yes, it was possible to restock. There was no participation in EU programmes.
<b>Iceland</b>	Yes, it was possible to restock.
<b>Ireland</b>	N/A
<b>Israel</b>	0
<b>Italy</b>	0

<b>Kosovo*</b>	Yes, WHO and EU Comission	
<b>Latvia</b>	N/A	
<b>Lithuania</b>	Yes	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	1) Yes. 2) No.	
<b>North Macedonia</b>		0
<b>Norway</b>	Yes. In March Norway joined the EU JPA initiative on joint procurement of medicines, medical equipment and PPE.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	The Ministry of Health is the competent authority in the field. We do not have concrete information on the supply process and possible collaborations.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	N/A	
<b>Switzerland</b>	Partially.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>Have you noticed an increase of falsified or substandard medical devices or medicines to treat COVID-19 patients?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	We had an issue with substandard PPE and disinfectants, but it has been solved.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	Some of the PPE purchased from China did not meet the standards. According to our sources, the Ministry of Health is currently in dispute with a few companies which were selling PPE to our country at immoderate prices.
<b>Denmark</b>	No
<b>Estonia</b>	No, there were no such cases.
<b>Finland</b>	No such cases were reported. Some PPE purchased in spring was substandard compared to what was ordered.
<b>France</b>	Not specified
<b>Georgia</b>	No, not until now.
<b>Germany</b>	0
<b>Greece</b>	No, there were no such cases.
<b>Hungary</b>	No, there were no such cases.
<b>Iceland</b>	No, there were no such cases.
<b>Ireland</b>	No, there were no such cases.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No, there were no such reports.
<b>Latvia</b>	No, there were no such cases.

<b>Lithuania</b>	No	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes.	
<b>North Macedonia</b>		0
<b>Norway</b>	N/A	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	N/A	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	N/A	
<b>Switzerland</b>	No, there were no such cases. Except for not declared non medical use masks.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>Shortage of workforce?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Yes, severe, particularly- infectionists, anaesthesiologists, pathologists and nurses. A recent survey reported that lack of health professionals is the biggest challenge.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	Lack of doctors, nurses and other healthcare professionals is a chronic issue of our healthcare system. COVID-19 epidemic made the issue even worse. For instance, the older doctors were afraid to work, doctors-parents could not work since the schools were closed and they had to take care of their children. However, thanks to taking rapid, tough measures, the first wave of the epidemic was eventually managed enough to leave our underfinanced and personally devastated health care system functional.
<b>Denmark</b>	The workforce is under great pressure because of Covid-19 patients and catching up the missing operations etc. from the spring period - and colleagues who themselves are Covid-19 infected.
<b>Estonia</b>	Yes, there is a shortage.
<b>Finland</b>	The epidemic situation varies in different regions. Some healthcare professionals have temporarily changed their tasks or unit in which they work. An actual shortage has not been reported.
<b>France</b>	The situations were very different depending on the different regions and the heavily populated cities impacted by COVID-19.
<b>Georgia</b>	Yes.
<b>Germany</b>	The government recently announced that it aims to create 5000 additional university places for medicine in Germany to remedy a shortage of doctors in the future.

<b>Greece</b>	Unfortunately, primary healthcare is still not fully adequate, which results in citizens presenting at public hospitals, while at the same time the pre-existing shortage of health personnel, mainly nurses, becomes apparent. The pandemic has highlighted the need to hire more doctors and nurses, a process that has already begun but is time consuming, due to bureaucracy. During the second pandemic wave, doctors of various specialties and nurses are moved to ICUs and emergency departments.	
<b>Hungary</b>	There is no shortage at present, but there is a possibility to relocate medical doctors or nurses if necessary.	
<b>Iceland</b>	Yes, there is a shortage.	
<b>Ireland</b>	Prior to COVID-19, Ireland was already suffering from significant shortages of medical specialists with over 500 (approx 15%) of public service consultant positions unfilled or filled on a temporary basis.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Yes.	
<b>Latvia</b>	Yes, there is a shortage, especially of nurses.	
<b>Lithuania</b>	So far, there was no problem.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes, again due to second wave of COVID-19 infections.	
<b>North Macedonia</b>		0
<b>Norway</b>	In March, medical students were asked to volunteer due to a foreseen shortage of medical staff	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	In some counties this is a reality. Residents of intensive care in the last year of training were used, and specialists in public health and epidemiology were seconded for short periods where necessary.	
<b>Serbia</b>		0

