



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

**16 April 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 **26 February 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.

<b>Country</b>	<b>COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)</b>
<b>Albania</b>	0
<b>Austria</b>	Data on this issue is not published. To date, the death of one doctor (GP) is known.
<b>Belgium</b>	0
<b>Bulgaria</b>	Number of healthcare professionals infected (confirmed by a PCR test) in 2020: 9142. 46 physicians have lost their lives. May their souls rest in peace.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	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.
<b>Denmark</b>	By 15 December, there had been 932 hospital doctors (5,06%) and 27 GPs (3,11%) infected with Covid-19.
<b>Estonia</b>	There were minor outbreaks in three hospitals in Estonia, one in Tallinn and one in the East region.
<b>Finland</b>	Health authorities do not publish this kind of information.
<b>France</b>	On 3 June, the retirement fund for doctors (CARMF) counted about fifty private physicians who had died of COVID-19.
<b>Georgia</b>	15 500 medical staff (official data for 2020) are infected. 62 died (0,4%).
<b>Germany</b>	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. At the end of January 2021, there were 111.076 confirmed cases of health professionals who contracted COVID-19 (including other medical staff), of whom 193 died. Three percent of German health professionals contracted the disease so far (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 03/03/2021 there has been 26545 (12% of all cases) cases of infection among HCWs and 15 deaths. Between 22/11/2020 and 20/02/2021, there were a total of 14,866 HCW cases. 646 (4.4%) of these cases were amongst doctors.
<b>Israel</b>	0
<b>Italy</b>	As of 16 February 2021, 319 doctors have died of a COVID-19 infection. There have been 118.856 cases among healthcare workers (cumulative data), of which 7.604 cases occurred in the last 30 days. The sources for this data are FNOMCeO and the Istituto Superiore di Sanità.

<b>Kosovo*</b>	Based on data 10/01/2021 there have been 3397 cases of infection among healthcare professionals of which 1179 cases are doctors. 18 doctors have lost their life.	
<b>Latvia</b>	Available data indicates low infection rate among doctors and other health professionals - close to the 10% of all cases. Since November 2020, there have been 6 deaths among doctors.	
<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>	Only prevalence data amongst all health professionals available. Until 16 March 2021, 143,888 confirmed cases (health professionals, age 18-69 years) have been registered. 16% of all confirmed cases (age 18-69 years) are health professionals. 1,8% of all registered deaths due to COVID-19 were health professionals.	
<b>North Macedonia</b>	By 17 January 2021, there had been 3439 confirmed COVID 19 cases and 22 deaths among all health care professionals. Health authorities do not publish exact statistics, so there is no information about the prevalence among doctors or how many infections are workplace-related. Out of 22 deaths reported among health care professionals, to our knowledge, almost half were doctors.	
<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>	According to data released by the Polish Ministry of Health on 5 February to date 86 medical doctors died due to COVID-19 (21 964 doctors were tested positive). As regards other healthcare professionals the numbers are: among dentists, there were 12 deaths (out of 2096 cases), among nurses, there were 67 deaths (out of 55 269 cases), among paramedics there were 7 deaths (out of 3320 cases), and among pharmacists there were 5 (out of 2359 cases).	
<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>	<p>Infection prevalence: 13 March -30 June 2020: 3,4 % <span style="float: right;">24 August - 15</span>  December 2020: 5,6 % <span style="float: right;">According to the media 2 doctors with confirmed COVID-19 infection have died.</span></p>
<b>Switzerland</b>	<p>There are no official numbers are available, incidence varies by canton and speciality. In the beginning of the pandemic the risk of infoection 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.</p>
<b>Turkey</b>	<p>According to the Ministry of Health data on 9.12.2020: The number of healthcare professionals infected with COVID-19 is 120,000 and the number of deaths is 216; so infection-case (some of the cases are in screening) fatality rate is %0,18. According to the Turkish Medical Association (TMA) data on 25.01.2021, the number of healthcare professionals who died due to COVID-19 is 327 (actively working); based on this data, it is estimated that 181,666 healthcare professionals are infected. The number of active doctors working in Turkey is 165 thousand (the number of deaths due to COVID-19 is 118) the infection fatality rate is %0.7. According to the data obtained by TMA, 138 doctors (118 actively working, including Syrian physicians) died due to COVID-19 related causes. There are 165 ,000 active physicians working in Turkey. In this case, mortality rate due to COVID-19 is 0.07% for physicians working actively.</p>
<b>UK</b>	<p>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%.</p>
<b>Ukraine</b>	<p>By 14 November 2020, there had been 26 422 confirmed COVID 19 cases and 258 deaths among all health care professionals.</p>

