COVINFORM

CORONAVIRUS VULNERABILITIES AND INFORMATION DYNAMICS RESEARCH AND MODELLING

D6.1 Baseline report: Community and citizen responses

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Executive Summary

COVINFORM's project is implementing a multidisciplinary and intersectional approach to examine how vulnerability is defined and addressed in COVID-19 responses from government, public health, and communication perspectives. The project also aims to examine the impact that different national, regional, and local responses have had on vulnerable and marginalized groups and view these impacts through an intersectionality perspective to understand how different factors interconnect, potentially further increasing vulnerability and marginalization.

In line with the objectives of the project, this report aims to describe local community structures, stakeholder networks and responses across COVINFORM target countries: Austria, Belgium, Cyprus, Ireland, Israel, Italy, Germany, Greece, Romania, Portugal, Spain, Sweden, Switzerland and the United Kingdom (England & Wales). To reach this goal, project partners have conducted desk research on both community-level response plans and emergent citizen responses in at least one sub-national unit in each of the project partner countries.

The report provides first a brief introduction of its main aims and objectives; second it provides a short overview about the relevance to consider local communities during the COVID-19 pandemic, and it explains the research design methodology. Third, the work developed for each partner country is presented with the aim of providing a baseline report per target country containing top-level descriptive analysis. Fourth, the main findings are briefly summarised and discussed, providing a global analysis across countries as well as a set of good practices.

The main results of the baseline research per partner country have already highlighted some interesting findings: the impact of the COVID-19 pandemic and its economic and social consequences have been more severe in large cities compared to medium-size cities where the actions were more widespread, and a greater number of needs met. In such a context, a great effort has been devoted by the local administration, in close collaboration with the national government, to reach the most vulnerable segments of the population, such as ethnic minorities, homeless people and those socially excluded, e.g. the elderly living alone. To meet the needs of these populations, public-private partnership was strategic: many of the successful initiatives saw a strong participation of volunteers, NGOs, religious communities, but almost everywhere with the financial and even organizational support of local administrations.

Several good practices emerged from the country reports: among them we have identified some mainstream in the organizational, solidarities, cooperation, culture, technology and door-to-door initiatives.

It is worthy to stress that this report will be updated in M24 with the results of the analysis of community and citizen responses in the target sub-national units.

Contents

Figures

Tables

Acronyms & Abbreviations

Term	Description
ASL	Azienda Sanitaria Locale (Local Health Authority-Italy)
BAME	Black, Asian and Minority Ethnic population
BINA	British Indian Nurses Association
BSGPK	Austrian Federal Ministry of Labour Social Affairs, Health, Care and Consumer Protection
CAR	Centro Agroalimentare ROMA (Rome fruit and vegetable market)
CSOs	Civil society organisations
D	Deliverable
DEHOGA	the German Hotel and Restaurant Association
DoH	Department of Health (Dublin-Ireland))
DRHE	The Dublin Region Homeless Executive (Dublin-Ireland))
ECDC	European Centre for Disease Prevention and Control
FAQ	Frequently Asked Questions
FNA-UK	Filipino UK Nurses Association
GDP	Gross Domestic Product
GP/GPs	General practitioner/General practitioners
GVA	Gross Value Added

HCWs	Health care workers
HSE	Ireland Public Health Service
ICT	Information and communications technology
ICU	Intensive care units
ILO	International Labour Office
IMF	International Monetary Fund
ITM	Antwerp Institute of Tropical Medicine
LAGeSo	the State Office for Health and Social Affairs (Berlin-Germany)
LAs	local authorities
LGMA	the Local Government Management Agency (Dublin-Ireland)
LTCF	Elderly Long Term Care Facilities
MOH	Ministry of Health (Italy)
MRAs	Migrants Refugees Asylum Seekers
NBHW	National Board for Health and Welfare (Sweden)
NDTC	National Drug Treatment Centre (Dublin-Ireland))
NGOs	Non-governmental organisations
NHPET	National Public Health Emergency (Dublin-Ireland)
NHS	National Health Service Wales
NRE	Electronic Prescription Number (Italy)
OECD	Organisation for Economic Co-operation and Development
OST	Opioid Substitute Treatment
PHA	the Public Health Agency (Sweden)
PHE	Public Health England
PUP	Pandemic Unemployment Payment (Ireland)
SALAR	the Swedish Association of Local Authorities and Regions
SDCC	South Dublin County Council (Dublin-Ireland))
SU	Sahlgrenska University Hospital (Sweden)
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
VAT	Value Added Tax
VGR	Region Västra Götaland (Sweden)
WP	Working package

1 Introduction

The COVINFORM' project is implementing a multidisciplinary and intersectional approach to examine how vulnerability is defined and addressed in COVID-19 responses from government, public health, and communication perspectives. The project also aims to examine the impact that different national, regional, and local responses have had on vulnerable and marginalized groups and view these impacts through an intersectionality perspective to understand how different factors interconnect, potentially further increasing vulnerability and marginalization.

The project will conduct research on four levels: 1) on an EU27 MS plus UK level, quantitative secondary data will be analysed and models will be developed; 2) within 15 target countries, documentary sources on the national level and in at least one sub-national research site per country will be analysed; 3) in 10 sub-national research sites, primary empirical research will be conducted; 4) critical issues and promising practices will furthermore be evaluated in case studies spanning diverse disciplines. We refer to the empirical research conducted in sub-national research sites as 'WP-linked empirical research'. Each of the WPs 4-7 have empirical research requirements which will be carried out in these sub-national research sites. In addition, COVINFORM partners carry out in-depth case studies in case study sites, which are coordinated within WP3.

WP6 falls within the 'WP-linked empirical research' stream, and is dedicated to examining COVID-19 responses and impacts on a sub-national level. It focuses on reviewing and describing community structures and stakeholder networks, local implementations and impacts of governmental responses to the pandemic, and voluntary and citizen-led responses to the pandemic and to government policy in selected communities in the project target countries.

In line with the objectives of the project, task T6.1 aims to describe community structures, stakeholder networks and responses within selected sub-national research sites across selected COVINFORM partner countries. To reach its goal, this task has entailed desk research on both community-level response plans and emergent community-level and citizen-led responses. The aim of the present deliverable is to provide a baseline report with chapters per target country containing top-level descriptive analysis. Furthermore, it aims to offer insights and reports on how local social structures and demographic make-up (including vulnerabilities and inequalities) and multi-level governance processes have affected local and regional responses. Finally, it aims to provide insights on good practices developed at the local level.

Due to confusion in the Description of Action between "sub-national research sites" and "case studies," partner organisations in Israel, Portugal, and Wales focused their desk research in preparation for this deliverable on non-geographically-circumscribed communities rather than sub-national research sites. These partners have been asked to conduct additional desk research on sub-national research sites in preparation for the empirical research conducted within T6.2. The desk research results will be appended as an annex to D6.2.

After a short introduction of the aims and the objectives of the deliverable (Section 1), Section 2 provides an introduction on the relevance to consider local communities during the COVID-19 pandemic, and it explains the research design methodology. Section 3 of this report presents the work developed for each country. Finally, Section 4 briefly summarises and discusses the main findings, including a global analysis across countries as well as a set of good practices.

It is worth mentioning that this report will be updated in M24 with the results of the analysis of community and citizen responses in the target sub-national units.

2 Local communities at the time of COVID-19 pandemic

As recently highlighted by the OECD[1], the COVID-19 crisis is characterized by a strong local dimension with substantial policy implications for managing its consequences. In particular, according to the above-mentioned OECD report, two considerations are central for policy makers:

1. Within countries, the regional and local impact of the crisis is highly heterogeneous. Long lasting under-investments in regions and municipalities were made clear by the pandemic. Lack of resilience and existing weaknesses, such as territorial inequalities in access to healthcare and housing, demographic changes, digital gaps across metropolitan and rural areas have been exacerbated by the crisis. The more vulnerable regions, such as deprived urban areas, have been hit harder than others. Certain vulnerable populations have been more affected than others. The pre-pandemic differences in the economic structure of the regions and local communities implied an unequal impact of the crisis across regions. Access to health and educational services have also varied across regions, stressing the existence of a strong territorial dimension also from the social point of view.
2. Local governments (regions and municipalities…) have been at the frontline of crisis management, being responsible for critical aspects of containment measures and the implementation of the vaccination campaign, health care, social services, economic development and public investment. In this context, a coordinated approach among governmental levels became a burning issue.

COVID-19's differentiated impact on communities, regions and countries has stimulated a wide-ranging discussion on how to increase resilience and be better organized for future health, economic, social or climate-related emergencies. At all governmental levels it has become a priority to offer citizens basic services regardless of where people live, for instance to reduce digital divides. In this context the crisis has accelerated several mega-trends, such as digitalization and may act as an accelerator for the transition to a low carbon economy[2]. The unprecedented growth in remote working may change the spatial balance between urban and rural areas, which may have significant implications for regional development policy (OECD, 2021).

2.1 Aim and objectives of the desktop research

Task T6.1 aims to describe community structures, stakeholder networks and responses in the target countries. This task entailed desk research on both community-level response plans and emergent citizen responses in at least one target sub-national unit in each of the project target countries: Austria,

[1] OECD 2021, The Territorial Impact of COVID-19: Managing the Crisis and Recovery across Levels of Government, https://www.oecd.org/coronavirus/en/

[2] However, a recent policy brief has outlined that only 17% of COVID-19 recovery spending has been allocated by Governments of OECD countries to implement green measures (OECD, The OECD Green Recovery Database : Examining the environmental implications of COVID-19 recovery policies, 19 April 2021, https://www.oecd.org/coronavirus/policy-responses/the-oecd-green-recovery-database-47ae0f0d/).

Belgium, Cyprus, Ireland, Israel, Italy, Germany, Greece, Romania, Portugal, Spain, Sweden, Switzerland and the United Kingdom (England & Wales).

2.2 Research questions

The desktop research was be guided by the following research questions:

1. How have COVID-19 and policy responses to COVID-19 impacted the target sub-national units?
2. How have the target sub-national units reacted to COVID-19 and policy responses to COVID-19?
3. Can promising practices be identified for policy co-production or co-implementation in partnership with target sub-national units (or selected vulnerable groups)?

2.3 Research guidelines and definitions

The task includes a review of relevant primary sources and secondary documentary sources (scholarly studies, grey literature, etc.) in the project target countries.

Sub-national target units (at least one sub-national target unit in each of the project target countries) were joint responsibility of partners located in the respective countries. Definitions of scope (NUTS2, NUTS3, or LAU) vary per target country. Sub-national target units are defined as one geographical community / administrative region in each of the 15 target countries. However, partners had the option of focusing their empirical research only on their selected geographical community/administrative region, or to focus also on a 'community of practice' (e.g. migrant health care workers) and/or 'cross-cutting issue' (e.g. families and gender roles).

The desktop research conducted by the consortium partners in T6.1 was organised in a 2-4 pages country report and of a list of relevant references.

3 Community structures, stakeholder networks and responses in the target countries

3.1 Austria

3.1.1 Target sub-national unit: the city of Vienna

Vienna is not only the capital city of Austria but also a state on its own. As such, it hosts a municipal government and is home of the national government. Vienna and its city government are known for its social democratic tradition since 1919, when the social democrats for the first time won the absolute majority in the city's election. Back then, the social democratic party wanted to create a socialist society relying on three main pillows: social welfare, social housing, and school reforms. Since 1945, the social democrats continuously nominated the mayor of the city. Although much has changed, the influence of the city's history and the ideology on which many of the city's achievements are built on also influenced the handling of the current crisis which in many ways is based on the idea of a welfare state.[3]

Vienna, with its 1,920,949 inhabitants[4] is not only the most populated city but also the most populated state in Austria. 21.5% of Austria's population live in this city located in the eastern part of the mountainous country. As such, Vienna also recorded the highest number of COVID-19 infections and deaths. From the start of the pandemic until the 10th of August 2021 Vienna recorded 144,931 infections and 2,368 COVID-19 related deaths. However, despite its high population Vienna did not perform worse than other states in Austria. Upper Austria, the third biggest state in the country with a share of 16.7% of Austria's inhabitants, had a cumulative 119,006 infections and 1,759 deaths on August 10th 2021[5]. Vienna consists of 23 districts. The number of inhabitants differ substantially from district to district, with the smallest having only around 16,000 inhabitants and the biggest over 195,000[6]. There is no data available on COVID-19 infections on district levels for Vienna. On the 10th of August 2021, 52% of Vienna's inhabitants were fully vaccinated.

3.1.2 Impact of COVID-19 and associated policy responses in the target sub-national unit

Particularly in the time since the first pandemic wave (March-May 2020), the state of Vienna has implemented COVID-19 measures and tactics which deviated from the national recommendations and strategies to combat the virus. On multiple occasions, Vienna extended its lockdown or implemented lockdowns where other states decided against one. For example, the eastern Austrian states entered a short Easter lockdown which initially should have lasted until the 11th of April 2020. However, Vienna decided, based on epidemiological data and a rise in needed ICU beds, to extend the strict lockdown until the 2nd of May.

Taking such a decision is made possible through Austria's political federal structure: the Federal Ministry of Labour Social Affairs, Health, Care and Consumer Protection (BSGPK) is responsible for general healthcare policy and protection of public health in particular (figure 1). It drafts legislation

[3] https://www.geschichtewiki.wien.gv.at/Rotes_Wien

[4] As of 01.01.2021

[5] https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-(2019-nCov).html

[6] https://www.wien.gv.at/statistik/bevoelkerung/tabellen/bevoelkerung-bez-zr.html

and functions as a decision maker, a supervisory authority, and also as a coordinator among key actors in the healthcare system. As far as hospitals are concerned, legislative and executive responsibilities lie with the individual states (The Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, 2019) which also gives them some freedom in the implementation. This does not only apply to the healthcare sector but into the overall political structure of the country.

Figure 1. Joint responsibility for the health care system (Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, 2019).

The main decision makers are the Viennese mayor Michael Ludwig and Gesundheitstadtrat (Health Councillor) Peter Hacker who is the highest bureaucrat in the resort of health for the City of Vienna.

Some of the biggest issues that have impacted on individuals as a consequence of the government's COVID-19 response, were job loss, insecurity, uncertainty, loneliness and social isolation (source needed). Unemployment rates increased dramatically in times of lockdowns[7] and poverty increased[8]. Finally, at several points in time, the Viennese ICU bed provision was at nearly maximum capacity. In comparison Austria has a comparatively high number of ICU beds per inhabitant. Thus, the health care system could hardly be sustained with triaging just being avoided. Below are a few examples of how the City of Vienna reacted to the pandemic and COVID-19 policy responses.

3.1.3 City Government Response: testing

Vienna intensified its testing strategy at the beginning of the winter season 2020 by offering multiple testing options which also changed over the course of time, depending on the needs of the city's inhabitants. In principle, there are three testing categories: one for people without symptoms, one for people with symptoms, and one for close contacts as well as return travellers. There are various testing options for all three groups. For those without symptoms, so-called 'entrance testing' is the main motivation: a negative test is needed to enter bars, cafes, etc. For this, the city of Vienna offers: 'Alles gurgelt' PCR home test kits, PCR test boxes in ten different locations all over Vienna, antigen self-tests for home usage, and quick test streets in various locations in the city and finally testing in pharmacies[9][10]. For close contacts and returning travellers and people showing symptoms, there is a PCR drive through testing site and a 'check box' testing site.

[7] https://www.ams.at/arbeitsmarktdaten-und-medien/arbeitsmarkt-daten-und-arbeitsmarkt-forschung/berichte-und-auswertungen

[8] To see more information for all of Austria in relation to poverty and unemployment: https://www.sozialministerium.at/dam/jcr:5f807a53-5dce-4395-8981-682b5f1dc23b/BMSGPK_Analyse-der-sozialen-Lage.pdf

[9] https://www.derstandard.at/story/2000125393498/alles-gurgelt-kostenlose-pcr-initiative-in-wien-fuer-alle-zugaenglich

[10] https://coronavirus.wien.gv.at/testangebote/

The 'Alles gurgelt' PCR home testing is a unique initiative running in the city of Vienna and also a best practice strategy we identified. The initiative started first with limited capacities, allowing registration of enterprises and industries for providing a test offer to their employees. By the end of March 2021, the program was extended and made available to all people living in Vienna. All Viennese residents are entitled to up to four free PCR gargle tests per week. The test can easily be conducted at home with provided step-by-step guidance, and is authenticated by recording the testing procedure via a computer or phone. Test results are made available within less than 24 hours after dropping the test kit off at a local supermarket or drugstore.

3.1.4 City Government Response: Vaccination

Another example of Vienna's COVID-19 response is the city's vaccination strategy. Whereas other states already passed age prioritizations in their vaccination strategy, Vienna still implements them also due to its much bigger population size compared to other states. Because of this everyone over 41 years and between 12-30 years was eligible for a vaccination in June 2021, leaving only those between 31-40 without a possibility to get vaccinated. For this group, testing has been enabled on 25 June 2021. Currently, the city of Vienna is planning a series of party events for youth aged between 18-30 to get vaccinated. This should take place in July and the city's health authorities are planning on using Johnson & Johnson vaccine as only one shot is required[11].

3.1.5 Other initiatives by the City of Vienna

To mitigate the economic and social consequences of the COVID-19 pandemic, the City of Vienna and its organisations started multiple initiatives. As the arts, culture and nightlife industry was particularly hit by the COVID-19 measures the City of Vienna, which always represents itself as a cultural capital, launched a few initiatives to revive the arts and culture in public spaces. For example, in summer 2021, the City of Vienna runs its second 'Kultursommer'[12], a local arts and culture festival with various locations spread all over town. Other examples are the various financial support initiatives established by the Wirtschaftsagentur Wien (Vienna Business Agency) which is a fund of the City of Vienna. It launched multiple initiatives to mitigate the negative economic consequences of the COVID-19 pandemic.[13] These initiatives mainly focus on the recovery phase of the pandemic and aim to support, for example, the Viennese club and music scene, creative industries, innovation and technology and many more.

After the first lockdown ended at the end of April 2020, the city also provided so-called "hospitality vouchers" to its inhabitants. The vouchers were worth 50€ and could be used to pay in every participating restaurant or bar in town (valid for food and non-alcoholic beverages). Aim was to support restaurants and bars after the long lockdown, encouraging people living in Vienna to visit a restaurant or bar. Similarly, the city provided taxi-vouchers for people aged older than 65 years.[14] Beside these initiatives, the City of Vienna provided a Corona Information website[15] and also incorporated comprehensive information on the Coronavirus on its already existing websites. The City of Vienna also launched a Corona Hotline specifically targeted at alleviating mental health issues.[16]

[11] https://www.diepresse.com/5997776/wien-will-impfpartys-fur-jugendliche-schmeissen

[12] https://kultursommerwien.at/

[13] https://wiengehtweiter.at/

[14] https://www.vienna.at/mehr-als-108-000-antraege-fuer-wiener-taxigutscheine/6644030

[15] https://coronavirus.wien.gv.at/

[16] https://coronavirus.wien.gv.at/reden-hilft/

3.1.6 Community responses and initiatives

Beginning with the first pandemic wave in March 2020 several initiatives have been launched to respond particularly to the issues of social isolation, loneliness and issues related to the stay-at-home orders. The Viennese district newspapers even called out a "renaissance of neighbourly help".[17] In particular during the first wave of the pandemic, we could observe countless initiatives organised by individuals and organisations to support each other. These include support for individuals belonging to groups with an increased health risk, such as older people or people with pre-existing conditions. Under the hashtag #Nachbarschaftschallenge (#neighbourhoodchallenge), people volunteered to run errands for those at risk, which was organised via a website[18] in the form of a virtual noticeboard on which people could post their requests (e.g., support for running daily errands, dog walking, etc.). The City of Vienna provided a template for print outs to hang up on notice boards in houses.[19] The Diakonie, a charity, has also established the #gutenachbarschaft (#goodneigbhourhood), in a call for supporters for daily errands and the like.[20] Following a similar approach, #studentsagainstcovid is an initiative of students within and beyond Vienna to volunteer or provide paid support during the crisis.[21] Caritas, a church run austrian wide NGO, also launched a neighbourhood support website.[22] In addition to these initiatives on national or city level, there were initiatives in almost every district (e.g., see for example, Aspern-Seestadt[23], Alsergrund[24], Innere Stadt[25], Döbling[26]). However, district governments also launched other initiatives such as the district government of the 20th district, which gave 2,000 FFP2 masks to its residents when those were made mandatory in public spaces.