<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	The shortage of medical specialists has affected Swedish healthcare for a long time even prior to the pandemic and has contributed to a strained work environment in both primary care and in emergency and inpatient care.	
<b>Switzerland</b>	Unequal distribution.	
<b>Turkey</b>		0
<b>UK</b>	This has been an issue pre-COVID-19 which the BMA has regularly raised with the government. During the first wave of the pandemic the NHS relied on medical students and retired staff returning to the front line. Existing staff had to be re-deployed to different settings to deal with demand, this will also be the case in the second wave.	
<b>Ukraine</b>		0



<b>Country</b>	<b>Do you still rely on national reserves of healthcare professionals, e.g. retired doctors, students?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	No
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	At the moment, our problem is the insufficient capacity of the “hygienic” services (public health services) which leads to insufficient contact tracing. The public health services have been assisted by soldiers and, for example, students lately.
<b>Denmark</b>	No, but there is now a possibility established to enroll these groups quickly.
<b>Estonia</b>	No, not currently.
<b>Finland</b>	There has been no need since spring. Students have been used in tracing work.
<b>France</b>	This applies only to the Overseas Territories.
<b>Georgia</b>	Yes.
<b>Germany</b>	0
<b>Greece</b>	No, not currently.
<b>Hungary</b>	They are available if needed.
<b>Iceland</b>	Yes.
<b>Ireland</b>	In the vast majority of cases, redeployed staff have returned to their posts. There are still additional healthcare professionals employed and redeployed mainly to public health departments to support testing and tracing.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	Yes.

<b>Latvia</b>	Yes, a voluntary call has been launched.	
<b>Lithuania</b>	No, There are still additional healthcare professionals employed and redeployed mainly to public health departments to support testing and tracing.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes, again in second wave.	
<b>North Macedonia</b>		0
<b>Norway</b>	No	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	Currently not, but in March and April were also used student volunteers. Retired doctors were not mobilized.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	No, not anymore.	
<b>Switzerland</b>	No.	
<b>Turkey</b>		0

<b>UK</b>	<p>The General Medical Council has granted temporary registration to additional doctors under its emergency powers, so that they are able to help with the coronavirus pandemic. This includes:</p> <ul style="list-style-type: none"><li>• 15,500 doctors who had given up their registration or licence to practise within the last three years</li><li>• nearly 6,800 doctors with a UK address who gave up their registration between three and six years ago</li><li>• a further 12,000 doctors with a UK address who are GMC registered, but who do not currently hold a licence to practise.</li></ul> <p>Doctors are being added to the medical register and given an option to opt out if they do not wish to be on the register. Returning to work is voluntary but in case doctors do not opt out:</p> <ul style="list-style-type: none"><li>• They will be asked to complete a short survey to help determine your skills and how you can assist the health service</li><li>• They will remain on the medical register with a license to practise for the duration of the emergency</li><li>• They won't be charged to re-join the medical register</li><li>• They won't need to revalidate during your temporary registration.</li></ul> <p>The BMA has published its advice for returning to clinical practice: <a href="https://www.bma.org.uk/advice-and-support/career-progression/applying-for-a-job/returning-to-clinical-practice-after-absence">https://www.bma.org.uk/advice-and-support/career-progression/applying-for-a-job/returning-to-clinical-practice-after-absence</a></p> <p>As part of action responding to the outbreak of Coronavirus, some medical schools and trusts/boards have offered medical students the opportunity to take on contracts of employment in the NHS.</p>
<b>Ukraine</b>	0

<b>Country</b>	<b>Working time/Work load</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Working time has been changed only for COVID-19 wards and ICUs
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	During the first wave of the epidemic (March, April), there were special rules recognised in hospitals. E.g. Medical personnel were divided into teams to prevent COVID-19 exposure; most elective surgeries were postponed as well as care for patients with chronic illnesses. Medical personnel in acute-care facilities were working in 12 hour shifts.
<b>Denmark</b>	?
<b>Estonia</b>	There were extra hours for COVID-wards.
<b>Finland</b>	The epidemic situation was very good in summer, but has got worse towards the end of the year 2020. Consequently, the work load has increased in addition to dealing with the backlog of treatments.
<b>France</b>	This has not been evaluated but there is a very large volume of hours of activity for health professionals in the highly affected regions.
<b>Georgia</b>	Doctors and epidemiologists work extra hours.
<b>Germany</b>	It is likely that working time and work load of doctors increased through the pandemic. A survey from 2018 concluded that more than a third of the 445000 German doctors worked more than 48 hours a week regularly. (Source: Sonderauswertung des Mikrozensus 2018 des Statistischen Bundesamts)
<b>Greece</b>	There is no regular work shift. All healthcare professionals work overtime.
<b>Hungary</b>	Working time and the work load are elevated.
<b>Iceland</b>	Working time and the work load are elevated.
<b>Ireland</b>	There are ongoing issues in relation to working time and workload particularly in Public Health medicine and Occupational Health medicine.