<b>Country</b>	<b>Do all health professionals have access to high quality PPE?</b>
<b>Albania</b>	0
<b>Austria</b>	Yes
<b>Belgium</b>	0
<b>Bulgaria</b>	Yes, however helmets are not widely available. Many doctors and health staff purchase them privately.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	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.
<b>Denmark</b>	Yes.
<b>Estonia</b>	Health professionals mostly have access to high quality PPE.
<b>Finland</b>	Yes, they do.
<b>France</b>	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>
<b>Georgia</b>	Yes.
<b>Germany</b>	In spring 2020, there was an evident lack in PPE, first and foremost regarding protective gear and protective masks for health professionals. General practitioners were severely affected. Currently, all health professionals have access to high quality PPE.
<b>Greece</b>	Yes, they do.
<b>Hungary</b>	Yes, they do.
<b>Iceland</b>	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>	Yes, they do, most of the time. There was a brief shortage of PPE at the beginning of the pandemic, when private practice GPs were most affected, and in non-COVID19 wards strategies for optimizing PPE use were implemented (extended PPE use and using alternative PPE items).	
<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>	No, they don't. Although equipments are not uniform and vary according to the service where the healthcare professional works and the patient group they work with, they have difficulty finding even the most easily available equipment such as surgical gloves and surgical masks, see <a href="https://koronavirus.ato.org.tr/saglik-calisanlari/122-kisisel-koruyucu-ekipman-raporu.html">https://koronavirus.ato.org.tr/saglik-calisanlari/122-kisisel-koruyucu-ekipman-raporu.html</a> . There have been improvements in this regard over time, but still not enough.	



<b>UK</b>	<p>In the early stages of the pandemic the BMA wrote 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>Since April the BMA has been conducting regular surveys of the medical profession, which includes access to PPE. In April 2020 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. Full survey data 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> <p>More recently we have (along with other professional bodies) raised concerns about the adequacy of PPE guidance, particularly in relation to protection from airborne transmission, and have called for wider use of respiratory protective equipment (eg FFP3 masks or equivalent).</p>
<b>Ukraine</b>	<p>No, only those in the medical units dedicated to COVID-19. The rest have PPE purchased by employers from the usual suppliers of sanitary materials, being difficult to assess their quality.</p>

<b>Country</b>	<b>Have you changed your procurement practices for PPE?</b>
<b>Albania</b>	0
<b>Austria</b>	During the COVID-19 pandemic, the import of half masks to Austria is also permitted up to and including 31 December 2020 if the masks do not comply with the regulations for personal protective equipment in accordance with EU-regulation 2016/425. The importer / manufacturer has to ensure that these masks are only used as mechanical protective barriers and that no further protective effect can be assumed. This expressly excludes filtering half masks with built-in exhalation valves and masks with CE markings, FFP devices and / or masks marked with the EN 149: 2001 + A1: 2009 are standard. The import of masks marked or constructed in this way into Austria is only permitted if they comply with the applicable provisions of EU-regulation 2016/425.
<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, even though with a lot of technical 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 supply 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>	Some articles of the Procurement law were suspended during the state of emergency in the spring. The Ministry of health has made a state stock of PPE available to all public health care facilities and distributed it according to their needs.
<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>	The measures and regulations in which the healthcare professionals in the area could protect their health were not sufficient at the beginning of the pandemic( <a href="https://koronavirus.ato.org.tr/saglik-calisanlari/122-kisisel-koruyucu-ekipman-raporu.html">https://koronavirus.ato.org.tr/saglik-calisanlari/122-kisisel-koruyucu-ekipman-raporu.html</a> ). The Turkish Medical Association has warned the Ministry of Health many times on this issue.
<b>UK</b>	0
<b>Ukraine</b>	No.

<b>Country</b>	<b>Are doctors regularly tested for COVID-19? If so, how often?</b>	
<b>Albania</b>		0
<b>Austria</b>	Yes, doctors are tested once a week.	
<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. The frequency of the testing depends on the individual testing strategy of the respective hospitals and other facilities. (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 OR 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 regular. 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 weekly testing of health care professionals.	
<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>	Not regularly. PCR testing is done only when the doctor has symptoms or is referred by an epidemiologist. However, testing for COVID-19 antibodies presence is available and free of charge for all health professionals at the Institute of Immunology and human genetics and the Institute of clinical biochemistry.	
<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 symptoms 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>	No, the doctors are not regularly tested for COVID-19. If they have had high-risk contact with a covid-19 patient, they are tested, see <a href="https://covid19.saglik.gov.tr/Eklenti/39265/0/covid-19salginyonetimivecalismarehberipdf.pdf">https://covid19.saglik.gov.tr/Eklenti/39265/0/covid-19salginyonetimivecalismarehberipdf.pdf</a> .	
<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>	Not regulary. 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>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>	The option for a free test is available by contacting the National Health Hotline or in case an infection is justifiably suspected or by signing up for a test at the mass testing sites. Voluntary tests done elsewhere are not covered by the national health system.
<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 has been regulated by the authorities since 17 September.
<b>Iceland</b>	Yes, they are.
<b>Ireland</b>	If an individual is referred for a COVID test there is no charge.
<b>Israel</b>	0
<b>Italy</b>	0
<b>Kosovo*</b>	No charges in this case.
<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>	PCR testing for COVID-19 is free of charge only when referred by a GP or an epidemiologist. Testing for COVID19 serology is free of charge for all health professionals at the Institute of immunology and human genetics and the University institute of clinical biochemistry.	
<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>	Test fees are not covered by the national health system when healthcare professionals want to be tested without having symptoms of COVID-19.	
<b>UK</b>	Yes	
<b>Ukraine</b>	The national health system covers testing only if referred by a family doctor, or by the attending physician if the patient is being treated at a state hospital. And in such cases, the suspect of COVID-19 must take a test in a state laboratory. You can choose where to do the test. Tests are provided both in the public and private sector. In the public sector, the test is free of charge. In the private sector a fee applies. Fees vary.	