These activities did not stop after the first wave, but rather continued on throughout the second and third wave. For example, a person living in the eighth district of the city of Vienna has initiated the project "Achtsamer Achter" ("Mindful Eighth") in December 2020[27]. Its aim was to get persons living in the district in contact with each other, focusing on topics like neighbourly help, contact by telephone or letters, support for people with dementia or limited mobility. Organised in the form of a 'care net', several initiatives have been brought together, within and beyond the eighth district. Those include the "AdvenZkalender", a calendar which provides videos each day, virtual cafés ("Café Promenz", "Café Auszeit"), or the "Plaudernetz" (a hotline for people who want to talk to someone) provided by Caritas. Similarly, the "Plaudertischerl"[28] ("discussion tables"), organised by Diakonie supports people suffering from loneliness.[29] Several Viennese districts participate; in local cafés, people can meet others to talk

[17] https://www.meinbezirk.at/wien/c-lokales/wiener-rufen-zur-hilfe-fuer-aeltere-auf_a3982350

[18] https://corona-nachbarschaftshilfe.at/

[19] https://www.diehelferwiens.at/media/file/100018_Nachbarschaftshilfe_Notiz.pdf

[20] https://www.diakoniewerk.at/gutenachbarschaft

[21] https://www.iamstudent.at/blog/corona-studenten-helfen-jobs/

[22] https://www.caritas.at/spenden-helfen/spenden/aktuelle-spendenaufrufe/team-naechstenliebe/team-naechstenliebe-initiativen#c82140

[23] https://www.aspern-seestadt.at/city-news/nachbarschaftshilfe_jetzt

[24] https://www.alsergrund.spoe.wien/corona-im-ueberblick/nachbarschaftshilfe-alsergrund/

[25] https://wienerbezirksblatt.at/nachbarschaftshilfe-innere-stadt/

[26] https://www.meinbezirk.at/doebling/c-lokales/zusammenhalt-statt-panik-in-doebling_a3983505

[27] https://www.meinbezirk.at/josefstadt/c-lokales/josefstaedter-initiative-achtsamer-achter-hilft_a4394397

[28] https://plaudertischerl.at/

[29] https://www.meinbezirk.at/wien/c-lokales/mit-14-juni-starten-die-plaudertischerl-wieder_a4694699

– without the need to buy anything. This has been organised virtually since the first lockdown, and physically when possible.

There are also initiatives provided by the neighbourhood centre of the Wiener Hilfswerk, a social organisation in Vienna providing support in various areas. These include, for example, online exchange between women ("Von Frau zu Frau") and German language courses ("Deutsch üben mit Elisabeth (A2/B1)", "Deutsch-Café", "Deutsch-Austauschrunde für Frauen mit Margit"). The Wiener Gesundheitsförderung (Viennese Health Support), funded by the City of Vienna, also provides a (free) hotline for people to talk about their fears and worries. This is part of the wider initiative "Wien bleibt g'sund. #OIDA" (Vienna stays healthy) with several areas of focus, including mental health, diet and food, and sports/physical activities.[30] Indeed, there are several initiatives focusing on sports as a way to fight mental and physical health problems caused by lockdowns, curfews, and working from home.

Support for older people or migrants also includes support in testing. The City of Vienna provides several possibilities of testing, as described above. All of these require (online) registration and a QR code, however, which can be a challenge for older people and persons who are not German native speakers. The local community group "Agenda Favoriten" (Favoriten is Vienna's tenth district) encourages people to support others with these challenges.[31]

As a city with many theatres, museums, etc., it is unsurprising that the Viennese cultural scene organised a number of initiatives. For example, the Wien Museum (Vienna Museum) started a project in March 2020 to collect objects which may narrate the impacts of the pandemic on private and professional life (see Figure 2).[32]

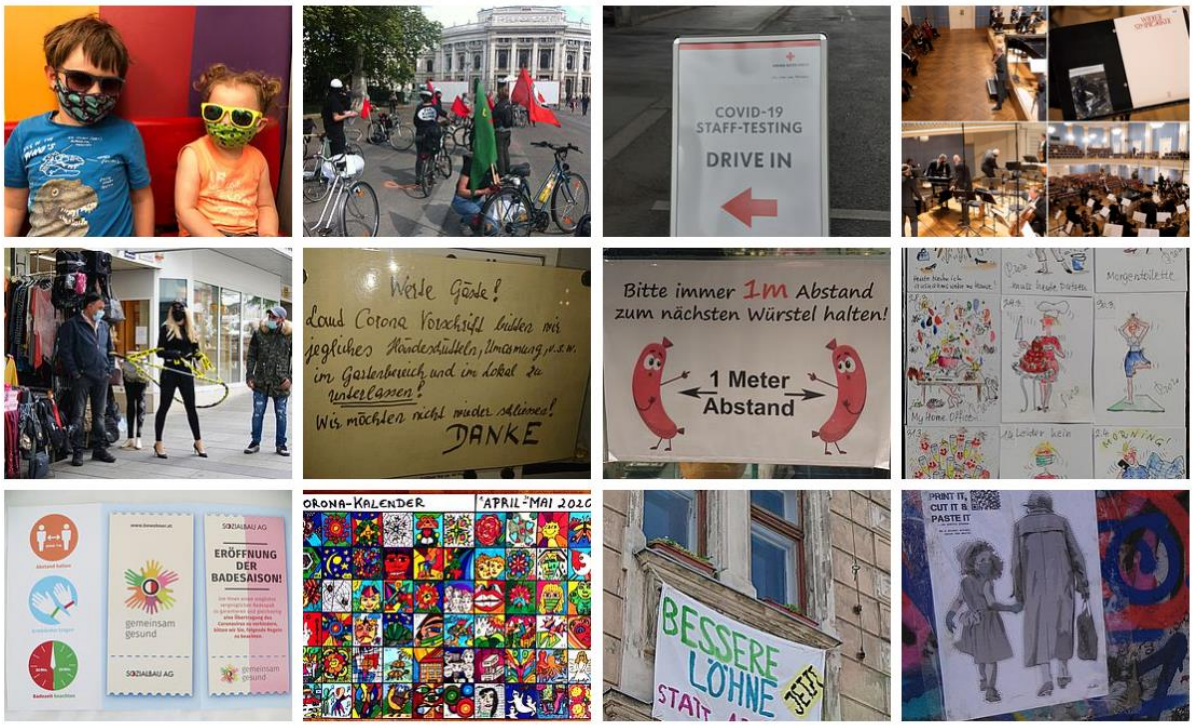

Figure 2. Photo exhibition of objects of the pandemic, Wien Museum

[30] https://www.wig.or.at/index.php?id=2610

[31] https://www.agendafavoriten.at/blog-detail/unterstuetzen-wir-uns-gegenseitig-2018.html

[32] https://www.wienmuseum.at/de/corona-sammlungsprojekt

Lockdowns and the recommendation of working from home have impacted work life and employment heavily. The above-mentioned cultural scene, for example, was heavily impacted the measures and responded in several ways. For example, under the hashtag #NoRefundForCulture[33], people were asked not to ask for refunds if events were cancelled. In a protest walk, the initiative "Ohne Kunst wird's still!"[34] ("It's going to be quiet without art"), asked participants for financial support from culture professionals. Lockdowns have also hit nightclubs and the alternative club scene particularly hard: the crowdfunding initiative "Rettet die Wiener Clubkultur" ("Save the Viennese Club Culture") asks for support because rescue packages have only had a limited effect so far, in particular to cover running costs. There are countless similar impacts on businesses and organisations, for example, a group of dance and ballet studios in Vienna have written an open letter to the government, asking for adaptation of measures and more planning reliability.[35] The district leader of Vienna's eighth district launched the hashtag #mitdenAugenlächeln (#smilewithyoureyes) to promote creative tailors designing face masks.[36]

Other initiatives that we have found organised older residents to support school kids with their homework and learning. A Facebook[37] initiative, for example, raises awareness for sales people and other frontline workers. Others created fundraisers through www.crowdfunding.at to raise money for learning programs or food banks.[38] [39]

3.1.7 Anti-Corona movements and conspiracy theorists

Vienna has seen numerous anti-Corona rallies over the course of the COVID-19 pandemic. For some time, the city has seen weekly rallies against the government's COVID-19 restrictions. Many of the participants could be described as politically right wing. Some of the rallies were shut down by the police and others were already prohibited. However, conspiracy theorists and the Anti-vax movement also took part in these rallies. Many of the activities of this scene took place online, on Telegram and WhatsApp groups. In these online activities we could not identify many groups based in Vienna. An exception was a Telegram group named 'CoronaWiderstand Wien' (CoronaResistance Vienna). It is known that many participants of Anti- Corona rallies are actually residents from other states travelling to Vienna to participate in these rallies.[40][41] Finally, there were also critiques of the government's strategy to combat the spread of the virus such as a popular initiative run by a group of doctors, amongst those closely aligned with the anti vaxxer movement.[42]

[33] https://www.igkultur.at/artikel/norefundforculture

[34] https://igbildendekunst.at/themen/kunst-und-geld/ohne-kunst-wirds-still/

[35] https://www.meinbezirk.at/wiener-neustadt/c-politik/tanzstudios-die-vergessene-branche_a4074183

[36] https://www.meinbezirk.at/josefstadt/c-lokales/neue-corona-initiative-in-der-josefstadt_a4027368

[37] https://www.facebook.com/groups/1087197291645982/?notif_id=1584619434348332%C2%ACif_t%3Dgroup_r2j_approved

[38] https://www.crowdfunding.at/project/wenn-lernen-verbindet-oma-opa-projekt

[39] https://www.crowdfunding.at/project/lebensmittel-f%C3%BCr-hungernde-in-wr-neustadt

[40] https://kurier.at/chronik/wien/wien-5000-bei-aggressivem-corona-spaziergang/401173729

[41] https://kurier.at/chronik/oesterreich/corona-cluster-nach-tiroler-busfahrt-zu-demos-in-wien/401219529

[42] https://www.meinbezirk.at/c-gesundheit/aerzte-sehen-corona-massnahmen-als-voellig-ueberzogen_a4283208

3.1.8 Conclusions

In Vienna, we could identify three main streams of community response to COVID-19 and government response. The main player was the city government of Vienna, with its manifold support initiatives. The City of Vienna on many occasions implemented strategies to combat the virus which deviated from national agendas. This was necessary due to being the state with the highest number of inhabitants of a relatively small space and overwhelmed hospitals. The City of Vienna performed well in implementing multiple, easily accessible and free testing opportunities for its inhabitants. This enabled Viennese residents to get tested for free and maintain a minimal level of social contact even during lockdown. Once the lockdown was lifted, the so-called 'entrance testing' became mandatory for various venues. Additionally, the city and its organisation also introduced a number of financial stimuli and support opportunities.

Much of the citizen-led neighbourhood initiatives are centred on tackling social isolation that occurred due to the government responses to the COVID-19 initiatives, or aimed to support vulnerable members of their communities (e.g., going to the supermarket for older people or other at-risk groups). Here it is the church, community organization and NGOs or neighbourhood initiatives who we identified as active. Neighbourhood support and initiatives seemed to be most active in the first wave of the pandemic, i.e. in Spring 2020. Additionally, district governments also started many small neighbourhood activities.

As a third stream we could identify Anti-COVID-19 movements including people with right wing political ideologies, anti-vaxxers, conspiracy theorists, as well as people who felt unsupported or were not in favour of the government's COVID-19 response.

3.2 Belgium

3.2.1 Target sub-national unit: city of Antwerp and the district/neighbourhood Borgerhout

The selected target sub-national unit is the Belgian city of Antwerp, including a special focus on the district/neighbourhood Borgerhout, where the Antwerp University partner plans to conduct a case study research with migrant communities.

Antwerp is the capital of the Antwerp province, located in Dutch-speaking Flanders. In 2020, the city of Antwerp had a little over half a million (530,000) inhabitants, of which around 46,000 live in the Borgerhout district. Antwerp's residents have diverse backgrounds: in 2020, 48.9% had two Belgian parents, 31.6% were 'new Belgians' (Belgians who used to have another nationality or whose mother was non-Belgian), and 21.6% were foreigners (no Belgian nationality). This diversity is even more pronounced in Borgerhout: in 2020 only 37.5% of Borgerhout residents had two Belgian parents, while 39.2% were 'new Belgians' and 23.3% foreigners (Stad in Cijfers, 2020). Table 1 gives an indication of the most common origins of Borgerhout and Antwerp residents with non-Belgian origins.

Table 1. Origins of people new Belgians and foreigners in Antwerp

Percentage of people with non-Belgian origins by sub-continent, including origins of parents	Borgerhout	City of Antwerp
North Africa	30.8	14.0
West Asia	4.6	8.6
Eastern Europe	7.8	8.4

Western Europe	6.5	7.0
Southern Europe	3.3	3.0
West Africa	3.1	2.6
South Asia	1.5	2.0
East Asia	1.0	1.6
South America	1.1	1.3
Central Africa	1.2	1.0
East Africa	1.1	0.7
North America	0.2	0.6
Northern Europe	0.1	0.1

Source: Stad in Cijfers, 2020

The income of Borgerhout residents is relatively low compared to the rest of Antwerp. In 2018, the median taxable income was €16,731 in Borgerhout, compared to €18,298 in the City of Antwerp. This wealth difference is also reflected in other indicators, such as the percentage of people eligible for 'increased compensation' (*Verhoogde Tegemoetkoming*) for the reimbursement of medical costs. In Borgerhout, 37.9% of residents received the Verhoogde Tegemoetkoming in 2018, compared to 29.3% in the City of Antwerp (Stad in Cijfers, 2020).

3.2.2 Impact of COVID-19 and associated policy responses in the target sub-national unit

The COVID-19 pandemic and the associated policy responses have had a significant impact on the lives of Antwerp residents. This impact has been felt in many different ways: besides COVID-19-related illness and mortality, the crisis has impacted people's overall wellbeing; their school, work and financial situation; their access to supportive services; and their exposure to surveillance and policing. In discussing these different domains of impact, we are drawing heavily on a report on the impact of the COVID-19 pandemic in Antwerp published in February 2021 which combined findings and insights from different Antwerp-based organizations, including the weekly 'Antwerp monitor' survey from the City of Antwerp, qualitative research with ethnic minorities from the Antwerp Institute of Tropical Medicine (ITM), and quantitative research from the Antwerp integration service Atlas (Stad Antwerpen, 2021).

General wellbeing

The COVID-19 crisis and the restrictive measures associated with it have had different impacts on people's general wellbeing, depending on people's living situation, their position in society and their social networks. People who live in small and crowded housing typically struggled more with lockdown measures and had to deal with more tensions and conflicts within the households. These issues are particularly relevant in the neighbourhoods in Antwerp that have a high population density, and youth density in particular, such as Borgerhout. The youth density in Borgerhout (the number of officially registered young people between 0 and 17-year-olds divided by the total area) is 3938, compared to 588 for the city of Antwerp. Unsurprisingly, COVID-19 has spread more easily in neighbourhoods like Borgerhout, where multigenerational households are common, most people do not have gardens, and there is limited public space. Indeed, during the summer of 2020 Borgerhout became a COVID-19 'hotspot' in Antwerp, with the highest infection rates of the city (Vincent, 2020).

In terms of impact on mental wellbeing, Antwerp residents reported experiencing more stress, anxiety and loneliness during the first 5 months of the pandemic compared to pre-pandemic times. The largest increase in depressive symptoms and feelings of loneliness were observed among young people (age 16-24), especially young women. Depressive symptoms were also found to be more common among unemployed people and people who belong to a medical risk group for COVID-19. People living alone or with a limited social network reported feeling isolated without their regular meeting places and/or interactions with, for instance, their religious communities. Mental wellbeing was also negatively impacted by fear of being infected with COVID-19, stress about the uncertain future, as well as fear of being fined for non-compliance with COVID-19 rules, especially among groups of Antwerp residents who could not afford to pay the fines (Stad Antwerpen, 2021).

School, work and financial situation

Antwerp families with school-age children reported many problems related to online education. The main challenges reported by parents included not having enough computers/digital devices for each child, not having a (sufficient) internet connection, and difficulties in helping their child(ren) with school assignments (e.g. because of language barriers, limited schooling, or lack of experience with the Belgian school system). Despite efforts to address these challenges, including the City of Antwerp's programme to donate laptops to families with children, the COVID-19 crisis widened the education gap.

Among certain groups of Antwerp residents, the COVID-19 crisis caused a loss in income. This was felt more strongly among those aged 16-29 years, particularly those who have a different native language and/or lower levels of education. For people without legal residence, the closure of the hospitality industry in particular had serious consequences. More generally, people relying on informal sources of income were hard-hit during the pandemic. Even though governmental financial support was offered, language and administrative barriers (e.g. the complex application procedures for unemployment benefits) withheld many people from accessing them (source?). Demand for free food distributions in Antwerp was high in the period April-August 2020, which provides an important indicator of people's worsened financial situation (Stad Antwerpen, 2021).

Access to social services

Many people faced increased barriers to accessing social welfare and other supportive services during the COVID-19 pandemic. As many services were digitized to avoid physical proximity, people with limited digital skills, people without access to digital devices or people with limited knowledge of Dutch struggled to access the right services. For example, the Flemish Service for Employment and Vocational Training (*VDAB*) downscaled and digitized its assistance for job seekers during the first months of the pandemic, thereby making it more challenging for those without a computer, internet or digital skills to find a job. Indeed, the COVID-19 crisis has shown that physical access to services remains a necessity for many groups in society. It has also been pointed out that although handing out laptops to families with children was certainly a good thing, the focus on children/youth and homeschooling often overshadowed the needs of adults. Many adults also struggled with the 'digital gap', resulting in reduced access to services and support (Stad Antwerpen, 2021).