<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	During the first wave of the epidemic (April - September), there were special rules recognised in hospitals. E.g. Medical personnel were divided into teams to prevent COVID-19 exposure; most elective surgeries were postponed as well as care for patients with chronic illnesses. Medical personnel in acute-care facilities were working in 12 hour shifts.	
<b>Latvia</b>	Working time has not been changed. In P.Stradinš University Hospital the medical personnel is divided in teams, also some regional hospitals have the same approach.	
<b>Lithuania</b>	There are no major changes yet.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	High workload due to second wave.	
<b>North Macedonia</b>		0
<b>Norway</b>	According to the wage agreement – but depending on the situation - the government can use the infectious disease law to order doctors to take part in prevention of corona and to examine and treat patients with corona. The emergency law orders doctors to work more than ordinary working hours.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	Shorter shifts were organized in COVID hospitals, where possible. In the sanitary system as a whole, the working time has not changed.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	The 'crisis situation agreements' have been deactivated so the employers can no longer freely dispose the working time for healthcare personnel. The backlog of treatments will definitely increase the workload.	
<b>Switzerland</b>	Elevated.	
<b>Turkey</b>		0

<b>UK</b>		0
<b>Ukraine</b>		0

Country	Is there compensation for loss of income? Is there compensation for families of doctors, who lost their lives to Covid? Are bonuses given to health professions?
Albania	0
Austria	0
Belgium	0
Bulgaria	There is a 1000 leva bonus for "first-line" physicians. There is no compensation for loss of income or forced paid/unpaid leave.
Croatia	0
Cyprus	0
Czech Republic	After months of embarrassing delays, healthcare personnel finally received bonuses for working at very high risk of exposure to COVID-19. Private doctors who contract with the public insurance companies, did not receive anything.
Denmark	?
Estonia	There is a national health insurance fund.
Finland	There are no nation wide specific arrangements due to COVID-19. Locally, some extra compensation has been paid.
France	There were bonuses and a revision of the salary scale in public hospitals.
Georgia	There is an anti-crisis plan, and a little part is covered by the government.
Germany	It is planned that nursing staff experiencing a particular strain by COVID-19, can receive bonuses up to 1000 Euro per person. These compensations should be financed by the statutory health insurances (Gesetzliche Krankenversicherungen). Moreover, resident doctors can receive compensations for loss of income provided by a support package of the German government.

<b>Greece</b>	During the lockdown last March, there was a bonus of 600 Euros for self-employed doctors. Additionally, all intensivists and ICU nursing staff were paid an extra bonus last April. Except above mentioned, no other bonuses have been given.	
<b>Hungary</b>	Health staff received a one-time compensation payment of 500 000 HUF from the government after the first wave. Otherwise, health professionals receive normal sick leave compensation, if it is proven that they were infected at the workplace, in which case they can apply for compensation.	
<b>Iceland</b>	Health care workers received a bonus last summer after the first wave.	
<b>Ireland</b>	There are normal sick leave payments for HSE employed staff and additional locum payment for self-employed GPs.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	After weeks of embarrassing delays, healthcare personnel finally received bonuses for working at very high risk of exposure to COVID-19, over 60% of health professionals.	
<b>Latvia</b>	Health care workers, who are working with COVID-19 patients or are involved in a contact tracing receive salary bonuses.	
<b>Lithuania</b>	There are bonuses for doctors and other health professionals working in dangerous conditions. There were financial bonuses for rest leave.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Health professionals will receive a bonus (1,000 euros).	
<b>North Macedonia</b>		0
<b>Norway</b>	private practitioners are covered by a public scheme ensuring income equivalent to 80 percent of the average income the last 3 years (capped at NOK 608 106). Private practitioners generally suffered economic losses during March and April.	
<b>Poland</b>		0
<b>Portugal</b>		0



<b>Romania</b>	Doctors working in COVID units received an incentive equivalent to 500 euros. The other doctors, although included in the law providing for this incentive, did not receive it even now due to legislative complications regarding the lack of law enforcement rules. The biggest problem is for the doctors with free practice such as family doctors, who became ill with COVID and did not receive financial support during the illness, and their replacement in the office was exclusively their responsibility without any help from the health administration.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	Due to the pandemic, the government announced that the state temporarily will pay compensation for the first day of the illness so there is no loss of income for the first day. The purpose of the measure was to reduce the spread of infection in society.	
<b>Switzerland</b>	No compensation.	
<b>Turkey</b>		0
<b>UK</b>	No bonus.	
<b>Ukraine</b>		0