<b>Country</b>	<b>Are doctors a priority group in the national COVID-19 vaccination plan?</b>
<b>Albania</b>	0
<b>Austria</b>	Yes.
<b>Belgium</b>	0
<b>Bulgaria</b>	<p>Yes. A National Vaccination Plan has been adopted on the 4 December 2020. Phase I: Medical staff of outpatient and inpatient care facilities, healthcare professionals, dentists, pharmacists, assistant pharmacists and other support staff.</p> <p>Expected number of Phase I: 243,600 persons</p> <ul style="list-style-type: none"> <li>o Doctors - 30,000 persons</li> <li>o Dentists - 10,000 people</li> <li>o Health care specialists - 46,000 people</li> <li>o Master of Pharmacy - 6,600 people</li> <li>o Assistant pharmacists - 2,000 people</li> <li>o Support staff - 150,000 people</li> </ul> <p>Phase II: Customers/ patients and staff of social institutions, teachers and staff of mink farms.</p> <p>Expected number: 112,080 people</p> <ul style="list-style-type: none"> <li>o Social institutions: 15,000 residents and 8,000 staff</li> <li>o Teachers - 89,000 people</li> <li>o Staff of mink farms - 80 people</li> </ul>
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	0
<b>Denmark</b>	Health personnel is planned to be among the first groups to get the vaccine.
<b>Estonia</b>	0
<b>Finland</b>	Healthcare personnel is a priority group.
<b>France</b>	0
<b>Georgia</b>	Healthcare personnel is number one priority group.
<b>Germany</b>	Yes. Doctors, along with other health professionals are a priority group in the German vaccination plan.
<b>Greece</b>	Yes they are. Doctors and other healthcare professionals are a priority group in the Greek COVID-19 vaccination plan
<b>Hungary</b>	0
<b>Iceland</b>	0

<b>Ireland</b>	Yes, doctors are a priority group in the national COVID-19 vaccination plan. The initial vaccine roll out prioritises vulnerable groups in nursing home and residential settings and frontline healthcare workers in direct patient contact roles, including vaccinators.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Yes.	
<b>Latvia</b>		0
<b>Lithuania</b>		0
<b>Luxembourg</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes, doctors working in acute care and COVID-19 units have been prioritized. Doctors working in nursing homes, and doctors working in disability care and home care are a priority group in the first round. Also primary care doctors have been prioritized.	
<b>North Macedonia</b>	Yes, all health care professionals are planned to be the first to be vaccinated.	
<b>Norway</b>	Partly. Per 08.01.2021 are until 20% of the vaccines sendt to the communities supposed to og to critical health personell(doctors, nurses and other) and 30 000 vaccines are prioritized to critical health personell in the hospitals.	
<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>	Doctors were not a priority group at first but now the authorities have agreed that vaccination of healthcare staff within ICUs and other COVID-19 related wards can be vaccinated in parallel with the priority groups that are <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>	Yes, all healthcare professionals are a priority group in the national COVID-19 vaccination plan, see <a href="https://www.ttb.org.tr/kutuphane/covid19-rapor_10.pdf">https://www.ttb.org.tr/kutuphane/covid19-rapor_10.pdf</a> .	
<b>UK</b>	Yes	

**Ukraine**

Yes, all healthcare professionals are a priority group in the national COVID-19 vaccination plan. This vaccination plan have 5 phases. Phase 1: health professionals who directly provide care to patients with COVID-19. Phase 2: all other health professionals.

<b>Country</b>	<b>Who may administer the COVID-19 vaccine (under supervision of a doctor)?</b>
<b>Albania</b>	0
<b>Austria</b>	Doctors in training, retired doctors and foreign doctors as well as medical students, qualified nurses and paramedics, depending on whether they have the necessary training.
<b>Belgium</b>	0
<b>Bulgaria</b>	Immunisations will be administered by doctors in medical establishments for outpatient and inpatient medical care, Regional Health Inspections, by doctors in specialised structures of the Ministry of Interior and the Ministry of Defense and by teams especially created for this purpose, incl. and mobile teams. Vaccines against COVID-19 is free of charge for the population, regardless of the health insurance status of the persons.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	0
<b>Denmark</b>	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.
<b>Estonia</b>	0
<b>Finland</b>	Healthcare personnel may administer the vaccine.
<b>France</b>	0
<b>Georgia</b>	The commission of vaccination administrates vaccinations and is set up by the Prime Minister and the Ministry of Health.
<b>Germany</b>	Before a vaccine can be administered, patients have to be specifically instructed by a doctor. Hereafter, all competent health professionals can administer the COVID-19 vaccine.
<b>Greece</b>	Qualified and trained healthcare workers may administer vaccines in public hospitals and organised vaccine centres.
<b>Hungary</b>	0
<b>Iceland</b>	0

<b>Ireland</b>	<p>Currently qualified and trained healthcare workers, including hospital doctors, community medical officers, nurses, GPs and pharmacists may administer vaccines</p> <p>A COVID-19 Vaccinator Recruitment Initiative is currently underway to expand the pool of healthcare professionals to administer vaccines. Applicants must be registered or entitled to be.</p> <p>Criteria for vaccinators include:</p> <ul style="list-style-type: none"> <li>•Doctor</li> <li>•Nurse/Midwife</li> <li>•Pharmacist</li> <li>•Physiotherapist</li> <li>•Emergency Medical Technician</li> <li>•Paramedic/Advanced Paramedic</li> <li>•Dentist</li> <li>•Optometrist</li> </ul>	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	Nurses may administer under supervision of a doctor.	
<b>Latvia</b>		0
<b>Lithuania</b>		0
<b>Luxembourg</b>		0
<b>Malta</b>		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>	The vaccine is not yet available in North Macedonia, so a vaccination plan is yet not revealed. However, we have established a network of immunization teams. Immunization teams (doctor and nurse) work in immunization departments within health centers countrywide, which are coordinated and supervised by regional public health centers and the National Public Health Institute.	
<b>Norway</b>	Nurses and doctors may administer the vaccine.	
<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>	The nurses and midwives may administer the COVID-19 vaccine in Turkey.	
<b>UK</b>	<a href="https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme-extra-workforce">https://www.bma.org.uk/advice-and-support/covid-19/vaccines/covid-19-vaccination-programme-extra-workforce</a>	
<b>Ukraine</b>	Doctors in training, nurses and paramedics, depending on whether they have the necessary training. Vaccination only on the recommendation and administer under supervision of a physician.	