Policing

The COVID-19 measures in Antwerp, including curfews and bans on assembly, were also associated with increased surveillance and police presence. Particularly in neighbourhoods that are considered more vulnerable, such as Borgerhout, there has been a lot of police surveillance. Social workers active

in these neighbourhoods confirm residents' feeling that these districts are subjected to much more stringent police control than others, which is experienced by some as bullying behaviour. Qualitative interviews conducted by the Antwerp Institute of Tropical Medicine (ITM) revealed that many people observed an ethnic bias in policing, as people with a migration background seemed to be specifically targeted. There are many anecdotes describing how people from ethnic minorities were unfairly fined by the police, while white, middle class people living in residential areas like Zurenborg were allowed to have picnics outside. Some felt the way the media portrayed the high COVID-19 infection rates in some of Antwerp's districts contributed to a negative image of ethnic minorities (Stad Antwerpen, 2021).

3.2.3 City of Antwerp: community responses

There was a significant bottom-up response to COVID-19 at the community level. In this section, we give a general overview of how community responses in Antwerp and Borgerhout facilitated communication and support in the context of the pandemic, before going into specific examples of promising practices in the next section.

Communication

A lot of local socio-cultural organizations, religious institutions and key community figures launched initiatives to promote the COVID-19 measures, often through translating and disseminating the 'official' information. The Antwerp urban organization for integration and civic integration Atlas created audio messages and videos in a range of different languages, as well as in 'easy read' versions, which were disseminated further by individuals and other organizations in their network (Atlas, 2020). Mosques, churches and cultural organizations played a key role in connecting with their communities, hereby combating the spread of misleading information and "fake news". The pre-existing strong sense of community in many ethnic minority groups, such as in Sub-Saharan African communities, was helpful to promote trust in messages communicated by key community figures (Stad Antwerpen, 2021).

Support & solidarity

Many organizations also provided a wide range of supportive services and solidarity initiatives to help community members to deal with the COVID-19 crisis. For example, community solidarity initiatives included food distribution, help with filling in documents (e.g. to apply for government assistance), telephone help lines (e.g. *De Borgerhoutse helpline* and *Antwerp Helpt*) and online support meetings. In Borgerhout, the mosques in particular set up a range of solidarity initiatives, including food distributions. The joint website 'community work Antwerp' (*buurtwerkantwerpen.be*) provided a central information channel for community initiatives and helped people to connect with relevant services. Indeed, the COVID-19 crisis increased cooperation between community organizations in Antwerp (Stad Antwerpen, 2021).

The bottom-up responses to COVID-19 demonstrate the resilience of Antwerp communities. It is important to highlight the inherent strengths and solidarity of these communities, instead of focusing merely on challenges and vulnerabilities.

3.2.4 City of Antwerp: Promising practices

In this section, several examples of promising practices initiated or co-implemented by/ with Antwerp communities are presented. These include the City of Antwerp's Sensi Ambassadors, the volunteer

initiative 'Antwerp helps', Zipster's COVID coaches, 'Coronababbels', and specific initiatives in Borgerhout.

Sensi Ambassadors

An example of an initiative relying on active citizen involvement in COVID-19 communication strategies to promote trust and counter the spread of misinformation was the use of 'Sensi Ambassadors' in the City of Antwerp. A diverse group of ambassadors — typically people with a broad network in their neighbourhood, religious community or migrant community — were recruited by the City of Antwerp to receive training about COVID-19, distribute multilingual communication materials, and act as a trusted source of information for their network (City of Antwerp, 2020). The programme has been phased out gradually in spring 2021, but the experiences with the Sensi Ambassadors were very positive.

Antwerp helps: volunteer initiatives

In late March 2020, the City of Antwerp launched a platform called 'Antwerp helps' (*Antwerpen helpt*) to promote the large number of volunteer initiatives that were blossoming across the city. These included initiatives to help out residents with practical things such as getting groceries, going to the pharmacy and taking out their dog. Residents in need of help can sign up through an online form or using a free telephone number, and Antwerp residents who are willing to help can register as volunteers (Van Berendoncks, 2020).

Zipster and COVID Coaches

Already prior to the COVID-19 crisis, the social prescribing tool 'Zipster' was used by Antwerp-based general practitioners (GPs) to facilitate referrals to local social services when GPs register a patient's psychosocial problems. At the request of the city of Antwerp, during the pandemic Zipster has been expanded with an extra function to support referral to 'COVID Coaches'. These local COVID coaches provide infected Antwerp residents with information about the guidelines and support Antwerp residents in completing their quarantine. If necessary, the coaches can refer them to organizations that can support, e.g. to *Antwerpen helpt* if people need help with their groceries (Coolbrandt, 2021).

'Coronababbels'

An initiative set up by the City of Antwerp to address the psychological impact of the crisis is 'Corona chats' (*Coronababbels*). A total of seven community organizations in the city are involved in organizing activities tailored to their target audience: two aimed at young people, two aimed at sex workers, one aimed at newly arrived migrants, one at people with a migration background, and one at people living in poverty. These projects were set up to provide psychosocial support, strengthen people's social networks, engage in dialogue about these groups' concerns, and provide feedback signals to policymakers. Participants of Coronababbels who need additional support are referred on to specialised psychological or psychiatric care (Stad Antwerpen, 2021).

Support for health care workers

The Antwerp-based organization 'The Human Link' received funding from the City of Antwerp to support health care workers (HCWs) who work(ed) on the 'frontlines' of the COVID-19 crisis. The programme includes individual and group coaching, courses, and workshops, aimed at addressing the additional pressure, stress, fear and frustrations HCWs have experienced (Stad Antwerpen, 2021).

Food distribution initiatives in Borgerhout

Among the community initiatives in Borgerhout were several aimed at providing families in financial difficulties with affordable or free food/meals. For example, the sociocultural meeting house *'t Werkhuys* launched a neighbourhood restaurant where people can enjoy a full take-away meal for three euros, as staff at the meeting house noticed a lot of people were struggling financially as a result of the COVID-19 crisis (Acke, 2021). Another community-initiated food distribution service in Borgerhout was organized by the non-profit organization (*VSW*) Fardows.

Long-term planning in Borgerhout

At the end of 2020, the Borgerhout district council presented its long-term planning and announced that extra budget would be allocated to solidarity initiatives with residents who were hit hardest by the COVID-19 crisis. There will also be a focus on increasing the amount of green spaces in the neighbourhood to promote pleasant and safe public spaces, as the COVID-19 crisis demonstrated the shortage of such spaces in the neighbourhood (Van Wynsberghe, 2020).

3.3 Cyprus

Cyprus (officially the Republic of Cyprus) is the third in population and in size, island in the eastern Mediterranean Sea. Like the rest of the world, it has been affected by the COVID-19 pandemic, since 2020.

Due to its small size and population, Cyprus does not have statistical subdivisions covered by the Nomenclature of Territorial Units for Statistics (NUTS) geocode standard (Cyprus NUTS1: CY0; NUTS2: CY00; NUTS3: CY000). It features six districts (Eparchies) on the LAU1 level and 615 municipalities on the LAU2 level. This desk research covers the entirety of Cyprus – within the framework of T6.2, one or more LAU1 or LAU2-level units will be chosen as a focal point for the empirical research.

The first case of COVID-19 in the island of Cyprus has been reported on the 9th of March 2020, with the government to adopt a range of specific measures so as to contain the virus, such as school closures initially in the capital (Nicosia) and then to other regions, ban of gatherings, self-isolation of travellers from abroad as well as subsequential ban of incoming and outgoing flights, fines in case of measures violation and partial/full curfews between 9pm and 6am[43][44].

Apart from the specific health and social distancing measures, the Cypriot government approved specific economic measures and support packages of around 800 million euro in 2020, directed to the health and business sector as well as to households. According to IMF (2021)[45]

"the package includes: (i) a €40 million support for the health sector to combat the pandemic; (ii) income support for households including leave allowance for parents and those with health issues; (iii) wage subsidy for affected businesses to maintain jobs, grants to small businesses and self-employed, support for the tourism sector, a two-month deferral of VAT payments, and a temporary VAT cut to stimulate tourism/hospitality sector, and (iv) three-month suspension of a scheduled increase in the

[43] 16785.pdf (fes.de)

[44] Coronavirus (pio.gov.cy)

[45] Policy Responses to COVID19 (imf.org)

contribution to the General Healthcare System and interest subsidy for new business and housing loans for four years, which benefit both businesses and households".

This economic support has been extended also during 2021, ending up to a total of 1,6 billion euro, which, as ILO (2021) outlines[46], have been directed to the health sector (additional 60 million euro), to households, businesses, the tourism sector, and VAT reliefs. The said package also provided addition 1,7 billion to strengthen the liquidity of the businesses through participation in the Pan-European Guarantee Fund[47], as well as certain incentives directed both to employers and employees to support and protect their rights. Finally, more specific measures towards vulnerable populations (e.g., mobile units for the elderly, financial assistance to citizens abroad and could not be repatriated due to the measures, allowance for international students, additional support and sponsorship to the agricultural sector, tourism, the media, arts, and culture etc.).

To begin with, according to a study derived by PWC Cyprus (2020)[48], the economic impact on the following sectors is expected to be very negative: Hotels and Restaurants (GVA[49] drop among -60% to –93%), Wholesale and Retail trading (GVA drop among -18% to -30%), Real Estate (GVA drop among -17% to -24%) and Construction (GVA drop among -13% to -29%), with Figure 3 indicating the expected impact on all the major sectors in the Cypriot economy. Also, according to this report, the Consumer Confidence indicator (CCI)[50] has sharply dropped due to the COVID-19 pandemic and the restrictions in Cyprus (from -4.4 in February 2020 to -32.5 in April 2020).

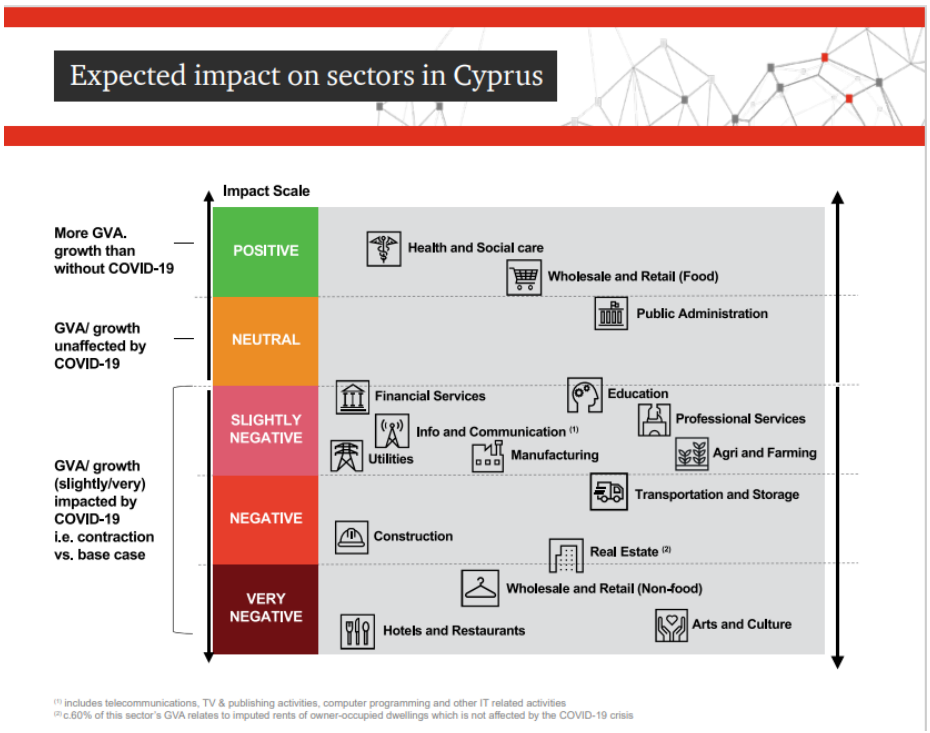

Figure 3. Expected impact on sectors in Cyprus

[46] Country policy responses (COVID-19 and the world of work) (ilo.org)

[47] Pan-European Guarantee Fund – EGF (eif.org)

[48] pwc-covid-19-impact-on-cyprus-economy-may-2020.pdf

[49] Gross Value Added

[50] Represents the degree of optimism that consumers have on the state of the economy, expressed through their activities of saving and spending.

Zooming to the sector which has been mostly impacted, the tourism sector, based on specific studies both from Ernst and Young Cyprus[5152] and FES briefing[53], representatives from the tourism sector have reported that they would expect, "an overall reduction of at least 50% in revenue for 2020 compared to 2019"[54]. They also projected a reduction of more than 50% in terms of occupancy. As Figure 4 also implies, the impact will be extended directly and/or indirectly to other stakeholders that consist the Cypriot tourism ecosystem, such as customers (job insecurity and uncertainty in the household income, lockdowns and further restrictions end up to cancellations of touristic activity), workforce (tiredness from the increased health and safety concerns, reduction of payrolls and added burden from additional obligations parallel to their job duties), suppliers, restaurant, bars, shops and transport companies etc. Having tourism representatives being neutral to the governmental responses till the time of the report, they recommended that more employment support measures and tax incentives (VAT reduction, direct support in liquidity etc.) combined with a focus to the domestic market and to rebuilding of market confidence would be some of the measures that could support the tourism industry.

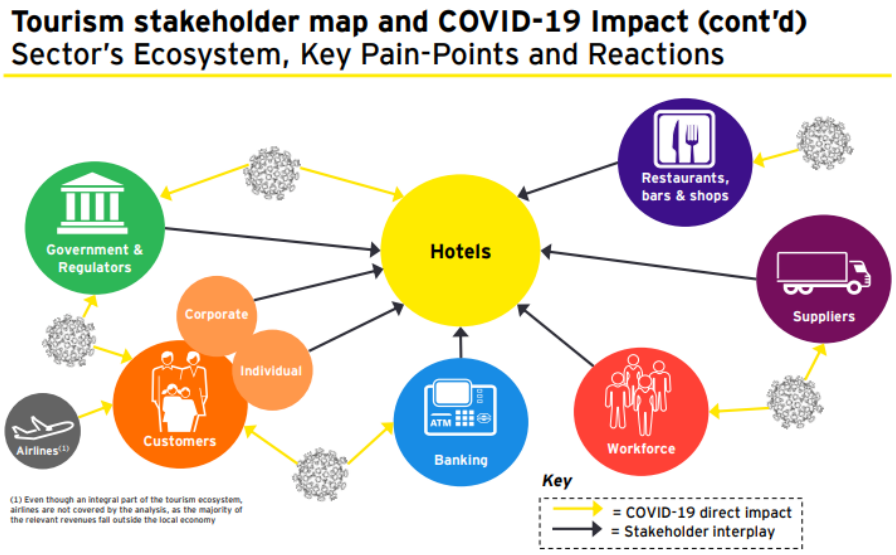

Figure 4. Tourism stakeholder map and COVID-19 Impact (cont'd) Sector's Ecosystem, Key Pain-Points and Reactions in Cyprus

Turning to the impact of COVID-19 and the adopted policies have to vulnerable populations, as the FES briefing[55] and FRA Europe[56] propose, students, the elderly and people with disabilities, prisoners as well as migrant, refugees and asylum seekers are the populations that experience severe impact from the COVID-19 pandemic.

Lockdowns have created the need for tele-education and online classes. That created a variety of issues, mostly related to limited access to the relevant infrastructure (internet access, laptops, tablets,

[51] EY Cyprus explores the initial impact of COVID-19 on key sectors of the economy and proposes measures for recovery | EY - Cyprus

[52] tourismnewpulse (ey.com)

[53] Ibid ref. 1

[54] Ibid ref. 7

[55] Ibid ref. 1

[56] Template.Report on Coronavirus pandemic- May (003) (europa.eu)

Office 365 subscriptions) for low-income households, digital illiteracy among students and teachers, the lack of extensive training on how to use the e-learning systems, to concerns around student privacy, as well as to the overwhelming exposure of students of all ages to the internet[57]. Learning gaps, physical problems (issues with the eyes, the back, the body resulting from the great number of hours students had to spend in front of a monitor combined with the absence of physical exercise due to the lockdowns and social distancing) and psychological challenges (stress, anxiety, depression) both in the short and the long-term have caused a reaction from the Pancyprian Confederation of Federations of Parents' Associations of Public Secondary Schools[58]. They have issued a memorandum around the "negative effects of the pandemic and its dimensions on the mental health of students and the role of the school. Prevention and support initiatives and actions", where they list all the possible side effects online education has on students, suggesting the immediate opening of schools and face-to-face education. As a response to all the issues students and teachers had to face due to online education, both the Ministry of Education as well as different private schools, Universities and other organisations have created extensive contingency plans and learning scenarios so as to assist all students and provide equal opportunities to all[596061]. Blended methods of learning (both face-to-face and online), preparatory trainings on new technologies and the way to handle challenges stemming from online education to all related stakeholders (students, teachers, parents), as well as additional financial assistance to households (especially low income) so as to ensure their access to all the required technological tools are but some of the preparatory measures that could be adopted in the eve of a new pandemic wave in autumn 2021.

Moving to the migrant, refugees, and asylum seekers, as Morsheimer et al. (2020) outline[62], since the beginning of COVID-19 in Cyprus, the pre-mentioned populations "had limited access to official information on the COVID-19 pandemic and, as a result, have suffered disproportionately during the lockdown period which severely restricted their movement". To begin with, during the early days of the pandemic, the Cypriot government introduced emergency measures to the migrant, refugees, and asylum seekers facilities, which has left them in crowded places with poor conditions, thus imperilling their health (physical and mental) as well as their general wellbeing. In addition to that, due to the language barriers and the initial availability of the relevant COVID-19 information, along with SMS permission for movement only to Greek and English, hindered the migrant populations in being properly informed on the pandemic situation as well as in being able to move to their place of work etc. without being penalized due to the SMS absence. CSOs and NGOs assisted initially on providing translations to other languages, with the Republic of Cyprus to adapt to the situation at a later stage of the pandemic. The existing barriers in accessing the healthcare system in Cyprus had been intensified during COVID-19, as difficulties of gaining access to COVID-19 tests (with the exception of

[57] https://www.google.gr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjGsrX81bDxAhVX_rsIHUCpDeMQFjADegQIBBAD&url=https%3A%2F%2Fwww.mdpi.com%2F2227-7102%2F11%2F6%2F268%2Fpdf&usg=AOvVaw03vUaQ_dxQtfyC_gXJ91_N

[58] Παγκύπρια Συνομοσπονδία Ομοσπονδιών Συνδέσμων Γονέων Δημόσιων Σχολείων Μέσης Εκπαίδευσης (pasygome.org)

[59] Οδηγοί για την Εξ Αποστάσεως Εκπαίδευση (schools.ac.cy)

[60] COVID 19 (moec.gov.cy)

[61] Actions Against Covid19 - Bank of Cyprus Group

[62] FESSystemic Analysis of the Impact of the COVID-19_30.10.pdf (reliefweb.int)

new arrivals) in addition to the limited access to hospitals and medical centers (due to lockdowns) and the inability of phone communication with doctors (due to language barriers), had elevated not only the stress and anxiety, but left many individuals untreated, thus endangering their health. Finally, the loss of certain jobs due to lockdowns or the additional working hours to others (e.g., in supermarkets) also intensified the lack of social distancing, the long delays in receiving certain benefits, as well as the inability of migrant children to attend online education, are also some drawbacks that hindered the personal development and the wellbeing of migrant population in Cyprus.