Country	What are the on-going restrictions on professional practice, appointments, patient contact?
<b>Albania</b>	
<b>Austria</b>	
<b>Belgium</b>	
<b>Bulgaria</b>	<p>The lockdown took place between 13 March and 13 May 2020 without elective surgeries. As of 14 May, Emergency epidemiological circumstances kicked in, regularly extended, presently until 30 November. Elective surgeries are scheduled. The Bulgarian Medical Association and partners launched two campaigns in May: 1. "Do not postpone your treatment" is which provides advice on precautionary measures and urges individuals/chronic disease patients to manage responsibly their conditions and visit their physicians and 2. Documentary series "Physicians in times of pandemic" which features not only 'first-line' medical doctors but also physicians who continued caring for their patients in quarantine conditions.</p>
<b>Croatia</b>	
<b>Cyprus</b>	
<b>Czech Republic</b>	<p>After temporary loosening the rules during the summer holidays (July, August), we have been recently following the former rules again, i.e. obligation to use face masks or FFP2 respirators in all healthcare facilities. Visitors are not allowed in hospitals.</p>
<b>Denmark</b>	<p>Use of video-consultation to a great extent. Use of PPE, patients must use masks in general practice and in hospitals. Only one visitor is allowed.</p>
<b>Estonia</b>	<p>The wearing of surgical masks is required.</p>
<b>Finland</b>	<p>There are no restrictions. Sufficient protection is required.</p>
<b>France</b>	<p>Thanks to the reorganization of the intensive care beds, there are none.</p>
<b>Georgia</b>	<p>Use of video-consultation. Use of PPE, i.e. patients must wear masks in general practices and in hospitals. Only one visitor is allowed. There is restricted patient contact and an adequate hygiene concept is required.</p>
<b>Germany</b>	<p>Appointments are only possible after the prior registration of patients. There is restricted patient contact and an adequate hygiene concept is required</p>

<b>Greece</b>	During July and August, measures were loosened. Since mid-September, new measures have been imposed as before: visitors are not allowed in hospitals and healthcare facilities, there is distancing among medical staff and patients, there is the use of face masks in all healthcare facilities, there are strictly scheduled appointments. Because of the second pandemic wave, the restrictions on professional practice have become rigid.
<b>Hungary</b>	The use of masks is obligatory for everybody in the hospitals and practices. No visitors are allowed in hospitals and social institutions. Appointments must be made in advance by telephone.
<b>Iceland</b>	The use of masks is obligatory for everybody in hospitals and practices. There are restrictions on visitors allowed in hospitals and social institutions.
<b>Ireland</b>	Restrictions vary per specialty and per healthcare setting.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	From 1st of october, all restrictions are lifted.
<b>Latvia</b>	The use of masks is obligatory for everybody in the hospitals and practices. No visitors are allowed in hospitals and social institutions. Appointments must be made in advance and remotely. Other restrictions vary per specialty and per healthcare setting.
<b>Lithuania</b>	There are more online consultations at the primary care level and some restrictions concerning operations.
<b>Luxembourg</b>	0
<b>Malta</b>	0
<b>Montenegro</b>	0
<b>Netherlands</b>	Health professionals with symptoms need to stay at home until tested. If test result is negative, they can return to work if symptoms are only mild (no fever). If test result is positive, they need to stay at home for at least 7 days from start of symptoms. Return to work only if 48 hours without fever and at least 24 hours without symptoms.
<b>North Macedonia</b>	0

<b>Norway</b>	N/A	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	All consultations are scheduled by phone, is not allowed in the waiting room, entry to health facilities is conditioned using separate circuits where possible, patients are required to wear a mask, use disinfectants, medical staff wear PPE throughout the program , until October 1, the use of the health card was exempted, until December 31 was extended the validity of the medical documents that expired. Access to hospitals and outpatient clinics was limited to cases that could not be postponed. Family doctors worked all the time, with no schedule changes.	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	There are no direct restrictions but precautionary principles are of course applied to prevent spread of infection. From 1 October, visitors are allowed at the elderly care homes.	
<b>Switzerland</b>	Distancing, masks, and desinfection.	
<b>Turkey</b>		0
<b>UK</b>	The BMA provides an advice for doctors in all settings in getting homeworking equipment, when to consult patients via video, approved NHS tools for remote consultations and tips for running them: <a href="https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking">https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking</a>	
<b>Ukraine</b>		0