<b>Country</b>	<b>How does your country organise the staffing of the vaccine centres?</b>	
<b>Albania</b>		0
<b>Austria</b>	This differs by province, but Austria does not plan to establish large-scale vaccine centres. Instead, already existing infrastructure will be used and expanded depending on the current phase of the vaccination plan.	
<b>Belgium</b>		0
<b>Bulgaria</b>	In order to create a streamlined organisation for the supply of vaccines, the country is divided into six regions.	
<b>Croatia</b>		0
<b>Cyprus</b>		0
<b>Czech Republic</b>		0
<b>Denmark</b>	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.	
<b>Estonia</b>		0
<b>Finland</b>	Municipalities are responsible for organising the vaccinations in their respective areas.	
<b>France</b>		0
<b>Georgia</b>	The vaccine centres are only in hospitals at the moment. Trained medical doctors are in place.	
<b>Germany</b>	The medical staff in the vaccine centres mainly consists of health professionals that work in nearby hospitals or that are resident doctors. Logistical support is provided by aid organizations, the German military and logistics companies.	
<b>Greece</b>	Vaccine centres are in public hospitals and public structures of primary healthcare. Additionally, municipal infrastructures are used under the supervision of qualified health workers.	
<b>Hungary</b>		0
<b>Iceland</b>		0
<b>Ireland</b>	Vaccine centres are staffed by GPs, practice nurses and practice staff.	
<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>		0
<b>Montenegro</b>		0

<b>Netherlands</b>	Regional public health services are staffed for BioNTech/Pfizer vaccine. Moderna/Astra Zeneca/Janssen vaccines will also be distributed/administered by GP's / nursing homes, etc.
<b>North Macedonia</b>	Immunization teams (doctor and nurse) already work in health centers. They are also trained for outreach work, meaning, they regularly travel to rural regions where they vaccinate on-site.
<b>Norway</b>	The staffing of vaccine centres differs throughout the country.
<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 heathcare 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>	Family physicians and family health personnel were assigned in the vaccine administration unit in family health centers. Doctors and nurses were assigned to the vaccine administration unit established in hospitals. For the mobile vaccination service, healthcare professionals working in the community health center work.
<b>UK</b>	In England, general practice surgeries are working in groups using existing staff doing additional hours, along with volunteers and others returning to the workforce. Practices arrange staffing rotas themselves.
<b>Ukraine</b>	Special immunization teams (doctor and nurse) are planed to work in medical centers or mobile crews - according to the schedule.



<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>	No
<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>	There are no differences.
<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>	We don't use any digital contact tracing app.	
<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>	It's available only for vaccination.	
<b>UK</b>		0
<b>Ukraine</b>	No.	

<b>Country</b>	<b>Shortages of medicines (e.g. Propophol)?</b>
<b>Albania</b>	0
<b>Austria</b>	No
<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>	All medicines are available as required by guidelines.
<b>Germany</b>	In spring 2020, there were concerns about potential shortages of propophol, adrenalin and vaccines against pneumococci. However, there are no shortages reported now.
<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>	No, there are no shortages.
<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>	There were no shortages of registered medications in hospitals. However, in pharmacies there were shortages of some prescription medications, for example there are often shortages of Clexane and Fraxiparine.

<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>	No longer any shortage of propophol.	
<b>Switzerland</b>	Yes, they have been documented.	
<b>Turkey</b>	The Ministry of Health has not shared any data on this issue.	
<b>UK</b>	Currently, there are no COVID-specific shortages.	
<b>Ukraine</b>	Currently not.	

<b>Country</b>	<b>Shortages of Medical Devices (e.g. ventilation devices)?</b>
<b>Albania</b>	0
<b>Austria</b>	No
<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>	No
<b>Estonia</b>	No, there are no shortages.
<b>Finland</b>	No shortages have been reported. The epidemic is in control all around the country and healthcare capacity has been sufficient so far.
<b>France</b>	There is currently no communication about the risk of medical devices shortage.
<b>Georgia</b>	Yes.
<b>Germany</b>	There is no actual shortage. However, the German government ordered more than 26000 new ventilation devices in spring 2020.
<b>Greece</b>	No, there are no shortages.
<b>Hungary</b>	No, there are no shortages.
<b>Iceland</b>	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.
<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>	No, there are no shortages.

<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.	
<b>Turkey</b>	The Ministry of Health has not shared sufficient and appropriate data on this issue.	
<b>UK</b>	Concerns around ventilator supply in initial months of pandemic, NHS reportedly had to use ventilators in ICU usually used in other settings (e.g. in operating theatres). Government efforts to increase supply appear to have reduced shortage. Rate limiting factor is rather having enough trained staff to use such devices.	
<b>Ukraine</b>	Currently not.	