Prison facilities have also been reported to have encountered additional burdens due to the COVID-19 pandemic. The already overcrowded prison facilities have had to additionally confront the cease of deportations due to lockdowns, as well as possible undetected infections, which can result to severe health related problems[63]. The Cyprus Prisons department has taken preventative measures since the 10th of March 2020, with continuous updates "for inmates, newcomer inmates, prison staff, civilian staff, the Mental Health Services, the Social Welfare Services, the Department of Public Works, the Department of Electromechanical Services and other staff working in the Department, visitors, lawyers, suppliers and anyone else who visits our facilities"[64]. In addition to that, the government of Cyprus, as a response to the March CPT Statement of Principles Relating to the Treatment of Persons Deprived of their Liberty[65], issued a law amendment to decrease the population having prisoners to be shifted "to an open prison scheme (allowed to work outside the prison and visit family on some weekends), or to be allowed to serve the remainder of their sentence under electronic surveillance (bracelet) at home"[6667].

As regards the elderly population and people with disabilities (both due to age and due to physical and mental issues), they experienced a non-targeted approach to their special needs, in terms of preventative measures and the general protection. Even though the Ministry of Labor along with the commissioner of Volunteerism and the Cyprus international Business association have adopted some measures and a support network for essentials and food for the disabled and the elder population[6869], an open letter from the Cyprus Confederation of Disability Organisations addressed to the President of the Republic highlighted the critical conditions of the population with disabilities during the COVID-19 period[70]. They underlined the fact that people with disabilities are prone to COVID-19 infections, however there was no specific plan and targeted protected measures to ensure their wellbeing not only in their workplaces but also in their homes and for their families. In particular, organisations for the autistic community outlined the impact of curfews and lockdowns to adults and children with autism, as for them being able to go outside is a crucial factor for keeping their mental balance. Special measures have been immediately adopted by the government of Cyprus, where "no SMS was needed

[63] Prisons and the COVID-19 2nd Publication 201109 (unil.ch)

[64] Microsoft Word - 13.4.20 - PREVENTATIVE MEASURES.docx (europris.org)

[65] 16809cfa4b (coe.int)

[66] Cyprus - United States Department of State

[67] Coronavirus: Cabinet to approve measures to mitigate prison overcrowding (updated) | Cyprus Mail (cyprus-mail.com)

[68] COVID-19 – Serving citizens over 60 and people with disabilities in Beverage and food retail establishments – Cyprus International Businesses Association (ciba-cy.org)

[69] Ibid Ref 1

[70] Ibid Ref 11

for the movement of people with disabilities and persons falling within the spectrum of autism, together with their carers"[71].

Finally, victims of domestic violence have also been impacted from the COVID-19 restrictive measures. According to the findings from the Cypriot NGO SPAVO[72] as reported in FRA report[73] "from 9 March 2020 when the first case of coronavirus was confirmed in Cyprus until 17 March the system of recording calls to the helpline recorded an increase of 30%, reaching 750". Home restrictions for women and children make them more vulnerable to domestic violence, as they are forced to stay home with their abuser. The Office for Combating Cybercrime of Cyprus Police has highlighted the use of the website https://cyberalert.cy for all domestic violence victims to report directly their abuse, taking in that way some necessary steps to protect the victims under COVID-19 circumstances[74].

3.4 Germany

3.4.1 Target sub-national unit: the city-state of Berlin

Berlin is not only the capital of Germany, but also a federal state, and with a total of 3.6 million inhabitants the most populous city in Germany (Amt für Statistik Berlin-Brandenburg, 2019). The city is divided into twelve districts, each of which is governed by a district administration. The distribution of inhabitants ranges from 240,000 in the district of Spandau to 400,000 in the district of Pankow. However, Friedrichshain-Kreuzberg with 13,739 inhabitants/km² and Berlin-Mitte with 9.580 inhabitants/km² are the districts with the highest population density (Amt für Statistik Berlin-Brandenburg, 2019).

As of 07/27/2021, the official website of the Berlin state government records a total of 181,970 Corona-infected persons, corresponding to 4,959 cases per 100,000 inhabitants, and 3,581 deaths (Der Regierende Bürgermeister von Berlin – Senatskanzlei, 2021). The most-affected districts were Berlin-Mitte with 22,812 and Neukölln with 21,147 cases and 6,409 cases per 100,000 inhabitants (ibid.). Berlin's course is close to the nationwide pandemic rate of 4,510 per 100,000 inhabitants. However, when considering this indicator, Berlin still ranks 4th among the German states and only performs well when considering the examples of Saxony with 7,030 and Thuringia with 6,047 infections per 100,000 inhabitants (Statista, 2021). Schleswig-Holstein with 2,221 and Mecklenburg-Western Pomerania with 2,752 infections per 100,000 inhabitants represent the federal states in which the pandemic was least severe.

The governmental structure of Berlin consists of a reigning mayor and ten senators. The governing mayor corresponds to the minister presidents of other federal states at the state level; there is no separate mayor for the city. The Berlin Mayor is the head of the state, while the senators lead the administration departments, which work as ministries within Berlin. At the political level the senate is the most important part, which rules over the parliament. Proposals for new laws can be made by the state government, parliamentary groups, or through popular initiatives in Parliament (Berliner Landeszentrale für politische Bildung, n.d.).

[71] ae1.pdf (pio.gov.cy)

[72] Ο περιορισμός λόγω covid-19 δημιουργεί εύφορο έδαφος για επιδείνωση της ενδοοικογενειακής βίας | Σύνδεσμος για την Πρόληψη και Αντιμετώπιση της Βίας στην Οικογένεια | socialpolicy.gr

[73] Ibid Ref. 14

[74] European Network on Victims' Rights | CYPRUS – Specific measures during COVID-19 crisis (envr.eu)

As a city-state, Berlin differs from the other federal states, which are called *Flächenländer*. City states do not have a classic municipal level (Musil & Kirchner, 2017, p. 3). As a result, the state parliament has a dual function as state and municipal parliament (Deutelmoser, 2000, p. 27). Thus, the state government is also simultaneously the municipal government. Nevertheless, the administrative system is two-tiered, as there is also a downstream level in the form of the district administrations, which occupy a similar position to municipalities (Musil & Kirchner, 2017, pp. 43-44). There is a main administration composed of ten senate administrations, which form the supreme state authorities. Each senate administration is headed by a senator, who serves as minister. The tasks of the senate administrations are to decide on fundamental matters, to plan and control the development of the city, and to supervise universities and state-owned institutions under public law (ibid. pp. 44-46). On the second level are the twelve district administrations, which govern the individual districts in self-administration and are headed by district mayors. The tasks of the district administrations are district-specific matters and delegated reserved tasks (ibid. pp. 46-48).

3.4.2 Berlin: Impact of COVID-19 and associated policy responses

It is beyond the scope of a short review to fully assess the Berlin COVID-19 strategy, as it changed significantly over the course of the pandemic. Media coverage allows to point out particular events, which can be seen to exemplify successes or failures. One success has been a vaccination pilot in a focal area of Neukölln in the form of a time-limited vaccination campaign in the district, due to above-average incidence rates. Via notices on the front doors and through social and educational institutions, residents were informed about the offer at short notice. Residents' registration addresses alone were accepted as valid vaccination authorizations. The Moderna and Johnson & Johnson vaccines were utilized (Berlin.de, 16th May 2021).

3.4.3 Public health measures taken by Berlin authorities

Public health measures taken by Berlin authorities have followed the evolution of the different waves of the pandemic. During the first quarter of 2020, the attention was put on restrictive lockdown measures to prevent the spread of the virus (such of restriction to personal mobility outside the individual usual place of residence, closure of restaurants, closure of higher education institutes, closure of retail trade with the exception of those selling food and beverages, quarantine regulations). During the second quarter of 2020 additional lockdown and restrictive measures were introduced such as the recommendation to wear a mask and the prohibition to meet with more than one person outside the own household. Those measures were gradually lifted during the same quarter as the number of infections was decreasing. All measures were eased at the end of May 2020 including gatherings, establishments, sports, events and removal of restrictions towards the freedom of assembly.

The same low level of restrictions characterised the third quarter of 2020, due to the low level of infections recorded during summer months. However, in order to limit the spread of the virus new rules were introduced in this period such as the introduction of mandatory testing for people entering from risk areas and the introduction of mask obligations for employees and visitors in enclosed spaces in office and administrative buildings. The fall season of 2020 (fourth quarter) was characterised by increasing restrictions and a second lockdown due to the resurgence of infections. Wearing a mask is now mandatory in public spaces, where the minimum distance cannot usually be maintained, especially in shopping streets and other busy streets and squares. Universities, hotels and other facilities for tourist's accommodation, personal care service business are closed. Private indoor meetings are allowed alone or with persons of their own household and two other persons from

different households or one household plus one other household. Visits to the hospitals are also regulated by separate rules. Towards Christmas Eve and New Year's Eve the restriction rules are adapted to the cultural habits: e.g. leaving one's own home or usual accommodation is only permitted for valid reasons (InfSchMV, 14th December 2020, § 2, Abs 1); Christmas Eve is permitted to celebrate only with the closest family members with a maximum of five people attending (see ibid. § 9, Abs 7). Additional restrictions and the continuation of the lockdown characterised the first quarter of 2021. One of the most significant innovation was the introduction of a tiered model based on incidence numbers. If the incidence exceeds 200 per 100,000 inhabitants for seven consecutive days, the district of Berlin may no longer be left within a radius of 15 km (Third variations regulations of the InfSchMV, 2021/14th January 2021, § 2, Abs 1a). New regulations on masks were also introduced together with new regulations on quarantine because of the new virus mutations. The vaccination campaign started in socially disadvantaged districts with Johnson & Johnson and Moderna. Home office is incentivized, and a rapid antigen test should be offered by employers to their employees at least twice a week. The second quarter of 2021 can be put into two parts. The first part introduced further restrictions and adaptations to the serious infection situation in Berlin: e.g. Alignment of the time frame for curfew restrictions and alcohol prohibition with the uniform federal curfew: 10 pm to 5 am (Fifth variations regulation of the 2. InfSchMV, 27th April 2021, § 3, Abs 3). Persons who have been fully vaccinated , persons who have recovered from a COVID-19 infectionand have received a vaccination against COVID-19, as well as persons who were ill with COVID-19 in the last six months and have recovered are exempt from compulsory testing. Different rules apply to personnel in hospitals, physicians' offices and nursing facilities, including ambulatory care services. Day care facilities are allowed to open again in limited regular operation. The second part of the second quarter of 2021 introduces multiple removals of the restrictions due to the decreasing of the number of infections and the advancing of the vaccination campaign. Since May 21st is possible to dine outdoor, and to organise cultural, recreational and entertainment events outdoor, new quarantine rules are introduced and applied all over Germany since May 14th, since mid-June mask obligation is not only mandatory on specified streets and squares as long as the minimum distance of 1.5 m can be maintained, reopening of amusement venues and facilities with the obligation to wear FFP2-masks, and reopening of dance parties with up to 250 people. A detailed list of the regulations introduced per quarter is provided in Annex 1.

3.4.4 Other measures taken by Berlin authorities

The state of Berlin used several emergency aid programs to mitigate the economic hardship, companies, in the form of small and medium-size and solo self-employed persons, suffered. The first two emergency aid programs "Soforthilfe I" and "Soforthilfe II" offered subsidies and loans to businesses. "Soforthilfe I" concentrates on enterprises with up to 250 employees and addresses clubs, restaurants, and members of the liberal professions as well (Investitionsbank Berlin, 19th March 2020). The funding could be up to 500.000 €. "Soforthilfe II" focused on even smaller businesses and solo self-employed with up to 10 employees, which could receive a subsidy of up to 9,000 € and 15,000 € (Investitionsbank Berlin, 19th March 2020).

The Berlin Senate organized sleeping facilities in youth hostels for up to 350 homeless persons (Senat Chancellery Berlin, 24.03.2020).

The Senate Department for Integration, Labor and Social Affairs decided that expired *Berlinpasses* retain their validity and allow still to get cheaper Berlin-Ticket S due to the Corona crisis (Senate Department for Integration, Labor and Social Affairs, 24th March 2020). The Berlinpasses allow eligible

groups of persons including recipients of benefits under SGB II, SGB XII, the Asylum Seekers' Benefits Act, the Housing Subsidy Act, and the SED Unrechtsbereinigungsgesetze, to receive an eased access to cultural offers and mobility. This has also been prolonged to the 31st August 2020 (Senate Department for Integration, Labor and Social Affairs, 28th March 2020)

The Senate for Integration, Labor and Social Affairs introduced a support plan for inclusive companies (Senate Department for Integration, Labor and Social Affairs, 7th April 2020). By employing up to 50% of the workforce with severe disabilities, inclusive companies make an important contribution to the equal participation of people with disabilities in working life. To alleviate the existential crises of these companies, the Senate Department for Integration, Labor and Social Affairs and the State Office for Health and Social Affairs (LAGeSo) have therefore jointly developed a support plan. With a 5-point package of measures, several practical aids are granted to the inclusion businesses: Immediate assistance of EUR 500 per month per severely disabled employee (for an initial period of three months with the option of extending for a further three months) as a job retention grant. Continued granting of subsidies to compensate for extraordinary burdens on the employer even during short-time work, provided they are used to top up short-time work benefits. Continuation of grants to compensate for special expenses even during the period of short-time work. Provision of funds for the rapid and unbureaucratic granting of interest-free loans and finally grants to finance business management consulting. A detailed list of the measures introduced per quarter is provided in Annex.

3.4.5 Berlin: Responses by civil society organisations and citizen groups

Civil society measures have been a factor in the German response to the virus. Numerous initiatives have arisen to help counter the difficulties the German society faces during the pandemic. “Bürgeraktiv – das Engagementportal”[75] (Koordinierungsstellen für ehrenamtliche Corona-Hilfe - Berlin.de) is one of the various online-platforms to allow self-organization of any and all kinds of help measures. It focuses on decentralized networking of people with non-medical needs (e.g. in need of help with shopping for groceries, feeling lonely or struggling with depression, etc.) with people who are willing to provide help in these areas (bürgeraktiv - das Engagementportal, n.d.). Every district in Berlin has built its own community to coordinate neighborhood assistance between those who need help and those who want to help.

On "bürgeraktiv - das Engagementportal" you can also find the page "Corona-Engagement", which is an information portal with a focus on social engagement. It shows examples of engagement during the pandemic, from companies as well as from individual citizens. In addition, a variety of supporting information can be found on the site on how to get involved in a targeted manner (bürgeraktiv - das Engagementportal, n.d.).

Furthermore, "bürgeraktiv - das Engagementportal“ also offers numerous phone assistance services. The services offered range from Corona counseling, to telephone help in cases of violence against women, to the establishment of a telephone hotline against loneliness (bürgeraktiv - das Engagementportal, n.d.).

Brief profiles of other civil society and citizen-led responses follow:

- *Nebenan.de builds a private* network with options to buy and sell things, offer help concerning Corona and supporting local businesses in times of crisis. It also offers a hotline for helping

[75] https://www.berlin.de/buergeraktiv/

neighbours and is available in Stuttgart, Bremen, Dresden, Nuremberg, Berlin, Leipzig, Duisburg, Hanover, Frankfurt am Main, Munich, Essen, Cologne, Hamburg, Dortmund, and Düsseldorf (Nebenan.de, n.d.).

- In social media the hashtag *#NachbarschaftsChallenge* emerged and encouraged citizens to help in their neighborhoods with groceries and other purchases (Solidarität in der Corona-Krise, 12th March 2020).
- *Coronaport.net* is also a platform that builds a network between those who need help and those who want to help (Erweiterte Nachbarschaftshilfe, n.d.).
- In addition to neighborhood initiatives, *Kiezware.de* focuses around retailers' businesses. The website enables a free and user-friendly setup of an online store and an inquiry between retailers regarding help or goods.
- *helfen-shop.berlin* is a non-profit platform that buys vouchers from restaurants, bars, cafés, clubs and theaters in Berlin to help them through the times of limited opening. These vouchers can then be redeemed when the shops reopen. The vouchers work like a small loan from many individuals to help the venues survive the pandemic.
- The website *corona-hilfeleistung.de* is another platform to create networking opportunities. It offers opportunities to help with grocery shopping, pharmacy, childcare, and dog walking and vet visits. Direct donations are also possible within the site, which is available in all parts of Germany.
- There are also several donation platforms to help individual projects directly. *Betterplace.org* offers the possibility to set up a project and an individualized donation campaign. *Startnext.com* is a similar platform that offers a variety of individualized campaigns to support Berlin businesses.
- In addition to donations, civic desires are also important in Berlin. The change.org platform offers opportunities to collect signatures for petitions and thus create attention for issues. There have been 916 petitions concerning the Coronavirus-pandemic posted as of 31.03.2021.

3.4.6 Risk and crisis communication in Berlin

Overview

A formal communication strategy appears to have been defined on the Berlin level, but has not been publicly released. Key actors have included the Berlin Senate Chancellery, local district offices, the tourism promotion department Visit Berlin, and the radio broadcaster rbb24.

Another main actor is the official website of the governing mayor of Berlin – Senate Chancellery.[76] The website is available in five different languages, as well as in barrier-free formats (e.g. sign language). It maintains information and produces YouTube videos on the entire range of coronavirus-related topics.

It has also implemented a beta version of a multilingual chatbot:

These campaigns were created in cooperation with the advertising and creative agency Connex Berlin, which describes its communicative aim as to “give an overview of the numerous initiatives and organizations, showing by far the most beautiful side of Berlin on all social media channels: solidarity, strength and willingness to help. The goal: to attract attention, but above all to convey confidence and

[76] https://www.berlin.de/corona/en/

joie de vivre".[77] Further publicity was achieved through cooperation with the online magazines *Mit Vergnügen* and *Notes of Berlin*.

Targeted information

In addition to information for individuals, the Senate Chancellery has produced information resources for businesses (specifically, the Senator for Economy, Energy and Business and the Senator for Integration, Labor and Social Affairs). These resources combat the "public health vs. economy" dichotomy, emphasizing that business conditions will never return to normal unless the public health risk is contained. Links are provided to information on support mechanisms for small businesses, non-profit organisations, self-employed persons, and other vulnerable economic actors.

In cooperation with the Senator for Economy, Energy and Business, Visit Berlin and the German Hotel and Restaurant Association (DEHOGA) ran a highly visible poster and online campaign.[78] Two elements of its strategy can be assumed to be multilingual and multicultural outreach and the use of humour as a communication technique.

Multilingual and multicultural support

Berlin is a super diverse city, as recognised by integration coordinator Katarina Niewiedzal: "We have mainly provided people from different communities with official information via social media channels - low-threshold and multilingual." The public radio broadcaster for Berlin and Brandenburg, rbb24, has produced information on regulations and risk avoidance and mitigation measures in German, English, French, Italian, Romanian, Polish, Turkish, Arabic, Persian, African-English, Creole and Azerbaijani. Multilingual counselling is also available online, by phone, and face-to-face (subject to regulations). Support was provided by the Intercultural Awareness Team (Interkulturelles Aufklärungsteam, IKAT).[79][80]

Targeting misinformation

The District Office of Neukölln has produced multilingual videos that debunk myths and conspiracy theories surrounding the virus, and most recently, vaccines.

"People don't just listen to public broadcasting. Many are more likely to get information in their native language. They are on the move in social media and are more likely to watch forwarded Whatsapp videos than to look at the official gazette. That's why we serve all media - with the clear message: we can only defeat Corona together. And broad vaccination readiness is part of that."