Country	How long will it take to deal with the backlog of treatments (postponed elective surgeries, postponed cancer treatment, patients presenting late)?
Albania	0
Austria	0
Belgium	0
Bulgaria	Depends on when we can return to 'normal' rhythm of work in addition to clear information how payment of medical treatment will be managed. The financial insecurity affects planning in hospitals.
Croatia	0
Cyprus	0
Czech Republic	The data vary a lot around different types of healthcare facilities. Urgent care has been maintained throughout the epidemic. The delay is not significant and there are very few cases of serious illnesses neglecting reported. In this context, it would be good to mention that there are lots of patients who were and still are afraid to see a doctor and therefore, they keep postponing or cancelling their regular medical checks.
Denmark	Expected in 2021
Estonia	The data vary among hospitals, but the delay is not significant at present.
Finland	This depends on the region. In some regions, there were only few cases and it was possible to get back to normal during summer. In those regions that suffered most, it will take months to deal with the backlog of treatments.
France	There are no more postponed treatments and no legibility on the situation before summer 2020.
Georgia	Before the virus the waiting time was 1-2 months, now the waiting time is - 2-3 months.
Germany	It is estimated that over 900 000 treatments (surgeries) were postponed due to COVID-19.
Greece	The backlog of treatments has expanded.

<b>Hungary</b>	The backlog has already been caught up and all treatments are being provided on time.	
<b>Iceland</b>	Cancer treatment has not been postponed, but elective surgeries have been.	
<b>Ireland</b>	There was already a substantial backlog in treatments prior to COVID-19 due to ongoing capacity issues in the health system. Infection and prevention control measures have further reduced capacity by 25% on average while 15-20% capacity is required in the event of a surge. It is unlikely that any backlog of waiting lists can be addressed with a significant increase in resources.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	The data vary a lot around different types of specialities. Urgent care has been maintained throughout the epidemic. The backlog is not significant and there are only a very few cases of serious neglected illnesses reported in this context.	
<b>Latvia</b>	Cancer treatments have not been postponed, but elective surgeries have been, however, that varies in different specialties	
<b>Lithuania</b>	It depends on the epidemiological situation.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Again less referrals and postponed treatments due to second wave.	
<b>North Macedonia</b>		0
<b>Norway</b>	N/A	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	We do not know, it is upon the decision of the government	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0

<b>Spain</b>		0
<b>Sweden</b>	As of today, it is estimated that 94 000 operations have been canceled since February. If a capacity increase of 15 percent is achieved in the entire specialist care (the regions' hospitals and private care providers), it takes one year to work off the backlog of treatments. With a 10 percent increase in capacity, it takes one year and six months, with a 5 percent increase, it takes three years.	
<b>Switzerland</b>	This is unknown. 5 month after finished lockdown, there seems not to be a significant backlog.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

<b>Country</b>	<b>What training was offered to doctors to deal with the pandemic (e.g. relating to PPE, ICM or digital skills)?</b>
<b>Albania</b>	0
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Yes, the WHO recommendations are widely distributed and regularly followed up on all levels in health establishments. However, the role of management in hospitals is crucial.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	The healthcare personnel could attend special trainings organized by "their" hospitals. Several organizations, including the Czech Medical Chamber, were publishing instructional videos. The Czech Medical chamber has been publishing latest findings on the COVID-19 treatment written by the experts on the website as well as in the magazine. The Czech Medical Chamber has also been distributing a newsletter to all of its members which includes actual regulations and recommendations of the Ministry of Health and the Chief Hygienist. Due to the fact that the most of "classic" educational events (lectures, congresses) had to be cancelled, the Czech Republic has shown significant progress in distance education.
<b>Denmark</b>	Local efforts
<b>Estonia</b>	There was training in the wards to use PPE, ICM and devices.
<b>Finland</b>	Training needs were evaluated and training was provided locally. The FMA has provided legal advice and help.
<b>France</b>	This is not specified.
<b>Georgia</b>	There were trainings in the wards how to use PPE, IPC.
<b>Germany</b>	0
<b>Greece</b>	From mid-March until mid-June, the PhMA launched a helpdesk, in order to provide advice and recommendations/guidelines to doctors. Regarding hospital doctors, any training offered was under the responsibility of the respective clinical directors of the local hospitals. After the second lockdown, the PhMA re-launched the above mentioned helpdesk.