<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>	No
<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>	Only briefly.

<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>	The Ministry of Health has not shared sufficient and appropriate data on this issue.	
<b>UK</b>	Nationally this is unlikely to have been the case, but there were reports of localised shortages during the pandemic.	
<b>Ukraine</b>	Currently not. In some centers shortages existed in the previous period re. ventilator devices and oxygen supply networks to patient beds.	



<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>	Yes
<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. Georgia is expecting support on vaccines.
<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. Germany also supports rescEU, the European Commission's strategic medical reserve and distribution mechanism under the umbrella of the EU Civil Protection mechanism. Germany is among the nine EU Member States that host stockpiles of medical devices.
<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, in cooperation with WHO, World Bank and the EU Commission.
<b>Latvia</b>	N/A
<b>Lithuania</b>	Yes
<b>Luxembourg</b>	0
<b>Malta</b>	0

<b>Montenegro</b>		0
<b>Netherlands</b>	Yes, we managed to restock medicines and medical devices, and we did not cooperate with other countries or participate in any EU programme.	
<b>North Macedonia</b>	Yes. Some EU countries donated PPE and medical devices. EU donated 12 respirators, Germany 8, Norway donated also. EU grants were received for fighting the pandemic.	
<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>	The Ministry of Health has not shared any data on this issue.	
<b>UK</b>	UK government took steps to increase ventilator supply, although it was criticised by a Public Accounts Committee report in Nov 2020 for being too slow in its response: <a href="https://committees.parliament.uk/committee/127/public-accounts-committee/news/132853/government-lost-a-crucial-month-in-underprepared-slow-ventilators-response/">https://committees.parliament.uk/committee/127/public-accounts-committee/news/132853/government-lost-a-crucial-month-in-underprepared-slow-ventilators-response/</a> . There were media reports in March 2020 about the UK government not signing up to an EU scheme to source more devices: <a href="https://www.bbc.co.uk/news/uk-politics-52052694">https://www.bbc.co.uk/news/uk-politics-52052694</a>	
<b>Ukraine</b>	The Ministry of Health has not shared any data on this issue.	

<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>	No
<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.
<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, especially for medical masks in first wave.
<b>North Macedonia</b>	No, except for medical masks. Questions were raised about their quality and declaration.

<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>	There is no reliable data on this subject.	
<b>UK</b>	No	
<b>Ukraine</b>	No, there were no such reports.	

<b>Country</b>	<b>Shortage of workforce?</b>
<b>Albania</b>	0
<b>Austria</b>	No
<b>Belgium</b>	0
<b>Bulgaria</b>	Yes, severe shortages, particularly of 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>	No, not at the moment.
<b>Germany</b>	A shortage of workforce in the health sector existed even before the pandemic. 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, while a considerable number of doctors and nurses have been hired.
<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. Latest figures indicate there are approximately 730 (1/5) of specialist posts in the HSE that are unfilled or filled on a temporary basis. In Public Health Medicine, Ireland has just 68 public health specialists (or 1/3) the number of public health specialists compared to other countries of a similar population size and demography.

<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>	Yes, mostly nurses and infectologists, anesthesiologists, pulmologists and epidemiologists. Since the start of the pandemic all doctors and nurses were mobilized and "the method of rotation" was implemented. At the peak of the second wave doctors and nurses from various specialties and departments were transferred to work temporarily in COVID19 units.	
<b>Norway</b>	In March 2020, 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>	The Ministry of Health has not shared sufficient and appropriate data on this issue.	
<b>UK</b>	Workforce shortages are an ongoing issue, predating COVID. The BMA has regularly raised this issue with the government. During the first wave of the pandemic the NHS relied on medical students and retired staff returning to the front line though data on precise numbers is lacking. Existing staff had to be re-deployed to different settings to deal with demand, which is also be the case in the second wave.	
<b>Ukraine</b>	Yes, severe shortages, particularly of infectionists, anaesthesiologists, and nurses. Lack of health professionals is the biggest challenge.	

Country	Do you still rely on national reserves of healthcare professionals, e.g. retired doctors, students?
Albania	0
Austria	Yes
Belgium	0
Bulgaria	No
Croatia	0
Cyprus	0
Czech Republic	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.
Denmark	No, but there is now a possibility established to enroll these groups quickly.
Estonia	No, not currently.
Finland	There has been no need since spring. Students have been used in tracing work.
France	This applies only to the Overseas Territories.
Georgia	Yes.
Germany	In the much affected German state of Saxony, retired doctors were asked for their support by the state's health minister in November 2020. Retired doctors can also support vaccine centers or they can work for the public health authorities on contact tracing of COVID-19 patients.
Greece	No, not currently.
Hungary	They are available if needed.
Iceland	Yes.
Ireland	Approximately 950 interns were taken on last year to fight COVID 19, however many will likely emigrate at the end of the intern year as the number of specialist training posts available remains around 700. Just 330 healthcare workers were recruited out of 75,000 applicants to the HSE's 'Be on Call for Ireland' initiative, a drive to support the health service during the Covid-19 pandemic.
Israel	0
Italy	0
Kosovo*	Yes.
Latvia	Yes, a voluntary call has been launched.
Lithuania	No, There are still additional healthcare professionals employed and redeployed mainly to public health departments to support testing and tracing.
Luxembourg	0

<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	Yes, again in second wave.	
<b>North Macedonia</b>	No, currently not. During the peak of the second wave in November 2020 medical students were helping epidemiologists in contact tracing.	
<b>Norway</b>	No, not currently.	
<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>	Yes, we trust them to be competent and qualified.	
<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>	No.	