Videos are available in Turkish, Bulgarian, Romanian, Arabic, and German, reflecting the multicultural composition of the District itself.[81]

[77] https://www.connex-berlin.de/

[78] https://about.visitberlin.de/unsere-initiative-zum-einhalten-der-corona-regeln

[79] https://www.rbb24.de/politik/thema/2020/coronavirus/beitraege_neu/2020/11/berlin-massnahmen-migranten-deutschkenntnisse-integration.html

[80] https://chance-berlin.com/index.php/unsere-angebote/interkulturelles-aufklaerungsteam-gesundheitsmittler

[81] www.berlin.de/ba-neukoelln/corona/impfengegen-corona-wem-kann-ich-glauben-1050378

3.5 Greece

3.5.1 Target sub-national unit: The Municipality of Athens

Athens is the capital and the biggest city of Greece. The Municipality of Athens is the country's economic, educational, and cultural centre and is home to approximately 664,046 people[82]. The Municipality is divided in seven districts, mainly for administrative purposes, one of which, the district of Kipseli, "is the world's second most densely populated urban area"[83]. In terms of population, Athens is a rather homogenous community. The majority of the residents in Athens are Greek-Orthodox Christians with the exemption of some recognized ethno-religious minorities in the city, such as the Jewish, Muslim, Armenian, Romani and Pomaki[84]. It is worth noting that during the last 4 years, and due to the Immigration Crisis, the percentage of foreign population in Athens has dramatically increased. To put it into perspective, the overall percentage of citizens from other countries in Greece was 8.47 % in 2018 while in Athens this percentage skyrocketed to 22. 84% of the population.[85] This urban diversity has been at the centre of the political agenda for the last 20 years especially because of the issues of limited urban space and social and neighbourhood deprivation.[86]

Based on selected data derived from the Greek national agency of Statistics, until 2018 the gross domestic product per capita on a municipal level varied between Athens, Thessaloniki and Patras, the three demographically largest cities of Greece. Specifically, Athens (Attica) rated €22,915, Thessaloniki (Central Macedonia) €14,273 and Patras (Achaia) €12,917 whereas Greece overall ranked €16,745 on GDP per capita[87].

As far as governance is concerned, municipalities in Greece are responsible for local affairs in their respective communities as well as for the provision of certain services and administration tasks. However, all decisions are made in coordination with, and under the supervision of, the central Government as is defined by the Greek Constitution.[88] On a local level, decisions are made through each municipality's municipal council and its head, the mayor. Athens, in particular, has 49 municipal councils, led by the mayor (currently Konstantinos Bakoyiannis), who decide for all matters of the social sphere that concern the Municipality via public meetings.[89] The mayor has vice-mayors assisting in carrying out the municipality's tasks, as well as several Heads of Directorates.

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[82] https://populationstat.com/greece/athens

[83] https://www.newworldencyclopedia.org/entry/athens

[84] https://worldpopulationreview.com/world-cities/athens-population

[85] https://www.ita.org.gr/el/images/meletes_ita/%CE%A3%CF%84%CF%81%CE%B1%CF%84%CE%B7%CE%B3%CE%B9%CE%BA%CF%8C%CF%82_%CE%A0%CF%81%CE%BF%CE%B3%CF%81%CE%B1%CE%BC%CE%BC%CE%B1%CF%84%CE%B9%CF%83%CE%BC%CF%8C%CF%82_%CF%84%CE%B7%CF%82_%CE%A0%CF%81%CF%89%CF%84%CE%B5%CF%8D%CE%BF%CF%85%CF%83%CE%B1%CF%82.pdf

[86] https://encounterathens.wordpress.com/2012/08/10/the-construction-of-a-public-discourse-for-athens-centre-media-migrants-and-inner-city-regeneration/

[87] Hellenic Statistical Authority (ΕΛΣΤΑΤ). (2018). *Gross Domestic Product Per Capita (NUTS I and NUTS II) / 2018*. Available at: https://www.statistics.gr/en/statistics/-/publication/SEL57/-.

[88] https://www.hellenicparliament.gr/en/Vouli-ton-Ellinon/To-Politevma/Syntagma/

[89] https://www.cityofathens.gr/node/424

3.5.2 City of Athens: Impact of Covid-19 and Policy Responses

Regarding COVID-19 cases since the beginning of the pandemic in Attica 196,943 confirmed infections were recorded whereas in Thessaloniki 66.135 and in Patras 12,990[90]. In the three cities, which are also major urban centers, there are established central public hospitals which service populations coming from nearby rural areas and smaller cities. Thus, hospitalizations and deaths from COVID-19 cannot be accurately calculated by district/cities since patients often are hospitalized in areas different than their permanent residence while officials only provide data regarding deaths in total numbers for the entire country. The respective numbers since the beginning of the pandemic in Greece are 477,975 confirmed COVID-19 cases and 12,903 deaths. Comparing the data from the three cities, we can observe that approximately 40% of the confirmed cases are from Attica following Thessaloniki with approximately 13% and Patras with 3%. With reference to vaccinations, Patras and Thessaloniki hold a percentage of 48.61% and 50% accordingly (including both fully vaccinated and first dose administration). In Attica on the other hand there are substantial differences between districts since the Central and North Sector record 1,092,649 and 1,043,158 vaccinations accordingly, whereas the respective West and East Sector have 678,223 and 577,996, with Piraeus reaching 278,087.[91]

The unprecedented crisis caused by the COVID-19 pandemic led national and local Governments to adopt measures that had a severe impact on people's lives. Societies were facing a challenge that touched upon the entirety of the social sphere. Athens was no different from the other European cities as it experienced implications of social, economic and cultural nature. The following section will attempt to briefly describe these impacts on the Athenians' lives, albeit it will do so by employing data not only regarding the capital but also Greece in general.

Athens adhered to the social restrictions imposed by the Government, which included lockdown measures, curfews and a general "stay at home" situation. Inevitably, the measures took their toll on people's social lives and overall psychology. A study conducted by Evgenia Anastasiou and Marie-Noelle Duquenne indicated that social distancing, in conjunction with home confinement led to increased feelings of isolation, post-traumatic stress, depression and other psychosomatic issues[92]. The research also highlighted that sleep-related problems and sleep deprivation highly affected residents of urban areas like Athens. Social isolation also posed the most significant issue for children. Research suggests that 30% of the Greek parents were concerned with their children's lack of personal contacts and increased screen time for matters of education and entertainment[93]. In addition, the "stay at home" and the tele-working measures had implications in the intra-family relations as conflicts were more easily created and the psychological situation of both parents and children was heavily affected[94]. Concerns on behalf of the parents were also raised regarding the lack of exercise, as physical activity centers were closed during the lockdown. One could argue that this problem is especially apparent in

[90] iMedD Lab (n.d.). COVID-19, The spread of the disease in Greece and worldwide. Available at: https://lab.imedd.org/covid19/?lang=en

[91] National Vaccination Campaign. (July 27, 2021). Covid-19 | Statistical vaccination data. Available at https://emvolio.gov.gr/vaccinationtracker

[92] Anastasiou, Evgenia, and Marie-Noelle Duquenne. 2021. What about the "Social Aspect of COVID"? Exploring the Determinants of Social Isolation on the Greek Population during the COVID-19 Lockdown. Social Sciences 10: 27. https:// doi.org/10.3390/socsci1001002

[93] https://www.medrxiv.org/content/medrxiv/early/2020/10/20/2020.10.18.20214643.full.pdf

[94] Ibid

Athens, where open spaces for exercise are limited due to the urban planning of the city[95]. The Municipality of Athens, in coordination with the appropriate ministries, attempted to tackle this particular issue by redeveloping main streets and squares of the city in order to motivate and incentivize citizens to engage in physical activities like walking and cycling[96]. After initial controversies regarding the project, named the "Great Walk", it is now characterized as successful and as a step towards the modernization of the city.

From a financial perspective, the COVID-19 crisis had severe economic consequences on both individuals and businesses. According to various research and reports, one out of three Greeks is in a worse financial situation than before the crisis and the same applies for their professional status as well[97]. The main reason for this is the suspension of operation of retail and the postponement of their employment due to the lockdown measures. This has inevitably led to the reduction of the citizen's expenses, which is evident by the fact that Greeks during the pandemic are spending 60% less and use their resources in order to only purchase what is necessary[98]. As far as businesses are concerned, 69% of the businesses responsible for 32,9 billion euros of revenue, claimed that they have been affected directly or indirectly by the Crisis. Those predominantly belong to business sectors such as retail, tourism, leisure and education[99]. For tourism especially, a great source of revenue for Greece, it is estimated that the sector lost almost 10 billion euros, while the financial damage regarding the hotels is around 4 billion euros[100]. Even though the data depict the situation in Greece as a country, it could be argued that they also apply for Athens. The Greek capital is the economic center of the territory with the majority of the retail, leisure and tourism businesses operating in the city center.

Athens is home to several recognized ethnic and religious minorities; the Muslim and Jewish minorities are the most historical in the city. As was the case for the majority Christian population of the capital, the exercise of religion for the two minority groups was suspended during the lockdowns. With the ease of restrictions, Jews and Muslims could return to their respective places of worship. Nevertheless, health measures applied during their holidays, which is why Yom Kippur and the Ramadan, along with other significant festivities, were celebrated differently than other years[101].

Another part of the population that was severely impacted by the Covid-19 crisis is the migrants and refugees that reside in Athens and the Greek territory overall. Studies indicate that migrants, especially those living in Camps, are three times more likely to be infected due to their living conditions and inability to access health services[102]. However, the consequences are not limited to matters of health and hygiene. Asylum seekers have faced adversity ever since the pandemic started, as the designated Asylum services remained closed during the lockdown, leaving them in a state of uncertainty ever

[95] https://books.google.gr/books/about/COVID_19_Pandemic_Geospatial_Information.html?id=5D8xEAAAQBAJ&printsec=frontcover&source=kp_read_button&redir_esc=y#v=onepage&q&f=false

[96] Ibid

[97] https://www.in.gr/2021/02/17/economy/ereyna-oi-epaggelmatikes-kai-oikonomikes-epiptoseis-tou-koronaiou/

[98] https://www.skai.gr/news/greece/ey-anisyxoi-8-stous-10-ellines-gia-oikonomia-sti-meta-covid-epoxi

[99] https://www.grant-thornton.gr/insights/article/survey-coronavirus-greek-economy-gr/

[100] https://www.ey.com/el_gr/news/2020/06/tis-epiptoseis-tou-covid19-ston-elliniko-tourismo-exetazei-nea-ekthesi-tis-ey-ellados

[101] https://www.athensvoice.gr/greece/714076_ramazani-ekatontades-moysoylmanoi-sto-temenos-tis-athinas

[102] https://www.kathimerini.gr/society/561387805/ayximenos-o-kindynos-loimoxis-apo-ton-io-gia-toys-metanastes/

since[103]. Prejudice has also spread in the Greek community, with migrants being targeted as an unhealthy part of the population, which resulted in anti-social behavior against them. Examples of such behavior include calls for violence against migrants on social media as well as their exclusion from the public means of transport[104]. Inclusion to the labor market has also proven to be challenging for the Migrants Refugees Asylum Seekers especially in COVID –19 times. A report issued by Horizon 2020 project SIRIUS, indicated that the majority of those people do not have, or are unable to issue, a Social Security Number, a bank account or a tax registration number, thus being unable to work[105]. Even those that have resolved those said bureaucratic issues have difficulties because of the language barriers as the integration system lacks the proper language and cultural orientation courses. The report concludes that Greek authorities should see this crisis as an opportunity to further improve their services (digitalization, reduction of bureaucracy etc.) and include migrants, refugees, and asylum seekers in the solutions to come in cooperation with NGOs and Official international institutions.

3.5.3 City of Athens: community responses to Policy implemented to contrast COVID-19

On March 23rd 2020 Greece was put under lockdown restrictions. The mobility on the streets of Athens was heavily reduced and the police conducted patrols in order to ensure compliance with the regulations. During this first lockdown the measures were somewhat accepted by the people of Athens, even with some reluctance. Compliance was achieved as the majority of the population understood that a lockdown was necessary to safeguard the National Health System[106]. This is evident by the fact that 85.7% of Greeks believed that things were going in the right direction in April 2020, while 57.9% were optimistic and confident for the future[107]. Official institutions also enjoyed the support and confidence of the people with 64.6% trusting the Government, 77% the police, and 56.7% the Welfare State[108].

However, the scenery changed during the second lockdown in November 2020 as the society started to show its exhaustion towards the harsh measures. In the business sector, unions in Athens representing the retail and leisure industries started expressing their complaints towards their suspension of operation. In particular, leisure businesses argued that the term “lockdown” has become synonymous to “leisure”[109]. From that point onwards, it was not uncommon for the police authorities to identify several leisure facilities which operated illegally and hosted events with their “regular clientele”[110]. The retail sector, on the other hand, started to re-operate from December 2020 onwards but had complaints regarding the hybrid models of operation which included shopping via

[103] Fouskas, T. (2020). Migrants, asylum seekers and refugees in Greece in the midst of the COVID-19 pandemic. *Comparative Cultural Studies-European and Latin American Perspectives*, *5*(10), 39-58. DOI: 10.13128/ccselap-12297

[104] ibid

[105] https://www.sirius-project.eu/sites/default/files/attachments/Covid%20and%20migrant%20labour%20in%20Greece.pdf

[106] https://www.tanea.gr/2020/03/23/greece/koronaios-pos-antidroun-oi-polites-stin-apagoreysi-kykloforias-kai-ta-ypoloipa-metra/

[107] https://www.dianeosis.org/en/2020/04/how-greeks-live-during-the-pandemic/

[108] Ibid

[109] https://www.naftemporiki.gr/finance/story/1653463/antidraseis-meta-to-neo-lockdown-stin-estiasi

[110] https://znews.gr/latest-news/koinonia/koronoios-louketo-ke-15-000-evro-prostimo-gia-5-nychterina-katastimata/

appointment or via "click and collect".[111] On a citizen level, the Athenians' frustration reached its peak during February and March 2021. During this period protests were taking place at Syntagma square, which quickly turned into riots, and resulted in collisions with the police and use of chemicals. The violence between groups of citizens and the police escalated in March 2021, when, after an incident between an officer and a civilian, violent riots manifested all over Athens, which resulted in injuries both for LEAs and civilians alike[112].

3.5.4 City of Athens: Promising practices

To address the COVID-19 related challenges, the city of Athens adopted the decisions derived from the central Government, with regular updates on COVID-19 on the municipality's website[113], with regular media communication (through ads, posters, fliers, etc.) towards the public (either targeted to the general population or to specific subgroups such as students, workers, business, etc.) as well as with specific financial aid to businesses that have been impacted by the pandemic.

Specific measures of particular significance were also implemented in Greece, which were widely characterized as successful and could be considered as promising practices. To begin with, the application that granted permission for movement via mobile phone service (13033 five-digit mobile phone) to citizens during lockdowns has been one best practice for the "containment of the COVID-19 pandemic", recognised also by OECD[114]. Through this service people could inform the authorities about the reason they want to leave home digitally, without getting involved with paperwork, which causes delays for both police and citizens. This innovative approach of controlling the restriction of movement was extremely useful for Athens, as it is Greece's most densely populated city and transportation is difficult to control. One more initiative that was implemented in Athens Municipality was the installation of a static spot for COVID-19 rapid tests. EODY (National Public Health Organization) offers free rapid COVID-19 tests to citizens in the most accessible place in Athens, on Syntagma square right outside of the subway station. Thus, people could easily get tested for free every-day from 9:00h to 20:00h.[115]

Parallel to these, the Municipality of Athens has also adopted the "Help at Home Plus" program. This initiative is mainly intended for individuals with health related issues as well as the older population, where social workers, medical staff and the program's assistants, provide counseling around the COVID-19 pandemic and the imposed measures,, medical care, as well as the delivery of basic goods such as medicines and groceries.[116] Similar to this initiative, Athens being one of the 70 cities of the Partnership for Healthy Cities[117], from March 2020 the city authorities along with the Hellenic Liver Patients Association "Prometheus", the Greek Association of People Living with HIV "Positive Voice" and funding from the Partnership for Healthy Cities managed to provide food, water, gloves, masks, antiseptic liquid, and information about COVID-19 to those affected by homelessness, people who

111 https://www.cnn.gr/ellada/story/252533/antidraseis-apo-ton-emporiko-kosmo-gia-ta-nea-metra-leitoyrgias-ton-katastimaton

112 https://www.iefimerida.gr/ellada/epeisodia-nea-smyrni-ton-gyro-toy-kosmoy-oi-eikones

113 https://www.thisisathens.org/whats-new/coronavirus-update

114 https://news.gtp.gr/2020/04/27/oecd-highlights-greece-best-practice-covid-19-mobile-app/

115 https://eody.gov.gr/stathera-simeia-komy-testing-eody/

116 GTP Headlines Athens Extends 'Help at Home' Program to Support Vulnerable Groups | GTP Headlines

117 https://partnershipforhealthycities.bloomberg.org/about/

inject drugs, sex workers and migrants, creating in parallel temporary housing for homeless and specialised support drug center. [118] Finally, the city of Athens participates actively in the National Home Vaccination against COVID 19 Program.[119]

3.6 Ireland

3.6.1 Target sub-national unit: County of Dublin

Ireland is divided into four provinces, Connacht, Leinster, Munster and Ulster, and 32 counties[120]. Six of the nine counties form Northern Ireland and the other 26 counties form the Republic of Ireland. For the focus of this report, we will describe the COVID-19 policy response in the Republic of Ireland, with a particular focus on County Dublin in the Leinster province, which includes the capital city. As the capital city, Dublin is the seat of the national parliament of Ireland, the Oireachtas. In April 2020, the population of Ireland was 4.9 million people (CSO, 2020)[1], of which 1.4 million (28.9% total population) were residents of County Dublin[121]. Most residents in Dublin are White Irish (81%), lower than the national average (87%) and the majority are Catholic (80%)[122]. The main minority religious group in the city are Muslim, however, exact figures are unknown (ibid.). Dublin city is reported to be the most expensive European city to live due to high rent costs[123]. In addition, housing shortages in the capital have resulted in a month-on-month increase in housing prices since the start of the pandemic[124]. Compared to the rest of the State, Dublin has more 'oldest old' residents (70+ years) and a greater proportion of 'one person' households (30.7% vs. 23.7, respectively)[125].