<b>Hungary</b>	There was a centrally organised training via internet by the ministry; as an example from one institute alone more than 100 doctors took part.	
<b>Iceland</b>	The instructions of the Directorate of Health were followed.	
<b>Ireland</b>	Yes, initial training was provided for donning of PPE and for those deployed to ICM. Many postgraduate training bodies provide training in online consultations.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Yes, basic training was provided by infectious disease departments and ICU specialists. Training was provided for donning of PPE and for those deployed to "COVID departments".	
<b>Latvia</b>	Use of ventilators for health care professionals who join ICU and COVID-19 wards	
<b>Lithuania</b>	With the onset of the second wave of the epidemic, there were trainings organized for doctors of all specialties.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Various training was offered, e.g. PPE, digital skills.	
<b>North Macedonia</b>		0
<b>Norway</b>	Online guidance from the national public health institute (the NMA) compiled prioritization advice from the medical specialty associations	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	None	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0

<b>Sweden</b>	All the healthcare providers created different training programmes to ensure proper use of PPE. The National Board of Health and Welfare also assigned Karolinska Institutet to developed national e-learning courses on COVID-19 in several languages. The objective was to strengthen readiness and provide information on the most important principles and challenges involved in the work to prevent the spread of COVID-19. .	
<b>Switzerland</b>	General online information.	
<b>Turkey</b>		0
<b>UK</b>	Various iterations of government guidance on PPE in healthcare settings throughout 2020. The most recent guidance produced by Public Health England (but applying accross the UK) is avallale here <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf</a> . PHE has also produced guidance on putting on and taking off PPE, including videos on how to follow best practice (available here <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</a> ). PHE have also set out a list of procedures that they consiser to be aerosol generating (AGPs).	
<b>Ukraine</b>		0

Country	What kind of mental health and wellbeing support practices have been put in place for doctors and other healthcare professionals?
Albania	0
Austria	0
Belgium	0
Bulgaria	<p>On 23 March, the Bulgarian Medical Association launched “For our heroes in white” national campaign in order to raise awareness and support for hospitals and medical professionals; A joint initiative of the Bulgarian Medical Association, the Bulgarian Ophthalmology Society and the Bulgarian Jewish Association Shalom delivered food packages between 16 March and 5 May to more than 420 medical professionals and their families who were in quarantine; the Bulgarian Medical Association opened two hotlines: signals for lack of PPE and signals for aggression; the Bulgarian Medical Association partners with Happy Doctors, a free, 24hrs, anonymous psychological support helpline; a number of big hospitals introduced psychological support services for staff and patients.</p>
Croatia	0
Cyprus	0
Czech Republic	<p>As far as we know, there is no particular programme for the healthcare workers. Though, some of the recreational facilities or spas offered discounts to the healthcare workers.</p>
Denmark	Local efforts
Estonia	There is a psychological advice number and consultations are available.
Finland	<p>There is no information on local practices. The FMA organised couple of webinars in spring relating to coping in COVID-19 times. The FMA has for many year also had a network of doctors, who help their colleagues confidentially if needed.</p>
France	This is the competence of hospital occupational medicine.
Georgia	There is a hotline in place.
Germany	0

<b>Greece</b>	Although there were no reported cases, the Institute of Scientific Research of the PhMA has launched a survey on the mental health of doctors and medical students.	
<b>Hungary</b>	Personal or group counselling is available, but on request only.	
<b>Iceland</b>	Access to support is available to all citizens including healthcare professionals.	
<b>Ireland</b>	Mental health and well-being supports available include the HSE Helpline and Employee assistance programme, ICGP helpline/text line for GPs and the Practitioner Health Programme (a programme which provides addiction and mental health services to doctors, dentist and pharmacists) which is supported by different professional bodies including the IMO.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>	Latvian Medical Association in cooperation with the Latvian Association of Psychotherapists (LAP) established phone hotline on March 30, 2020. Physicians and other health care workers also had opportunity to have three psychotherapy sessions. This support was provided by members of the LAP on voluntary basis. This support was provided till the mid of June. Since November 2, 2020 all health care professionals have possibility to contact the Crises and Counselling Centre “ Skalbēs” to have a teleconsultation. This activity is supported by the MoH. The Latvian Medical Association is actively informing all health care professionals about this possibility	
<b>Lithuania</b>	According to the Health Minister, the Head of State-level Emergency Operations, it is obvious that the stressful work of doctors in hospitals and other health care facilities and isolation at home, changing everyday routines and habits cause great psychological stress. During the pandemic of coronavirus infection (COVID-19), psychologists of the mental health centers and emotional support lines will provide more accessible confidential psychological help to the public. A new voluntary psychological assistance initiative is also opening for medical professionals.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0