<b>Country</b>	<b>Working time/Work load</b>
<b>Albania</b>	0
<b>Austria</b>	Borth working time and work load have increased. No special rules apply, but doctors may be compensated both financially or with time off for overtime.
<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 in certain situations.
<b>Germany</b>	It is likely that working time and the 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.
<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 pandemic (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.Stradiņš 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>	Working time and work load are elevated.	
<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 activated couple of times during the first and second wave. During the activation, the employers can freely dispose the working time for healthcare personnel. The backlog of treatments will definitely increase the workload.	
<b>Switzerland</b>	Elevated.	
<b>Turkey</b>	Working hours are long and work load is high, see: <a href="https://www.istabip.org.tr/6371-koronavirus-salgininda-istanbul-da-filyasyon-calismalari-raporu-basin-toplantisiyla-aciklandi.html">https://www.istabip.org.tr/6371-koronavirus-salgininda-istanbul-da-filyasyon-calismalari-raporu-basin-toplantisiyla-aciklandi.html</a> .	
<b>UK</b>	The pandemic has compounded existing workload pressures on healthcare professionals including through: high sickness absence rate exacerbating staff shortages, added pressure to work overtime, increased workload, and increasingly poor work/life balance. February BMA Covid-19 tracker survey shows half of doctors feeling pressured to work overtime, with 60% feeling significantly more exhausted than before the pandemic.	
<b>Ukraine</b>	Both, working time and work load have increased. Medical professionals who directly work in hospitals with patients with COVID-19, are financially compensated (up to 300%).	

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?
<b>Albania</b>	0
<b>Austria</b>	<p>Compensation for loss of income is regulated by the government with different regulations available depending on the person or entity in question. There is no special regulation for doctors or their families.</p> <p>Different provinces have different models of compensating doctors for their work during the COVID-19 crisis. The rewards include both financial contributions as well as time off. Those provinces that have provided financial remuneration have provided a fixed, one-time payment with the amount differing by province.</p>
<b>Belgium</b>	0
<b>Bulgaria</b>	There is a 1000 leva bonus for "first-line" physicians. There is no compensation for loss of income or forced paid/unpaid leave.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	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.
<b>Denmark</b>	?
<b>Estonia</b>	There is a national health insurance fund.
<b>Finland</b>	There are no nation wide specific arrangements due to COVID-19. Locally, some extra compensation has been paid.
<b>France</b>	There were bonuses and a revision of the salary scale in public hospitals.
<b>Georgia</b>	There is an anti-crisis plan, and a little part is covered by the government.
<b>Germany</b>	<p>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.</p>
<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>	No changes to death in service payments. Special leave with pay from COVID 19 has been extended from 14 days to 28 days for public servants who have contracted COVID 19 with special provisions beyond 28 days. There is an 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) in 2020.	
<b>North Macedonia</b>	In December, first-line health care professionals received a compensation payment of 450eur, but there was no compensation for the family doctors (GPs). There is no compensation for families of doctors who died of Covid19.	
<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>	The Turkish Medical Association emphasized in a press release that: "Additional payments should be made fairly. There should be no inequality between physicians dealing with the pandemic and all healthcare professionals" (see: <a href="https://www.ttb.org.tr/haber_goster.php?Guid=1131ea00-03d8-11eb-85e4-b78881f13431">https://www.ttb.org.tr/haber_goster.php?Guid=1131ea00-03d8-11eb-85e4-b78881f13431</a> ). Furthermore, the Turkish Medical Association emphasized that the Covid-19 disease should be considered as an Occupational Disease for healthcare professionals (see: <a href="https://www.ttb.org.tr/haber_goster.php?Guid=90014298-0f97-11eb-8c8a-efeed974bb4d">https://www.ttb.org.tr/haber_goster.php?Guid=90014298-0f97-11eb-8c8a-efeed974bb4d</a> ).
<b>UK</b>	No bonus.
<b>Ukraine</b>	Doctors of other specialties, who must not work due to quarantine, receive full compensation of a base salary. In the proven case that the doctor fell ill during the work with coronavirus patients: 1) for the families of doctors who lost their lives, there is a special insurance for health professionals - about 45,000 euros; 2) in the event of a health professionals disability - from 19,000 to 25,000 euros.

Country	What are the on-going restrictions on professional practice, appointments, patient contact?
Albania	
Austria	In general, doctor's offices are open. However, an appointment should be made and nose-mouth protectors should be worn at the practice. Prescriptions can be provided via email or the electronic healthcare system.
Belgium	
Bulgaria	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. 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.
Croatia	
Cyprus	
Czech Republic	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.
Denmark	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.
Estonia	The wearing of surgical masks is required.
Finland	There are no restrictions. Sufficient protection is required.
France	Thanks to the reorganization of the intensive care beds, there are none.
Georgia	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.
Germany	Appointments are only possible after the prior registration of patients. There is restricted patient contact and an adequate hygiene concept is required
Greece	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, 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.
Hungary	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.
Iceland	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 but broady face masks must be worn in all healthcare settings, visitor restrictions are in place. Many clinics are taking place virtually.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>	The use of masks is obligatory for everybody in hospitals and practices. Surgical departments work under restrictions, basically focussing on acute and trauma cases. Elective cases are still on stand-by. There are restrictions for visitors in hospitals and public institutions.	
<b>Latvia</b>	The use of masks is obligatory for everybody in 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>	Mandatory use of masks for everyone. No visitors are allowed in hospitals. Appointments must be made in advance. When possible, online consultations are preferred.	
<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>	There are problems in the provision of general health services because of the transformation of many hospitals into pandemic hospitals.
<b>UK</b>	General Practice continues to offer majority remote consultations. Hospital appointments are being delivered remotely where possible. 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>	There are problems in the provision of general health services, especially for patients with chronic diseases, because of the transformation of many hospitals into COVID-19- hospitals.