3.6.2 Impact of COVID-19 and associated policy responses in the target sub-national unit

Most affected counties

In the early stages of the pandemic most cases in Ireland were reported in the East of Ireland, with 48% of cases occurring in Dublin (Kennelly et al. 2020). Many cases were reported to be as a result of international travel (ibid.), with the national airport located 10 kilometres from Dublin City centre and a central point to all intercounty transport links. During the second wave of the pandemic, September 2020, Dublin City and the surrounding county were placed under greater COVID-19 public health restrictions than any other county in Ireland[126]. The NPHET made this recommendation to government as the pattern of cases (incidence rate and growth rate) in the capital were "*very different to anywhere*

[118] Athens fights COVID-19 and protects the vulnerable (who.int)

[119] Εμβολιασμός κατ'οικον, Πληροφορίες για Ιατρούς | Εμβολιασμός COVID-19 (emvolio.gov.gr)

[120] https://www.britannica.com/place/Ireland

[121] https://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2020/

[122] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016804828fe

[123] https://www.irishtimes.com/business/economy/dublin-most-expensive-place-to-live-in-euro-zone-due-to-high-rents-1.4273703

[124] https://www.thejournal.ie/irelands-housing-crisis-the-problems-the-solutions-and-the-human-cost-5453551-Jun2021/

[125] http://census.cso.ie/areaprofiles/PDF/CTY/dublincity.pdf

[126] https://www.irishtimes.com/news/health/life-in-level-3-what-is-happening-under-the-new-restrictions-in-dublin-1.4357391

else in the country"[127], at 3-5 times higher than anywhere else in Ireland (ibid.). The restrictions were subsequently extended to Co. Donegal and then to the rest of the country by mid-October[128]. This was a recurring trend, as again in early 2021, Dublin accounted for 44.9% of all cases nationally[129]. Professor of Public Health, Ivan Perry, attributed this to population density, with smaller Irish cities and rural regions (Co. Cork and Co. Kerry) experiencing lower case numbers[130]. However, Dublin City and the surrounding county had the fifth-highest fatality rate compared to any other county by February 2021[131], with border counties (Co. Cavan, Co. Monaghan and Co. Louth) experiencing greater rates of COVID-19 fatalities, largely attributable to nursing home outbreaks and transmission of the Alpha variant due to cross-border travel[132].

Employment

Prior to the pandemic, economic activity in the Dublin area accounted for over 50% of Irelands' GDP, with the greater Dublin area generating 58% of Ireland's personal income tax revenue[133]. The majority of those employed work in Irelands' financial, ICT, communication and professional services (ibid.). During the pandemic, an analysis conducted by the three Regional Assemblies of Ireland showed that Dublin has the lowest sub-regional exposure to economic disruption caused by the pandemic with coastal and rural areas more likely to be exposed due to their reliance on tourism which generally required human interaction and cannot be operated remotely[134].

Transport and Tourism

In terms of mobility within and into the City, rail services have been seriously impacted with Intercity, Dart (train) and Luas (tram) services down by more than 60% during the first lockdown in Dublin[135]. The number of bus journeys outside of Dublin stands at 54.6% of pre COVID-19 levels (ibid.). The corresponding level for bus journeys within Dublin is 50.1% (ibid.). The number of tourists decreased by 77.1% in 2020 compared to the previous year which may have affected the capital city more than rural areas. This has been demonstrated with the lower rates of hotel occupancy in Dublin (56%), compared to regional hotel occupancy which experienced improved occupancy rates at times of restriction ease (ibid.). This may be attributed to government and public health policies to holiday in Ireland and to avoid international travel, as was the case for most other European countries[136].

[127] https://merrionstreet.ie/en/newsroom/news/statement_dublin_city_and_county_placed_on_level_3_under_ireland's_plan_for_living_with_covid-19.html

[128] https://www.irishtimes.com/news/health/life-in-level-3-what-is-happening-under-the-new-restrictions-in-dublin-1.4357391

[129] https://www.irishexaminer.com/news/munster/arid-40257851.html

[130] https://www.irishexaminer.com/news/munster/arid-40257851.html

[131] https://www.irishexaminer.com/news/arid-40237157.html

[132] https://www.independent.ie/world-news/coronavirus/revealedthe-counties-least-and-worst-hit-by-covid-19-cases-and-deaths-since-start-of-pandemic-40388281.html

[133] https://www.dublinchamber.ie/business-agenda/economic-profile-of-dublin

[134] https://www.southernassembly.ie/uploads/general-files/CV19-Regional-Economic-Analysis.pdf

[135] https://www.irishtimes.com/news/ireland/irish-news/full-impact-of-covid-19-on-public-transport-revealed-in-latest-figures-1.4354452

[136] https://www.gov.ie/en/campaigns/75d92-covid-19-travel-advice/

Housing and Economic Supports

Dublin experienced the largest number of applications for economic supports in way of the Pandemic Unemployment Payment (PUP) compared to all other counties in Ireland[137]. The number of people who lost their jobs during the first wave of the pandemic also affected demand in the housing rental market in Dublin. The rental market experienced the most immediate impact of the lockdown with prices falling by 2.6% in April compared to non-Dublin locations[138]. Over the same time period rent prices outside of Dublin rose by 3% as many people moved to more rural areas with the increase in remote working practices (ibid.).

Homelessness

Dublin accounts for 70% of all homeless people in Ireland[139]. Government restrictions during times of lockdown in Ireland somewhat protected those at risk of homelessness, as policy measures included a ban on evictions for those at-risk of homelessness[140]. During the early stages of the pandemic the number of homeless people in the capital city dropped due to the policy measures and the collaboration between charities and local authorities. However, figures of January 2021 indicate that the number of adults in emergency accommodation is increasing[141].

3.6.3 Co. Dublin: Community Response

In Ireland, there are 31 local authorities (LAs), which are supported by the Local Government Management Agency (LGMA)[142]. The LGMA collaborates with LAs to coordinate local government services and policies. The COVID-19 pandemic required local governments to develop and implement solutions in response to the pandemic. In April 2020, the Irish government announced the 'Community Call' initiative, to link local and national government with the community and voluntary sector[143]. The initiative aimed to mobilise state and voluntary resources to tackle the effects of COVID-19 by directing community assistance to where it was most needed. The initial focus was on vulnerable groups and the elderly, followed by broader coverage to support wellbeing. Local Authority Civil Defence units took on a range of tasks during the pandemic including transporting patients, delivering medication, PPE and food, and other essential supplies as part of the Community Call[144].

[137] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjevqX4iavxAhX1RUEAHR7pDTwQFjAAegQIAxAF&url=https%3A%2F%2Fassets.gov.ie%2F73799%2F2aa16fdcf3344493bbb79cec4f9071c0.pdf&usg=AOvVaw1OScAU7uy8o8jFwa7x0EV8

[138] https://www.rtb.ie/images/uploads/Comms%20and%20Research/RTB_Rent_Index_Series_Analysis_Exploring_the_Impact_of_the_COVID-19_Pandemic_Final.pdf

[139] https://www.cso.ie/en/releasesandpublications/ep/p-cp5hpi/cp5hpi/nat/

[140] https://www.irishtimes.com/news/social-affairs/evictions-from-rental-properties-to-resume-amid-homelessness-fears-1.4545169?mode=sample&auth-failed=1&pw-origin=https%3A%2F%2Fwww.irishtimes.com%2Fnews%2Fsocial-affairs%2Fevictions-from-rental-properties-to-resume-amid-homelessness-fears-1.4545169

[141] https://www.thejournal.ie/homeless-figures-january-2021-5366536-Feb2021/

[142] https://www.lgma.ie/en/about-us/

[143] https://www.gov.ie/en/press-release/ba4e3d-covid-19-ireland-launches-the-community-call-in-major-nationwide-vol/

[144] https://www.civildefence.ie/report-of-civil-defence-covid-19-related-support-during-2020/

The initiative was managed by LAs, with each county's Chief Executive responsible for leading a community forum that would coordinate and connect services and support in their area. Additionally, a dedicated phone line was established for each county.

In May 2020, South Dublin County Council (SDCC) was mandated by the government to coordinate the community response to the COVID-19 emergency in the County[145]. Accordingly, a South Dublin Community Response Forum was established to lead the co-ordination of COVID-19 community supports and resilience[146].

As detailed on the County Council website, the objectives of the SDCC community response during COVID-19 were to:

- "Work with the HSE, An Post (Irish Postal Service), local community groups and local Community Welfare Office services to identify vulnerable groups and individuals in each local authority area;
- Ensure delivery of targeted social care supports and assistance to those vulnerable groups and individuals;
- Identify issues arising through Older Persons Council, community groups and helpline calls;
- Provide assistance to vulnerable individuals in isolation;
- Ensure the resilience of existing community services;
- Harness offers of assistance from enterprises/businesses generally; and,
- Collect and map information on services and voluntary groups across the County to help direct requests for assistance and identify gaps in service."

Several agencies and organisations represented the forum[147], and included:

- South Dublin County Council
- Office of the Mayor of South Dublin
- Health Service Executive
- An Garda Síochána
- Tusla
- Department of Employment Affairs and Social Protection
- South Dublin County Partnership
- An Post
- South Dublin Volunteer Centre
- Dublin Civil Defence
- ALONE
- Dublin GAA
- Tus Nua / Older Persons Council
- Public Participation Network
- Local Traveller Support Groups
- Crosscare

[145] https://sdcc.ie/en/news/monthly-report-may-2020.pdf

[146] https://www.sdcc.ie/en/covid-19-information/community-call/

[147] https://sdcc.ie/en/news/monthly-report-may-2020.pdf

3.6.4 Key organisations response and impact - Dublin

Vulnerable Adults

ALONE is a Dublin-based NGO that supports older people who live alone or are at-risk of, or are experiencing loneliness[148]. At the start of the pandemic, 3 March 2020, the National Public Health Emergency (NHPET), chaired by Dr Tony Holohan (Chief Medical Officer) in the Department of Health (DoH), announced the establishment of a Vulnerable People Subgroup[149]. ALONE worked in collaboration with the DoH and the HSE on a coordinated response to support older people who have concerns, may be at risk or who have contracted COVID-19. Adapting to the restrictions introduced in response to the COVID-19 crisis, ALONEs befriending and support services continued remotely; volunteers phoned and sent texts to older people with short health and wellbeing tips and reminders to make contact if they are feeling lonely, down or in need of practical supports. The support included a new support line, and additional outreach and coordinated support. Since the beginning of 2021 to May of this year, ALONE made nearly 82,520 Support and Befriending calls to older people suffering from loneliness and social isolation[150]. Between 9 March and 31 December 2020, ALONE supported almost 15,000 older people; of these callers, 31% were aged between 75-90 years and 75% were living alone (ibid.). By July 2020, ALONE completed 1,056 Technology prescriptions, including distributing 484 smartphones donated by Vodafone to vulnerable older adults with limited means of social interaction[151].

A report published by The Irish Longitudinal Study on Ageing (TILDA) and ALONE, showed that the majority of callers were over 70 (those advised to "cocoon"), were living alone and the number of calls from older adults reporting negative emotions, including suicidal thoughts had risen[152]. In response, ALONE staff, who are ASIST (Applied Suicide Intervention Skills Training) trained and partner with the Samaritans (charity providing emotional support), referred these clients to the appropriate support channels (ibid.). In Dublin city or county 22.8% of responders reported to be 'most lonely', with a greater proportion of males, experiencing poorer quality of life and depression (ibid.). Dublin was below the national average (26.3% vs 23.3% respectively) of adults aged 70+ who reported being moderately or mostly socially isolated (ibid.).

Homelessness and Drug Dependency

Several key organisations and charities responded quickly to the challenges facing the homeless and substance dependent population in Dublin from the outset of the COVID-19 pandemic. The Dublin Region Homeless Executive (DRHE) worked closely with the four Dublin Local Authorities and Homeless service providers in coordinating the response to COVID-19 related public health concerns among users of emergency accommodation and rough sleepers[153]. In addition, the DRHE consulted with service provider partners regarding contingency plans across Homeless Services and have introduced a range of precautions aimed at minimising the risk of infection among service users and staff.

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[148] https://alone.ie

[149] https://www.gov.ie/en/collection/691330-national-public-health-emergency-team-covid-19-coronavirus/

[150] https://alone.ie/category/news/

[151] https://tilda.tcd.ie/publications/reports/pdf/Report_Covid19SocialIsolation.pdf

[152] https://tilda.tcd.ie/publications/reports/pdf/Report_Covid19SocialIsolation.pdf

[153] https://www.homelessdublin.ie/covid-19-coronavirus

Safetynet Primary Care, a registered charity funded by the Ireland Public Health Service (HSE), offered a comprehensive primary health care service targeted at people who are experiencing homelessness in Dublin[154]. They conducted COVID-19 testing in their hostels where they are prioritising the most vulnerable. As a result, Dublin, in many instances, appeared to have performed well as compared to other vulnerable groups for COVID-19 mortality. Key indicators of the success in the local government's response included clear and strategic delivery of best practices, housing, easier access to drug provisions (e.g., methadone), where necessary (O'Carroll et al., 2020). A key factor in the Irish health service and the DRHE response to protect homeless people during the pandemic included a focus on harm reduction practices. Weekly meetings were conducted by the HSE/DRHE with all homeless health providers; all homeless accommodation providers; and all homeless substance misuse providers to ensure a comprehensive and coordinated response[155].

Very early on, the HSE appointed a Clinical Lead for the COVID-19 Homeless Response[156]. Protocols for identification and immediate testing for homeless clients with symptoms were developed and implemented (ibid.). Accommodation to allow isolation of positive and suspected cases was rapidly obtained by the DRHE and staff were funded by the HSE. Homeless clients who were deemed vulnerable due to age or medical condition were moved to single occupancy accommodation so that they could be shielded from infection (ibid.). In addition, homeless accommodation with large numbers of residents saw many transferred in order to decrease occupancy levels and thereby to reduce the risk of spreading COVID-19 (ibid.). COVID-19 infection and mortality rates were in general relatively low with 2% of the Dublin homeless population (63 single homeless people) however those figures are higher compared to 1% of the general Dublin population (O'Carroll et al., 2020). Many organisations responded by adapting existing services; redeploying staff; opening new services; and generally took significant personal risks upon themselves and their loved ones to support the response. In Dublin there are two main routes for homeless clients to access Opioid Substitute Treatment (OST). First, the National Drug Treatment Centre (NDTC), which is a designated OST service for homeless people from across Ireland[157]. The NDTC is based in Dublin City Centre and is the largest treatment centre in the Republic.

In addition, other Drug Treatment Clinics agreed to take on homeless patients' resident in hostels in their catchment areas. Waiting times dropped overnight from 12 to 14 weeks to 2–3 days[158]. An inpatient unit for rapid initiation on to OST for COVID-19 positive, and suspected, patients was established (ibid.). This four-bedded unit was set up in one of the new homeless isolation units where it had access to 24-hour nursing care. Supervision guidelines were amended to allow members of the NDTC and two non-governmental organisations (NGOs) Harm Reduction services, Ana Liffey Drug Project, and Chrysalis Community Drug Team, to collect clients' OST and other medication and deliver it at intervals dictated by the client's risk of overdose (O'Carroll et al., 2020).

[154] https://www.primarycaresafetynet.ie/covid-19

[155] https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/homeless-service-user-experience-survey.pdf

[156] https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homeless/webinar-15th-april-2020.html

[157] https://blogs.lse.ac.uk/covid19/2020/07/15/a-milestone-in-drug-policy-saving-the-lives-of-people-who-use-drugs-and-were-homeless-in-dublin-during-the-covid-19-pandemic/

[158] https://www.lse.ac.uk/News/Latest-news-from-LSE/2020/g-July-20/Ireland%27s-innovative-approach-to-supporting-homeless-and-drug-using-populations-during-COVID-19-saved-lives

A targeted vaccination programme is also currently active for people who are living on the streets and sleeping in hostels in Dublin, as well as vulnerable people in long-term accommodation[159]. This group and the traveller community received the single-shot Johnson & Johnson vaccine.

Business Support and COVID-19 Mobility Measures

To enable Dublin city to return to work and to enable retail and leisure activities to restart, the Dublin City Council established an agenda to create more space in the city for social distancing[160]. The initiative focused on the reallocation of space on the city streets to support people to walk, cycle and use public transport[161]. Additionally, to support local businesses such as cafés or to accommodate retailers where queuing is required various mobility measures were taken to support the city's COVID-19 response.

Arts Sector

It has been estimated that 2,000 to 2,700 arts jobs could be lost as a result of the pandemic, whilst the majority (67%) are believed to be located outside of Dublin[162.] Dublin is the host county for a number of national events. Most notably, the national St. Patrick Day parade had been cancelled in 2020 and 2021 due to concerns that they would be a threat to public health[163]. On 10 June 2021, the first in a series of live pilot concerts took place at the Dublin, with artists playing to 500 people[164]. A number of measures were implemented to ensure the safety of those attending the show, including staggered access times, socially distanced queuing systems, hygiene stations, socially distanced pods for attendees and the wearing of masks when outside the pod.

3.6.5 Co. Dublin: Promising practices

The early establishment of the Vulnerable Subgroup led by the NHPET, HSE and the DoH ensured a focused and quick response with vulnerable communities through the already established networks in these areas.

- Community initiatives and volunteering opportunities were well received by the general population, as demonstrated by the high volumes in volunteer applications, and focused on supporting those in local communities at a time when many people wanted to help.
- The partnerships with LA and the coordination of NGOs and voluntary groups strengthened the local responses during the pandemic and their role in partnering with health services in tackling community vulnerabilities proved successful.

Dublin's approach to supporting homeless and drug using populations resulted in effective management of this vulnerable population during the crises. The pragmatic and well-coordinated local

[159] https://www.rte.ie/news/coronavirus/2021/0506/1214053-covid-19-ireland/

[160] https://consultation.dublincity.ie/traffic-and-transport/covid-mobility-measure-request-form/

[161] https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj4toX__5nxAhXVQUEAHaCmD8EQFjADegQIAxAE&url=https%3A%2F%2Fassets.gov.ie%2F128060%2Fb3299575-1d03-41ba-9a42-adbb697a94d2.pdf&usg=AOvVaw1lGUycK-_yWXyNnFK5Nk4Z

[162] http://www.artscouncil.ie/uploadedFiles/Employment_and_Economic_Impact_Assessment_of_COVID-19_EY_Oct2020.pdf

[163] https://www.irishtimes.com/news/ireland/irish-news/st-patrick-s-day-parade-cancelled-for-second-year-in-a-row-due-to-covid-19-1.4463077?mode=sample&auth-failed=1&pw-origin=https%3A%2F%2Fwww.irishtimes.com%2Fnews%2Fireland%2Firish-news%2Fst-patrick-s-day-parade-cancelled-for-second-year-in-a-row-due-to-covid-19-1.4463077

[164] https://www.rte.ie/entertainment/2021/0609/1227217-iveagh-gardens-gig/

government response alongside housing provision and the expansion of harm reduction services, avoided unnecessary mortality and ensured the protection of a vulnerable group.

3.7 Israel[165]

During the COVID-19 pandemic in Israel, many were affected by the disease. We identify two large communities to which we will relate in this report- the Ultra-Orthodox Jews, and the Arabs in Israel.