<b>Netherlands</b>	Various mental health support was offered.	
<b>North Macedonia</b>		0
<b>Norway</b>	The NMA has a corps of volunteer physicians who offer support, guidance and advice to colleagues. This is a permanent arrangement, which has been utilized more during the COVID-19-pandemic than previously.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	From the state, none. There have been initiatives by NGOs and professional organizations for psychological support	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	The government acknowledges that the healthcare staff have made great efforts during the pandemic under a very high and significantly pressing workload and thus, the government proposes 500 million SEK to be invested in special crisis support for medical staff and personnel in elderly care who worked with COVID-19. The objective of the initiative is that the staff would get an opportunity to recover and be able to process their experiences of the pandemic.	
<b>Switzerland</b>	Maybe only in hospitals, in the outpatient setting none.	
<b>Turkey</b>		0

<p><b>UK</b></p>	<p>The BMA provides a range of services to support doctors, including counselling, peer support and UK wellbeing support directory.</p> <p>The BMA has published a guidance aims to help doctors and medical students working under extraordinary and challenging circumstances to look after their own health and wellbeing:  <a href="https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/looking-after-yourself">https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-wellbeing/looking-after-yourself</a></p> <p>The national support package for healthcare staff in England (detailed here: <a href="https://people.nhs.uk/">https://people.nhs.uk/</a>) includes -</p> <ul style="list-style-type: none"> <li>- a dedicated and confidential staff support line operated by Samaritans, open from 7 am to 11 pm.</li> <li>- A text helpline parallel to the phonenumber 24/7 to all NHS workers</li> <li>- Separate bereavement helpline established by Hospice UK</li> <li>- Free access to a range of mental health and wellbeing apps, including Daylight, Sleepio and SilverCloud,</li> <li>- Virtual staff common rooms have been established in partnership with NHS Practitioner Health</li> <li>- Line managers given the tools that they need to support their teams For example, mental health conversation training</li> <li>- NHS England and NHS Improvement also launched a new framework that enables employers to buy in additional occupational health and support for their staff. - NHS is in the process of setting up a first wave of staff mental health hubs, which will provide proactive outreach and engagement; overcome barriers to seeking help for frontline staff; build capacity in local employer organisations or teams; provide rapid clinical assessment; and provide care co-ordination and supported onward referral to deliver rapid access to mental health treatment.</li> </ul>
<p><b>Ukraine</b></p>	<p>0</p>

Country	Other workforce measures of note (e.g. in relation to travel restrictions)?
Albania	0
Austria	0
Belgium	0
Bulgaria	None
Croatia	0
Cyprus	0
Czech Republic	There are no special restrictions for the healthcare workers. Health services have moved into emergency mode. There are practically no planned procedures performed now. The Labor Code is not respected, and the healthcare workers are exempted from the quarantine regulations.
Denmark	No comments
Estonia	0
Finland	Travel restrictions apply to all citizens.
France	There was the request to postpone vacations when the pandemic resumed last October.
Georgia	Travel restrictions apply to all citizens.
Germany	There are no travel restrictions, work measures were dependend on each individual situation or employer.
Greece	There are no special restrictions for the healthcare professionals. There are measures and restrictions as for all citizens.
Hungary	There are no travel restrictions at present.
Iceland	Travel restrictions apply to all citizens.
Ireland	Travel restrictions apply to all citizens. The Government advises against all non-essential travel and has adopted the EU recommendation on a coordinated 'Traffic Light' approach to travel restrictions. In line with this approach, there is no request to restrict movements for travellers from green regions. All passengers entering Ireland from red, orange and grey regions are requested to restrict their movements for 14 days. Some categories of essential travel are exempt from these recommendations.

<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>	Travel restrictions apply to all citizens.	
<b>Lithuania</b>	The Ministry of Health has issued recommendations to travellers arriving to and returning from abroad, taking into account the current developments of COVID-19 (coronavirus infection). They are applicable to all citizens.	
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	No.	
<b>North Macedonia</b>		0
<b>Norway</b>	The advice from authorities is to avoid travel abroad which is not necessary. Between 12 March and 7 May, health personell were not allowed to travel abroad.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	No	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	Same travel recommendations as for the rest of the people in Sweden.	
<b>Switzerland</b>	None at the moment.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0