<b>Country</b>	<b>How long will it take to deal with the backlog of treatments (postponed elective surgeries, postponed cancer treatment, patients presenting late)?</b>
<b>Albania</b>	0
<b>Austria</b>	This will depend on how long the current situation and related restrictions continue.
<b>Belgium</b>	0
<b>Bulgaria</b>	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.
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	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.
<b>Denmark</b>	Expected in 2021
<b>Estonia</b>	The data vary among hospitals, but the delay is not significant at present.
<b>Finland</b>	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.
<b>France</b>	There are no more postponed treatments and no legibility on the situation before summer 2020.
<b>Georgia</b>	Before the virus the waiting time was 1-2 months, now the waiting time is - 2-3 months. With private insurance, the waiting time is unchanged (1-2 months).
<b>Germany</b>	In 2020 the volume of surgical procedures in Germany declined by approximately 12 percent compared to the previous year. Due to this backlog of treatments, a substantial increase of surgical procedures of more than 28 percent is expected in 2021.
<b>Greece</b>	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 and have risen by a further 10% over the last year. 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 for different types of specialties. Urgent care has been maintained throughout the epidemic. In this context, the backlog is not significant and there are only very few cases of serious neglected illnesses reported. Oncology departments never stopped providing treatments.
<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>	Depends on the diagnosis, but there seems to be no significant backlog. Urgent care has been maintained during the pandemic, cancer treatment has not been postponed, diagnostic procedures were provided on patients that had priority referral. Elective surgeries were postponed, but data varies among hospitals.
<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>	There is no data on whether any planning has been made on this issue.
<b>UK</b>	Latest data indicates that the shutdown of most non-COVID-19 services in the first wave, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-COVID-19 care, storing up greater problems for the future. The BMA estimates that between April and December 2020 there were 2.7 million fewer elective procedures and 18.66 fewer outpatient attendances. Infection control measures and the ongoing diversion of resources towards COVID services in many parts of the country during the ongoing second peak of hospitalisations mean that this backlog of care will take even longer to work through as it continues to accumulate. Many elective procedures have been cancelled once more as the second, worse wave of COVID-19 cases and hospitalisations sets in. This will cause strong further growth in the backlog, particularly in December, January, and February 2021.

**Ukraine**

This will depend on how long the current situation and related restrictions continue.

<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>	N/A
<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. All trainings are offered by international partners.
<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. Additionally, the European Society of Intensive Care Medicine has launched a project in order to train non-intensivists (doctors and nurses), so that they can respond to the growing demands of the pandemic.
<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. Postgraduate training bodies have provided 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". Trainings are still ongoing.	
<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>	Medical Chamber of R.N.M in collaboration with WHO and the National Institute of Public Health organized webinars for proper PPE use. Training for PPE, ICM and devices was also provided in COVID-19 ward. Although in ICUs almost always work skilled anesthesiologist, intensivist, and pulmonology and infectious disease specialists. Since November 2020 the Medical Chamber of R.N.M. started organizing regular online meetings between GPs and specialists. In these online meetings specialists discussed various aspects of Covid 19 protocol treatment (antibiotics, anticoagulation ect) with more than 100 GPs per meeting. The recorded video of these online meetings were uploaded on the "Platform for doctors" where they are available to all doctors regardless of their specialty.	
<b>Norway</b>	Online guidance from the national public health institute (the NMA) compiled prioritisation 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>	General training was provided (predominantly online), but the effectiveness of the training was not evaluated.	

<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 across the UK) is available 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 consider to be aerosol generating (AGPs).
<b>Ukraine</b>	Training to use PPE, ICM and devices is regularly carried out for those who agree to work with patients with COVID-19.

Country	What kind of mental health and wellbeing support practices have been put in place for doctors and other healthcare professionals?
Albania	
Austria	Recommendations on mental health have been provided by the Ministry for Social Affairs, Health, Care and Consumer Protection both for health care workers and their managers/supervisors.
Belgium	
Bulgaria	On 23 March 2020, 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.
Croatia	
Cyprus	
Czech Republic	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.
Denmark	Local efforts
Estonia	There is a psychological advice number and consultations are available.
Finland	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.
France	This is the competence of hospital occupational medicine.
Georgia	There is a hotline in place.
Germany	
Greece	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.
Hungary	Personal or group counselling is available, but on request only.
Iceland	Access to support is available to all citizens including healthcare professionals.
Ireland	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.
Israel	
Italy	

<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>	Brochures and articles with practical exercises for coping with psychological stress while working in hospitals and other health facilities were prepared by professors at the University clinic of psychiatry. With the help of the Medical chamber these were distributed online to all doctors. The University clinic of psychiatry established a mental health support hotline for health professionals.	
<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>	"Support Line for Healthcare Professionals" has been established by the Psychiatric Association of Turkey ( <a href="https://www.psikiyatri.org.tr/eng/">https://www.psikiyatri.org.tr/eng/</a> ).
<b>UK</b>	<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 phoneline 24/7 to all NHS workers</li> <li>- a 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. 35% of these hubs are now live.</li> </ul>
<b>Ukraine</b>	From the state, none. There are only local initiatives by doctors professional organizations offering psychological support to its members.