The Jewish religious ultra-Orthodox population in Israel is a community with unique characteristics that informed its reactions and impact of COVID-19 and the accompanying restrictions. The population comprises of 13% of the total population. The fertility rate for ultra-Orthodox women is 6.5 children, higher than the one of secular women, 3.1 children. More than 115,000 ultra-Orthodox men study in Yeshivas, most of them are married. The employment rate among men is 53% and among women 77%, lower than those of the other Jews (87% and 82%, respectively). The prevalence of poverty is much greater among ultra-Orthodox Israelis than in the general public; 45% in 2017 in comparison with 11% among other Jewish Israelis. They reside mainly in Ultra-Orthodox-only cities or in separate neighbourhoods in mixed cities.[166]

Since March 2020, with the beginning of the spread of COVID-19 in Israel, the Jewish ultra-Orthodox community was affected rapidly. With the relatively large household size, the customary group Talmudic studied in Yeshiva and prayed 3 times daily in synagogues in groups of at least 10 people (so-called "Minyan") before the proper warnings were issued and social distancing (encompassing all religious gatherings) was strongly advocated and enforced. In cities or neighbourhoods where a relatively large number of Ultra-Orthodox people live, the proportion of confirmed cases of COVID-19 was higher compared with cities with low concentrations of Ultra-Orthodox Jewish.[167]

As for the mortality rates, at the beginning of June 2020, the number of Israelis who had died from coronavirus was 300, and the number of deaths in Bnei Brak, which is the capital city of the Orthodox public, was 45. That is about 15% of all deaths from the virus in a population that forms 2.2% of the general population.[168]

One month earlier, in May 2020, Israel's Minister of Interior stated that 70% of all those infected by coronavirus in Israel belong to the Orthodox public.[169] The reason for that might be that Bnei Brak is the most densely populated city in Israel, and even one of the most densely populated cities in the whole world, with more than 26,368 people per square kilometre and about 5.17 family members in every house. Combining that density with the fact that most of the families in that city have children

[165] Due to confusion in the Description of Action between "sub-national research sites" and "case studies," T6.1 desk research in Israel focused on non-geographically-circumscribed communities rather than sub-national research sites. MDA will conduct additional desk research on a sub-national research site, which will be appended as an annex to D6.2

[166] Saban, M., Myers, V., Shachar, T., Miron, O., & Wilf-Miron, R. R. (2021). Effect of socioeconomic and ethnic characteristics on COVID-19 infection: The case of the Ultra-Orthodox and the Arab communities in Israel. Journal of Racial and Ethnic Health Disparities, 1-8.

[167] Schattner, A., & Klepfish, A. (2020). Orthodox Judaism as a risk factor of covid-19 in israel. The American Journal of the Medical Sciences, 360(3), 304.

[168] National Insurance Data on Beni Brak: https://www.btl.gov.il/mediniyut/situation/statistics/btlstatistics.aspx?type=1&id=6100

[169] https://www.mako.co.il/news-lifestyle/2020_q2/Article-563bd4e7acaf171026.htm

(4.7 persons per household, compared with the national average of 3.7), explains the high rate of infections.[170,171]

Despite Israel's universal National Health Insurance, the Ultra-Orthodox community's access to healthcare was lower than that of the general population even before the pandemic, due to the distance from healthcare providers, language and cultural barriers, and sometimes also the inability to pay copayments, and this situation did not improve during the pandemic.[172] In addition to that, the Ultra-Orthodox population also lives in areas where public spaces are much more crowded in comparison to the rest of the population. For example, the average population per square kilometre in Bnei Brak is 4 times higher than areas of non-ultra-Orthodox population. As the ultra-Orthodox Jews make up a sizable majority of the town population, their communities were overwhelmingly impacted by the virus. In April 2020, several weeks after the first COVID-19 patient was diagnosed in Israel, the Israeli police sealed off key intersections and the army was called in to support residents of Bnei Brak were as many as 38 percent of the 200,000 residents was infected with coronavirus: significantly higher than the national average. The town was declared a "restricted zone".[173]

When it comes to the government responses to the pandemic, and the implementation of restrictions, the first measure taken by the government was to build trust among the leadership of the ultra-Orthodox community and to gain their cooperation in, for example, communicating the importance of good hygiene and social distancing. The second measure implemented by the government in ultra-Orthodox areas was increased diagnostic testing, isolation of positive individuals, and the evacuation of the elderly to hotels rented by the government that were empty again by June 2021. The third measure was the quarantine of cities and towns with high infection rates. Thus, on April 1st 2020, the government approved special emergency regulations to implement stricter physical distancing measures in these cities, the majority of which were ultra-Orthodox, and to quarantine them from the rest of the country. On April 12th 2020, the measures were extended to neighbourhoods in the large cities with high infection rates.[174]

Nonetheless, a great deal of effort was expended and precious time lost until the Ministry of Health (MoH), police and local authorities were able to create effective communication channels and to convince the ultra-Orthodox's leadership to mandate social distancing in their communities. For example, the education system in Israel was shut down on March 12th but some ultra-Orthodox educational institutions continued operating for a full week after that. Although social distancing measures were put in place in early March 2020, synagogues were instructed to shut down only 2 weeks later, on April 19th. Even then, a few ultra-Orthodox religious leaders permitted their followers to continue praying in synagogues for another 10 days (until April 31st), even after it became evident that ultra-Orthodox cities and neighbourhoods were becoming foci of the virus' spread. It is also worth

[170] https://hamodia.com/2019/02/18/bnei-brak-israels-crowded-city-modiin-ilit-youngest/

[171] https://www.maariv.co.il/news/israel/Article-749851

[172] https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01191-7

[173] Gilman, S. L. (2021). Placing the blame for Covid-19 in and on ultra-orthodox communities. *Modern Judaism*, *41*(1), 1-30.

[174] Waitzberg, R., Davidovitch, N., Leibner, G., Penn, N., & Brammli-Greenberg, S. (2020). Israel's response to the COVID-19 pandemic: tailoring measures for vulnerable cultural minority populations. *International Journal for Equity in Health*, *19*(1), 1-5.

mentioning that once the leadership instructed the community to follow the directives, the community complied almost without exception.[175]

Maybe the biggest change that can be seen through the COVID-19 was that of people praying in the streets, while synagogues were closed. For the ultra-Orthodox praying in synagogues and studying in Yeshivas are the highest values that should always be protected. It took quite a long time before authorities, together with religious and community leaders were able to convince and restrict prayers from gatherings in synagogues, and for some very strict communities it has not fully happened until June 2021.[176]

As a result of these reasons, and as only 50% of the community used the internet when the COVID-19 started to spread in Israel, at the first weeks and even months of the outbreak, the ultra-Orthodox public had limited access to relevant verified information about the COVID-19 compared with the other citizens in the country. One of the implications for this community was the increase of internet use; within one month reaching 60% of the public. In addition, there was an increase of 200%-600% in new connections to the internet in March 2020, as compared to February 2020. Almost half of the consumers report that they now view news from mainstream sources and not from ultra-Orthodox sites, and this may herald additional change.[177]

The pandemic had a much harsher impact on employment among the ultra-Orthodox sector, as compared with the rest of the Jewish population. This impact was particularly prominent among ultra-Orthodox women during the first wave, and among ultra-Orthodox men during the second wave. Ultra-Orthodox employment rates between March and May 2020 (the first wave), compared with the same months in 2019, dropped by 35% on average (34% for men and 37% for women). Among other Jews, the decline in employment rates was less steep, and the differences between men and women were larger (19% for men and 27% for women). Between September and October 2020 (the height of the second wave), the trends in the ultra-Orthodox sector reversed, and the decline in employment was seen mostly among men. Thus, compared to the same period in 2019, there was a decline of 20.5% in employment rates among ultra-Orthodox men, compared with a 15% decline among women. Among other Jews, there was a smaller decline in employment rates for men (10%) and a drop of 16% among women—similar to that among ultra-Orthodox women. Overall, it is clear that ultra-Orthodox women enjoy greater employment resilience than do ultra-Orthodox men.[178]

This, in turn, brought an opportunity - within a short time, many in the ultra-Orthodox public were able to use a variety of online tools and services and can move on to manage parts of their daily tasks in the virtual space. It is expected to produce a significant step forward in various fields, for instance –

[175] Waitzberg, R., Davidovitch, N., Leibner, G., Penn, N., & Brammli-Greenberg, S. (2020). Israel's response to the COVID-19 pandemic: tailoring measures for vulnerable cultural minority populations. *International Journal for Equity in Health*, *19*(1), 1-5.

[176] https://www.timesofisrael.com/top-ultra-orthodox-rabbi-says-yeshiva-students-shouldnt-take-covid- 19-tests/

[177] Malach, G. (2020) Ultra-Orthodox Society in Israel and the Coronavirus Pandemic. *The Israeli Democracy Institute,* https://en.idi.org.il/articles/31256

[178] Malach, G., Cahaner, L. (2021) COVID-19 and Ultra-Orthodox Society. *The Israeli Democracy Institute,* https://en.idi.org.il/haredi/2020/?chapter=34277

working from distance (from home), remote schooling, and even consuming various health services online.[179,180]

For the Arabs in Israel, we found similarities and differences to the ultra-Orthodox Jews during COVID-19. The Arabs are the second largest community in Israel, after the Jews, and they constitute about 20% of the total population of the country (1,956,000 people). Most of them are Muslims (17.6%), but there are also Christian's (2%) and Druze (1.6%).[181] Until the last decade the Israeli Arabs were characterized by a relatively large number of children, but since the 2000's trends in fertility has been steadily declining and now stands at an average of 3.1 children per woman – which is the same as Jewish Non-Ultra-Orthodox women.[182]

The majority of Israel's Arab population lives in self-contained towns and villages (towns and villages populated mainly by Arab people) in Galilee, including the city of Nazareth, the central area between Hadera and Petah Tikva, the Negev, and in mixed urban centres (were large portion the population is composed of Arab people, but other group are also present in the population) such as Jerusalem, Akko (Acre), Haifa, Lod, Ramle, and Yafo (Jaffa). As of 2019 the largest Arab city in Israel is Nazareth, with 77,400 inhabitants, in the Galilee.[183]

The COVID-19 pandemic is nationwide and even a global crisis. However, its impact is even worse in densely populated populations just like the Israeli Arabs, which makes them more vulnerable to get infected by the COVID-19. Similar to the response in the Jewish ultra-Orthodox community, the Israeli Ministry of Health appointed a consultant to support the activities in the Arab sector. Measures were taken to better reach-out to the Arabs, by publishing explanatory material in Arabic and launching media and social media campaigns with local Arab celebrities. Another way to build trust was by having religious and community leaders advocating for percussion measures and later for vaccination. This includes Sheiks and schools principles. [184]

The pandemic crisis led to an increase in the economic distress in the Arab society, for instance many small businesses suffered from closures, and in some instances went bankrupt. The unemployment rate rose to 21%[185], and the public reported through the closure in some polls that they are severely distressed and their financial situation has worsened.

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[179] Pepper, Y. (2020). From a sector to a people: the ultra-Orthodox society in the face of COVID-19. *HaShiloach.* https://hashiloach.org.il/%D7%9E%D7%9E%D7%92%D7%96%D7%A8-%D7%9C%D7%A2%D7%9D-%D7%94%D7%97%D7%91%D7%A8%D7%94-%D7%94%D7%97%D7%A8%D7%93%D7%99%D7%AA-%D7%9C%D7%A0%D7%95%D7%9B%D7%97-%D7%9E%D7%A9%D7%91%D7%A8-%D7%94%D7%A7%D7%95%D7%A8/

[180] Klingbail, S. (2020) As Israel's ultra-Orthodox Jews Go Online, Coronavirus Could Offer Opportunity to Boost Employment. *HaAretz,* https://www.haaretz.com/israel-news/business/.premium-as-ultra-orthodox-israelis-go-online-coronavirus -could-offer-opportunities-1.8912382

[181] https://worldpopulationreview.com/countries/israel-population

[182] https://fs.knesset.gov.il/globaldocs/MMM/5d79b3ca-eb7a-e511-80d6-00155d0204d4/2_5d79b3ca-eb7a-e511-80d6-00155d0204d4_11_8024.pdf

[183] https://mfa.gov.il/mfa/aboutisrael/people/pages/society-%20minority%20communities.aspx

[184] irenbaum-Carmeli, D., Chassida, J. Covid-19 in Israel: socio-demographic characteristics of first wave morbidity in Jewish and Arab communities. *Int J Equity Health* **19,** 153 (2020).

[185] Kimhi S, Eshel Y, Marciano H, Adini B. Distress and Resilience in the Days of COVID-19: Comparing Two Ethnicities. International Journal of Environmental Research and Public Health. 2020; 17(11):3956.

Arab society remains on the fringes of the COVID-19 vaccination campaign in June 2021, with lower immunization rates than the Jewish society; as of April 2021, only 37% of the Arabs received a dose of the vaccine, compared with 57% in the general public.[186] Experts and leaders in the Arab society point to poor communication of the media with the Arab public, and the lack of reference to the characteristics of older ages in Arab communities, which is a factor that can be changed and increase the immunization rates.[187]

Several challenges in persuading the Arab public to comply with the instructions were identified. The first challenge is the mistrust towards the government. In recent years feelings of alienation and lack of trust in the government have increased in Arab communities, in response to exclusionary policies. This distrust presumably affected the level of attention paid to instructions on dealing with the coronavirus, at least at the beginning. Second, the social aspects- the overcrowding that is typical of Arab towns and the population's demographic make-up (large families, clans, and tribes) make it hard to observe social distancing and avoid physical contact. Large families live together, putting them at risk. People tend to congregate in family and tribal centres, at cafes and smoking venues, and at crowded traditional social gatherings. Most towns have housing for the elderly but lack special protection or isolation measures. In such conditions, Arab society is more exposed to infection and morbidity than the general population. An additional challenge is the language gap. At the beginning of the outbreak, most messages from the government were not issued in Arabic, and much of the information delivered subsequently in Arabic was late in arriving. Many in the Arab community, particularly the elderly, are not exposed to digital information. Arab medical doctors have recently begun on their own initiative to translate information to enhance knowledge and reduce confusion and anxiety in the community.[188]

To address the needs of the Arabic public, an Arabic desk was established in the Ministry of Health, and Aiman Seif was appointed to lead the Ministry's activities in the Arab sector, and to bring the specifications of the Arab society to the professional discussions. After being criticized for not doing so, the Ministry of Health published all materials and information also in Arabic, with sometimes famous Arab actors presenting and demonstrating in Arabic the recommended steps and measures to be taken.[189] One major challenge of this desk was to combat the fake-news on social media and mobile texting apps.[190]

[186] http://www.israelhpr.org.il/wp-content/uploads/2021/04/SARS-Cov-2-vaccines_Apr17-2021_School-of-Public-Health-.pdf

[187] https://www.timesofisrael.com/officials-concerned-by-low-vaccination-rate-among-arab-israelis/

[188] https://www.inss.org.il/publication/coronavirus-and-the-israeli-arabs/

[189] https://www.idi.org.il/media/15135/arab-society-and-the-coronovirus-pandemic-entry-data-effects-and-recommendations- for-a-stronger-exit.pdf

[190] https://www.maariv.co.il/corona/corona-israel/Article-823705

3.8 Italy

3.8.1 Target sub-national unit: city of Rome

The metropolitan area of Rome[191] is located in the central-western area of the Italian peninsula and with a population of about 4.33 million inhabitants it is the most populous metropolis in Italy. Rome is the capital city of Italy as well as the capital of the Latium Region and of the Metropolitan area of Rome. With 2,8 million residents in 2020 on an area of 1,285 km^2 it is the country's most populated urban area and the third largest city in the European Union. Serving as the center of administration for Italy, Rome hosts national, EU and international organizations' headquarters and, as such, its urban economy is largely service-oriented. Although Rome was not one of the epicenters in the first phase of the pandemic, it has undergone the restrictions provided by the Italian government which, in order to contain the infections, has extended the lockdown to the entire country.

3.8.2 Impact of COVID-19 in the target sub-national unit

The total number of infections registered since the beginning of the pandemic in the metropolitan area of Rome is 250,833 (last available data: 18th of July)[192], the number of deaths is available only at regional level. This is 8,386 (out of 127,867 at the national level) with a case fatality rate of 2.4% (the fatality rate at the national level is 3%). Due to the early closure of the whole Italian territory in March 2020 (cf. D 4.1 & D 5.1), the number of infections was quite limited in the metropolitan area of Rome during the first wave (March-May 2020), while it has increased during the second and third waves. However, the situation at the regional level[193] was never as critical as in other Italian regions. Consequently, the only period when lockdown was re-established was between March 15th and April 8th, 2021[194], when the vaccination campaign was still in its first stage and the danger of the spread of the virus due to the variants was high. The number of hospitalizations reached a first peak during the first wave (end of April 2020 with 186 beds occupied in ICU and 1376 beds occupied in regular units); during the second wave (end of November 2020 with 355 beds occupied in ICU and 3407 beds occupied in regular units) and during the third wave (beginning of April 2021 with 396 beds occupied in ICU and 3240 beds occupied in regular units). In November 2020 and April 2021, the number of people hospitalized in ICU was beyond the threshold of 283 beds considered as "critical" by the parameters established by the Ministry of Health at national level, corresponding to more than 30% of ICU beds occupied by COVID-19 patients. The total number of people recovered is available at the regional level and is 337,629 (out of 349,414 total cases). The COVID-19 vaccination campaign started in the Metropolitan Area of Rome at the end of December 2020 as in the rest of the country. At the moment of writing this report (19 July 2021), the total number of vaccines administered in the metropolitan area of Rome is 4,869,021[195]; 44% of the population aged 12 and over has been fully vaccinated.

[191] Except for the numbers of infections, data are not available at the municipal level, thus we provide data when available at the provincial level (NUTS3) or at the regional level (NUTS2); administrative organization of Italy is described in D 4.1

[192] https://github.com/pcm-dpc/COVID-19

[193] As explained in D 4.1 and D 5.1, starting from October 2020 Italian regions were assigned different restriction's measures based on several monitoring indicators

[194] And during Christmas holidays as in the whole Italian territory (23 December 2020-3 January 2021)

[195] https://github.com/italia/covid19-opendata-vaccini

Every Thursday the Department of Epidemiology of the Latium Regional Health Service publishes data on the cumulative incidence (number of infections per 10,000 inhabitants since monitoring started) of COVID-19 cases in the fifteen municipalities[196] of Rome. An analysis of this information[197] shows that the distribution of infections within the city is far from homogeneous, with the peripheral areas generally more affected than the central ones. COVID-19 did not hit the population of Rome in a homogenous way: the pre-existing socio-economic inequalities provide a unique lens to understand the spreading of the virus. Differences in the average educational attainment among Rome's municipalities explain the unequal access that people have to remote working. In areas where there is a smaller portion of citizens with university degrees, there are also a larger number of people whose professions cannot be done remotely. Data on average individual income provide further evidence to support this relationship: in general, the areas where the incidence of COVID-19 is highest coincide with those where residents have lower earnings. Housing conditions play an important role as well, the city centre of Rome is mostly inhabited by elderly people, very often single or widowed, because they can afford the high cost of housing and renting. Families with children are concentrated in the peripheral areas. As for other diseases (such as diabetes, community pneumonia and stroke), the infection rate of COVID-19 is higher in areas where household distress is higher[198].

The pandemic is having a strong impact on the Italian economic situation. The main macro-economic indicators provided in the annual report of the Bank of Italy (Banca d'Italia, 2021) are available at the regional level. In 2020, in the Latium region the GDP in real terms fell by 8.4%, substantially in line with the national average. The impact of the pandemic crisis on businesses has been huge and widespread across all sectors. Companies in the trade, hotel and catering sectors have suffered most, as they have been penalized by the restrictive measures introduced to reduce contagions and the sharp drop in tourism. Exports and investments have decreased. For 2021, companies expect a strong recovery, although less widespread among companies in the service sector.