Country	Other comments
Albania	0
Austria	0
Belgium	0
Bulgaria	As of today, 22 October, masks are obligatory in open public areas when physical distancing cannot be guaranteed. Children below the age of 6 are not obliged to have a mask.
Croatia	0
Cyprus	0
Czech Republic	<p>The government has ignored the repeated calls of the Czech Medical Chamber to tighten the anti-epidemic measures by following the example of the Israeli hard lockdown strategy, successful in overcoming the second wave of the epidemic. Instead of pulling the emergency brake, the government chose to slow down gradually. The decline in active cases will therefore take weeks. This strategy will cost more human lives and the economic consequences are likely to be worse too. With a great deal of concern, we are currently watching the sharp increase of new cases of COVID-19. Most of them are still mild but the number of hospitalizations is growing big, including serious cases. The number of infected healthcare workers is growing as well. In contrast with the situation in March, our political representation stays hesitant. Most of the citizens are against the restrictive rules (incl. using the face masks) and since there are the regional elections taking place in two weeks, the government acts populist, aiming not to upset their voters. Even some of the well-known doctors reject using a face mask indoors. As a result, the number of the new cases of COVID-19 has been growing at the third-fastest pace in the EU (after Spain and France). In a short time, the situation can get very dramatic.</p>
Denmark	No comments
Estonia	0
Finland	0
France	0

<b>Georgia</b>	From 28/11/2020 there will be coendant hour and a partial lockdown in the big cities of Georgia. Public transport has stopped in big cities. It is required to wear masks outdoors.	
<b>Germany</b>	There is an increase of fake news and disinformation about COVID-19 (regarding medical treatment, characteristics of the disease etc.) in social media.	
<b>Greece</b>	A second lockdown all over the country was imposed two weeks ago with a curfew from 21:00 to 05:00. The increase in COVID-19 positive cases is still increasing (data on November 18th: 82,034 cases (53.7% men), 480 intubated patients, 1228 deaths). 5.7% of the cases are considered to be related to travel from abroad, 25.5% are related to contact with a known COVID-19 case, while the rest are considered "orphan" cases. Since January 1st, 2020 up to day, a total of 2 153 954 clinical samples have been tested. The lack of ICU beds is confronted by converting operating rooms into general ICUs, since scheduled operations in public hospitals are cancelled and oncologic cases are operated on in the private section with no expenses for the patient.	
<b>Hungary</b>		0
<b>Iceland</b>		0
<b>Ireland</b>	Level 5 lockdown – On 21st of October 2020, all of Ireland has been placed on level 5, the highest level, of the plan for living with COVID for a period of 6 weeks (December 1st). Level 5 restrictions include: - People are asked to stay at home and work from home unless providing an essential service. Permitted exercise within a 5km radius of their home. - Schools, early learning and childcare services remain open. - No visits to other people’s homes and gardens and no gatherings with exceptions for weddings and funerals. - Extended household (Support bubble) or categories at risk of social isolation and/or mental ill-health. - Public transport operates at 25% capacity. Bars, cafes, restaurants and wet pubs may provide take-away and delivery only.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>		0
<b>Lithuania</b>		0
<b>Luxembourg</b>		0

<b>Malta</b>	<p>Dr Martin Balzan co-written three scientific papers on the COVID-19 pandemic development in Malta and in Southern Europe. You may find the links to the articles below:</p> <ul style="list-style-type: none"> <li>- Malta tourism losses due to second wave of COVID-19 (<a href="https://www.sciencedirect.com/science/article/pii/S0378378220306927">https://www.sciencedirect.com/science/article/pii/S0378378220306927</a>)</li> <li>- Mass Events Trigger Malta's Second Peak After Initial Successful Pandemic Suppression (<a href="https://link.springer.com/article/10.1007/s10900-020-00925-6">https://link.springer.com/article/10.1007/s10900-020-00925-6</a>)</li> <li>- Low Incidence and Mortality from SARS-CoV-2 in Southern Europe. Proposal of a hypothesis for Arthropod borne Herd immunity (<a href="https://www.sciencedirect.com/science/article/pii/S0306987720320879">https://www.sciencedirect.com/science/article/pii/S0306987720320879</a>)</li> </ul>	
<b>Montenegro</b>		0
<b>Netherlands</b>		0
<b>North Macedonia</b>		0
<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>		0
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



*For more information, please contact:*

**Annabel SEEBOHM**

CPME Secretary General

cell: +32 477 81 32 44

[secretariat@cpme.eu](mailto:secretariat@cpme.eu)

[www.cpme.eu](http://www.cpme.eu)

Standing Committee of European Doctors (CPME)

Rue Guimard 15, B-1040 Brussels, Belgium

Company registration number: 0462509658 - Transparency register number: 9276943405-41