<b>Country</b>	<b>Other workforce measures of note (e.g. in relation to travel restrictions)?</b>
<b>Albania</b>	0
<b>Austria</b>	The Austrian governments advises to refrain from any non-essential travel, especially holidays. Travel restrictions apply for a number of countries and persons returning from these countries may be required to present a negative PCR-test, take a test upon arrival or self-quarantine.
<b>Belgium</b>	0
<b>Bulgaria</b>	None
<b>Croatia</b>	0
<b>Cyprus</b>	0
<b>Czech Republic</b>	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.
<b>Denmark</b>	No comments
<b>Estonia</b>	0
<b>Finland</b>	Travel restrictions apply to all citizens.
<b>France</b>	There was the request to postpone vacations when the pandemic resumed last October.
<b>Georgia</b>	Travel restrictions apply to all citizens. There are no restrictions when travelling for official meeting purposes.
<b>Germany</b>	There are no travel restrictions, work measures were dependend on each individual situation or employer.
<b>Greece</b>	There are no special restrictions for the healthcare professionals. There are measures and restrictions as for all citizens.
<b>Hungary</b>	There are no travel restrictions at present.
<b>Iceland</b>	Travel restrictions apply to all citizens.
<b>Ireland</b>	Travel restrictions apply to all citizens. The Government advises against all non-essential travel. All passangers arriving in Ireland must complete a COVID19 Passanger Locator Form and provide a negative result of a pre-departure COVID19 PCR test taken within 72 hours of arrival into the state or have evidence that they are exempt from this legal requirement. Under current restrictions, passangers arriving into Ireland must quarantine in their home for a period of 14 days.  The Government recently passed legislation introducing a system of mandatory quarantine for 14 days in a designated facility for passangers arriving into Ireland from a list of designated 'high-risk countries'.
<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>	There were no travel restrictions for health care professionals. The government ordered to postpone vacations when the second wave peaked in November 2020.	
<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>	There are restrictions on travel from time to time.	
<b>UK</b>	Current a stay at home order in place.	
<b>Ukraine</b>	No.	

<b>Country</b>	<b>Other comments</b>	
<b>Albania</b>		0
<b>Austria</b>		0
<b>Belgium</b>		0
<b>Bulgaria</b>	As of 22 October 2020, 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. "Soft" lockdown was imposed from 27 November to 21 December, and extended to 4 January 2021. Educational institutions for young kids up to elementary school (age 10) are open. Older school children and students will continue online education until 31 January.	
<b>Croatia</b>		0
<b>Cyprus</b>		0
<b>Czech Republic</b>	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.	
<b>Denmark</b>	No comments	
<b>Estonia</b>		0
<b>Finland</b>		0
<b>France</b>		0
<b>Georgia</b>		0
<b>Germany</b>	There is an increase of fake news and disinformation about COVID-19 (regarding medical treatment, characteristics of the disease, vaccines etc.) in social media.	

<b>Greece</b>	Currently, a lockdown has been imposed all over the country with a curfew from 21:00 to 05:00, at weekends from 19.00 - 05.00. No gatherings are allowed and it is permitted to carry out exercise within a 2km radius from one's residence. Restaurants, cafes & bars may provide take-away and delivery only. The expansion index of COVID-19 positive cases shows an intensified rate. The data on 17 March 2021 is as follows: 222,247 cases (51.6% men), 630 intubated patients (67,9% men and/or >70 years old) 7252 deaths (95.8% with underlying disease and/or >70 years old). 1,516 patients have been released from ICU, while the daily change in hospital admissions is +8.73%. Since 1 January 2020 up to today, a total of 3 925 165 clinical samples have been tested in labs that carry out COVID-19 testings, while 1 988 315 Rapid Ag samples have been carried out by delegates of the Greek Public Health Agency (EODY) and in state primary healthcare units. 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. At the beginning of the pandemic, there were 557 ICU beds, now there are 1,402 beds, some of them are private donations.	
<b>Hungary</b>		0
<b>Iceland</b>		0
<b>Ireland</b>	Since the 30th of December 2020 Ireland has been placed on level 5, the highest level, of the plan for living with COVID - Under Level 5 restrictions - 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. No visits to other people's homes and gardens. Up to 6 guests only are permitted at weddings and up to 10 mourners at 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. Hotels, guesthouses and B&Bs are closed for all non-essential purposes. Return of students to in-school education began on a phased basis from March 1st. Restrictions are in place until 5th April, at which point it is expected that there may be some easing on the 5km limit, outdoor activities, nursing home visits and construction.	
<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>	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: - 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> ) - 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> ) - 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> )	
<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>	The Ministry of Health has not been able to manage the epidemic process perspicuously, especially regarding the number of cases and deaths.	
<b>UK</b>		0
<b>Ukraine</b>	The Ministry of Health has not been able to manage the epidemic process perspicuously: especially regarding medical statistics, providing epidemiological control, the number of cases COVID-19, sufficient free PCR testing, provision of vaccines.	



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



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