Employment decreased significantly after two years of stagnation. The decline was mostly registered with fixed-term employees and the self-employed. The impact on permanent employment was primarily limited by the freeze on layoffs and the extensive use of wage subsidies (*Cassa integrazione guadagni* and Solidarity Funds). The decline in employment was more pronounced in the service sector, especially in the hotel and restaurant sector, and affected younger workers and women to a greater extent. The worsening of labour market conditions discouraged job-seeking, thus reducing the number of people seeking employment and, consequently, the unemployment rate. In the Metropolitan Area of Rome, the employment rate decreased from 49.7 in 2019 to 48.3% in 2020; for the youth population (15-24 years) it has decreased from 16.2 to 14.3% during the same period; for women it has decreased from 43.2 to 41.5%; the unemployment rate for the population aged 15 and over has slightly decreased in 2020 compared to 2019 (8.7 against 9.1%). However, the unemployment rate for the youth population (15-24 years) has increased from 29.2 to 33% in the same period.

The drop in employment has had negative consequences for the economic conditions of households and income equality. Therefore, the number of households benefiting from the Citizenship Income or

[196] The Municipalities of Rome represent the administrative subdivision of the territory of Roma Capitale, in implementation of the objectives of decentralization of powers established by law, source: https://it.wikipedia.org/wiki/Municipi_di_Roma

[197] https://sentichiparla.it/politica-ed-economia/covid-19-disuguaglianze-roma/

[198] Ibidem.

Pension has increased by a third compared to 2019, more than in Italy; another large group of households has had access to the Emergency Income, a measure established during the pandemic.

The COVID-19 pandemic induced a significant drop in consumption and a large increase in household savings. The increase reflected both restrictions on purchases of goods and services due to the closure of non-essential activities and fear of contagion and precautionary reasons.

3.8.3 City of Rome: policy responses

Measures in response to the COVID-19 in the Italian capital have mainly been targeted at containing the virus outbreaks by limiting social contacts and mass gatherings. Because of its large historic heritage, Rome is one of the most visited cities in the world. Rome's economy strongly relies on the tourist industry. The city economy has been severely hit by the pandemic crisis with tourism, leisure and mobility being the economic sectors suffering the most. The Municipality of Rome has devoted a large part of the Covid response to recover the tourism sector whose revenue has dropped by approximately 44% (Angiello, 2020). Financial support has been provided to tourism and leisure activities through the 'RomeSafeTourism' initiative[199]. Within this context, the city has also approved stringent health safety measures aimed at increasing the confidence in the tourist market by promoting the city as a safe and attractive place to visit and discover.

Another big part of the COVID-19 response has been devoted to providing economic support to low-income and marginalized communities. The pandemic indeed has further exacerbated the already existing social inequalities and the longstanding rent crises, putting at high risk of social exclusion a big portion of the urban population. Measures finalized at safeguarding the fragile socio-economic households' situation included economic support to pay the rent, food aids, facilitated access to credit, improved family and child protective services, and temporary shelters for needy persons and street sleepers have been implanted.

Initiatives aimed at promoting sustainable mobility have been coupled with measures aimed at managing mobility demand through time planning. On May 11th 2020, the city Council approved new guidelines for shared electric mobility service provision to allow for the introduction of several thousand scooters via private service providers. Furthermore, the city Council updated the 'Times and Hours Territorial Plan'. Plan updates are aimed at reducing congestion and mass gathering by rescheduling services' opening hours for public facilities such as school, markets, municipal offices, cultural and leisure activities. In line with the sustainable development goals, several initiatives been implemented in the City of Rome with the aim to improve transport capacity, with a particular focus on alternative transport vehicles (such as providing electric scooters with sharing schemes, potentiating the existing car and bike sharing schemes, extending cycle lanes) and on improving existing infrastructures.

The Metropolitan City of Rome implemented several measures to remove the obstacles to digital access. The Metropolitan Wi-Fi Network Project, Italy's largest public network, has been extended and strengthened. Tablet and digital devices were delivered to high school students in need, to provide them the tools to access remote learning activities. An innovative e-learning platform, called "Accade scuola"[200] has been also developed and implemented: the platform is the basis of hybrid learning, a

[199]Rome Safe Tourism: https://www.turismoroma.it/en/page/roma-safe-tourism

[200] AccaDe Scuola: https://www.cittametropolitanaroma.it/notizia/accade-scuola-la-piattaforma-per-la-didattica-on-line-zotta-la-citta-metropolitana-di-roma-rafforza-le-politiche-scolastiche/

new learning model that combines innovation and technology with traditional educational methods, providing virtual classrooms and opportunities to discuss, enriching the in presence as well as the online lesson experience. *RomaAiutaRoma* – a site accessible from the homepage of the institutional portal of Rome municipality has been created to deal with the emergency linked to the spread of the coronavirus: it is a single access point to all information of public interest, ranging from real-time updates on the services of the local government, solidarity initiatives in favour of people in difficult conditions also reported by the citizens themselves, up to the sections dedicated to wellbeing for families[201]. The website, particularly relevant during the first wave of the pandemic, provides links to the initiatives implemented by the Rome Municipality such as: help with shopping (home delivery of groceries and drugs); psychological support and 24h reception for homeless people in the facilities of the Winter Plan; the list, constantly updated, of gyms and sports centres in Rome Capital which offer free streaming lessons; a collection of information and useful contacts for services activated within the 15 Municipalities; instructions to access to rent and shopping bonus provided by the national government.

Rome Municipality has launched, on the Institutional Portal, a new service dedicated to those unfamiliar with the web and approaching digital activities for the first time, because all the public counters were closed. The new FAQ section is online with direct reference to the "service sheets" and useful forms: an informative navigation map for everyone[202][203].

Finally, taking into account the administrative breakdown of the country, we need to mention a series of economic measures implemented at regional level. In order to deal with the emergency, national measures to support the economy have been joined by those of the Latium Region, for a total of 430 million euros, two thirds of which have been allocated directly to businesses, artisans and professionals; the remainder has been used to support families in difficulty. Overall, 64% of the interventions were financed with regional resources and 36% with the remodulation of European structural funds.

Based on a digital performance indicator estimated by the Bank of Italy for individual Italian regions, Latium's level of digitization was higher than the national average in 2019. The region stands out for a marked level of specialization in the information and communication technology services sector, as well as a rate of digital technology adoption by businesses that is slightly above the Italian average. During the pandemic, the share of companies that made use of agile working was higher than the rest of Italy, and face-to-face teaching was more widespread (Banca d'Italia, 2021).

The healthcare system in Italy is managed at the regional level (cf. D 4.1 & 5.1): during the pandemic the Latium region implemented several measures to assist the citizens. For instance, the APP LAZIO DOCTOR for Covid (*LAZIODrCOVID*) was launched to contact and receive remote assistance by the general practitioner (GP) in case of necessity. Furthermore, the APP allows access to dedicated home tele-assistance services to chronic or frail patients. Another initiative to limit travel and reduce the spread of coronavirus is the *dematerialized prescription:* the GP can provide an "Electronic Prescription Number" (NRE), which can be used to pick up drugs covered from the NHS directly at the pharmacy, without a paper prescription.

[201] https://www.comune.roma.it/romaiutaroma/

[202] URP Roma Innova – FAQ section https://www.comune.roma.it/web/it/faq-urp.page

[203] https://www.opengovpartnership.org/collecting-open-government-approaches-to-covid-19

Testing was also one of the main preoccupations of the regional government. At the International Airport of Rome, Leonardo da Vinci-Fiumicino, were introduced rapid COVID-19 test hubs during the month of August 2020 to test passengers arriving from at risk countries (at that time the MOH had introduced a mandatory test for passengers arriving from Croatia, Greece, Malta and Spain). Later on, at the end of August 2020, the biggest "drive-in" hub for COVID-19 test was opened in the parking of the Leonardo da Vinci-Fiumicino airport. The hub is open seven days a week and it is open to the whole population, not only to passengers departing and arriving from the airport. More generally, at the regional level, the capacity of testing (both PCR and antigen tests) was strengthened over time. Several drive-in hubs were opened, coupled with centres for tests dedicated to children and to the frail population. Private medical centres and hospitals as well as pharmacies were also able to provide tests. During the second and the third waves of the pandemic, the number of tests performed in the region has substantially increased compared to the first wave when the capacity of testing was poor.

As for the vaccination campaign, the Latium region, as the other Italian regions, has generally followed the recommendations of the central Government. However, due to the decentralization of power granted by the Italian Constitution, the Regional Ministry of Health made some adjustments to the Governmental strategy. For instance, starting from mid-May, open days to vaccinate the youth population were organized. In addition, at the beginning of June, when the central Government authorized the vaccination for all the age groups, the Latium Ministry of Health decided to wait two more weeks before opening it to the whole population over 12. Since the end of June with the aim to approach "hard-to reach" population and to contain the spreading of the "Delta variant", the Regional Ministry of Health has organized mobile campers that will be present in all the holidays main spots (at the mountain and on the seaside) where population 18 and over can get vaccinated without an appointment. Finally, since the beginning of July the Regional Ministry of Health has launched a series of open-days to vaccinate the homeless, jobless and immigrants who are irregular or waiting for a residence permit.

3.8.4 City of Rome: Promising practices

Many private sector initiatives, also supported by the public administration in Rome, proved to be good practices to mention. In particular, we point out the following:

In support of vulnerable populations, INTERSOS has rapidly adapted the activities of the INTERSOS24 Center (active since 2016 in partnership with UNICEF Italy with an ambulatory health clinic, a safe space, and a mobile team) to the mobility's restrictions implemented by the government because of the pandemic. Preventive measures were implemented addressing the homeless population and the population in conditions of social exclusion, in order to guarantee the protection of their health and support the Regional Health System of Latium.

Two mobile clinics have traveled around the city, moving around the places frequented or inhabited by those that many consider the "invisible": these are transitional or marginalised spaces, such as the areas close to the Termini and Tiburtina stations (where are located reception centers for Italian native people and immigrants in vulnerable conditions, for asylum seekers, and for unaccompanied immigrant minors). Two doctors, a nurse, two humanitarian workers with competence in linguistic and cultural mediation, and an expert social worker were present to provide care for 1,583 people. Each patient received a medical examination and received a health education course offering best practices for prevention of the virus. Such kind of intervention can represent a pilot experience for integrated

territorial assistance (public-private social), cross-cultural (involving both native and immigrant populations in conditions of marginality), multidisciplinary, and based on community involvement[204].

Médécins Sans Frontières Italy since the beginning of the epidemic, in collaboration with ASL Roma 2 (local health care provider)[205], have implemented a health surveillance system in the occupied buildings and informal settlements, which has allowed, with the direct involvement of the communities, to implement protection measures and manage the reporting of suspected cases, the health monitoring of patients in isolation and the eventual transfer of patients to COVID-19 hotels.

About 25 awareness sessions on how to prevent and manage COVID-19 reaching a population of over 3,000 people were held. A "Health Committee" composed of community members has also been created with the task to identify and isolate timely any suspect case, to alert health authorities by ensuring liaison with the health system, and to ensure appropriate response in case of outbreaks, and contact tracing to identify other potential cases.

The Centro Agroalimentare ROMA (Rome fruit and vegetable market) (CAR)[206] published its "Table of good practices" that consists of a platform named "BitGood" which provides the management of surplus food, fruit and vegetables and fish of the CAR. The surplus collected is to stock the solidarity circuits of Rome and the province. BitGood has tripled the possibility of supporting about 120 thousand families with 6 million portions of fresh food. This also gave rise to the launch of a real pact of collaboration between the CAR, the Caritas of Rome, the Community of Sant'Egidio, the ACLI of Rome and province, the Banco Alimentare and the Isola Solidale association, giving birth to the first Italian platform for the management of surplus food and fish for solidarity purposes.

3.9 Portugal[207]

3.9.1 Target community: elderly long term care facilities

As different authors point out that **elderly living in long term care facilities or nursing homes** are the most vulnerable group to COVID-19, presenting higher risks of mortality and adverse outcomes considering both physical and psychological ones (Fallon et al, 2020; Paes Mamede, Pereira & Simões, 2020). Two main groups of reasons that contributed to classify this group as high risk: residents characteristics 'older age groups (…), chronic comorbidities which make recognition of typical COVID-19 symptoms challenging' (ECDC Public Health Emergency Team, et al, 2020; Fallon et al, 2020; Nogueira et al, 2020), and 'high prevalence of functional and cognitive impairment and behavioural symptoms' (Fallon et al, 2020); and context characteristics '*which present barriers to infection control*' (Fallon et al, 2020) such as 'insufficient access to personal protective equipment, staff with limited training in IPC, low or absent testing capacity, residents with few or atypical symptoms, asymptomatic staff or staff who work while symptomatic (including with mild symptoms) and staff who work in

[204] https://www.intersos.org/en/rome-and-covid-19-support-for-the-vulnerable-who-are-no-longer-invisible/

[205] https://www.medicisenzafrontiere.it/news-e-storie/news/covid19-roma-comunita-sorveglianza-attiva/

[206] http://www.corriereortofrutticolo.it/2020/06/05/sociale-grazie-al-car-nasce-il-tavolo-delle-buone-pratiche/ & http://www.fao.org/food-loss-reduction/resources/covid-19-flw-related-readings/ru/

[207] Due to confusion in the Description of Action between "sub-national research sites" and "case studies," T6.1 desk research in Portugal focused on non-geographically-circumscribed communities rather than sub-national research sites. FS will conduct additional desk research on a sub-national research site, which will be appended as an annex to D6.2.

multiple LTCF can facilitate entry of COVID-19 and occur to varying degrees in LTCF' (ECDC Public Health Emergency Team, et al).

3.9.2 Target community: Alentejo region

While there is information on different measures implemented on elderly nursing care homes in different regions in the country, mainly considering major cities in Portugal (Lisbon and Porto), there is not much information on Alentejo region (figure 5). Alentejo is the bigger region in Portugal with a total area of 31,603 km^2. The statistical projections in 2019, predicted a density of 22.3 inhabitants/km^2, it included a total of 704,558 inhabitants (INE, 2020). Its inhabitants include 6.84% of the total Portuguese people aged 65 or over, while the percentage of elderly deaths in Portugal that occurred in Alentejo reaches 10.67% (INE, 2021).

Figure 5. Map of Portugal: in red the Alentejo region

In 2018, the Alentejo region was the Portuguese region with the highest ageing index (203.1), and the highest elderly dependency index (41.1) (INE, 2020). To support local people there are a total of 262 Elderly Long Term Care Facilities (LTCF) in Alentejo supporting 10,714 users. Based on these numbers one can predict about 4192 professionals working on these units. The dispersion of the region's elderly LTCF units by municipalities is provided in the Table 2.

Table 2. Elderly Long Term Care Facilities and number of users in the municipalities of Alentejo Region

Sub-Region	Municipality	Elderly Long Term Care Facilities (LTCF)	Users	Total Elderly LTCF	Total users
Alentejo Litoral	Odemira	7	210	23	1164
	Sines	1	200		
	Santiago do Cacém	5	306		
	Grândola	2	180		
	Alcácer do Sal	8	268		
Alentejo Central	Évora	27	708	98	3160
	Viana do Alentejo	4	244		
	Portel	2	122		
	Mourão	3	104		
	Reguengos de Monsaraz	7	200		
	Redondo	4	105		
	Alandroal	3	114		
	Vila Viçosa	2	71		
	Borba	3	19		
	Estremoz	11	372		
	Arraiolos	5	158		

	Montemor-o-Novo	15	440		
	Mora	5	257		
	Vendas Novas	7	246		
	Alvito	2	120		
	Cuba	2	167		
	Vidigueira	5	216		
	Moura	6	112		
	Barrancos	1	41		
	Serpa	6	263		
Baixo Alentejo	Beja	15	848	62	2842
	Ferreira do Alentejo	3	195		
	Aljustrel	4	177		
	Castro Verde	5	229		
	Ourique	4	67		
	Almodôvar	6	229		
	Mértola	3	178		
	Nisa	7	331		
	Gavião	4	241		
	Ponte de Sor	8	440		
	Avis	4	152		
	Sousel	5	178		
	Elvas	11	437		
	Campo Maior	2	40		
Alto Alentejo	Monforte	3	106	79	3548
	Arronches	4	196		
	Fronteira	2	118		
	Alter do Chão	5	217		
	Crato	6	224		
	Portalegre	9	440		
	Marvão	4	198		
	Castelo de Vide	5	230		
Total				262	10714

3.9.3 Impact of COVID-19 on elderly living on long term care facilities

In May 2020, the ECDC Public Health Emergency Team pointed out that '*Residents in long-term care facilities (LTCF) are at high risk for COVID-19 infection and for severe outcomes of COVID-19' (reference to the publication?)*. At the time the registers showed COVID-19 related deaths in Long Term Care facilities represent over one third the total COVID-19 deaths in 9 countries out of 11, registering over half the COVID-19 deaths in 5 of these countries. Looking at most recent data (July 2021), the reality is not much different. There are 12 of 17 countries in which COVID-19 related deaths in Long Term Care facilities represent over one third of total COVID-19 related deaths, and in 6 of these the COVID-19 deaths in Long Term Care facilities represents at least half of the total COVID-19 related deaths in the country (see Tables 8 & 9, Annex 2).

In Portugal over the course of the pandemic, news citing the Health National Directorate (Direcção Geral da Saúde), presented an evolution of the impact of pandemic for this group. In April 2021 deaths in elderly Long Term Care Facilities represented about 40% of total deaths in the country (Paes Mamede, Pereira & Simões, 2020; Público, 23 April 2020); while in November 2020 it represented about one third (Observador, 13 November 2021; TSF, 13 November 2020) registering a total of 1,409 deaths, 25% of which in October 2020 (Público, November 2021). Data on 4 February 2021 show a severe increase in the number of deaths during fall and winter 2020-2021. Until that time, a total of 3,750 deaths of elderly living in Long Term Care Facilities were registered, 42% of which between 4 January and 4 February 2021 (Expresso, 8 February 2021). **Such evolution represents the strong challenges faced in trying to prevent and control the COVID-19 pandemic in elderly Long Term Care Facilities in Portugal, including personal and context characteristics mentioned before.**

Table 3 displays the number of deaths in elderly nursing homes in different regions in Portugal by March 2021. While the Alentejo region absorbed only about 6% of elderly people in the country, the percentage of deaths in elderly nursing homes in the country is higher (over 10%).

Table 3. Number and percentage of deaths in elderly nursing homes in Portugal (only considering mainland)

Region	Number of deaths (until 4 February 2021	Percentage of total deaths
Norte	739	19.7
Centro	1,027	27.4
Lisboa e Vale do Tejo	1,520	40.5
Alentejo	400	10.7
Algarve	64	1.7

Policy responses

In March 2020 in Portugal there were already municipalities testing elderly in long term care facilities. The Governmental program of COVID-19 testing across nursing homes staff started in April 2020 due to a partnership established by the government with scientific institutions and municipalities (República Portuguesa, 2021). By 23 April 2020 15,000 workers had been tested (Público, 23 Abril 2020). The preventive testing campaign in Baixo Alentejo elderly LTCFs started on the 26th of April (CIMBAL, 2020). A big testing campaign was carried out in Alentejo region from 29 June to 21 July 2020 (Brito Fernandes et al, 2021). Figure 6 provides an overview of the procedure and numbers of testing.

On 9 April 2021 the ministry of Labor and Social Security informed that over 294,000 tests had been performed for workers of elderly nursing homes, estimating the avoidance of 870 infection events (corresponding to infected workers presenting no symptoms). (Observador, 2021). During the third wave elderly in long term care facilities started being tested every two weeks (Guedes, TSF, 12 February 2021).

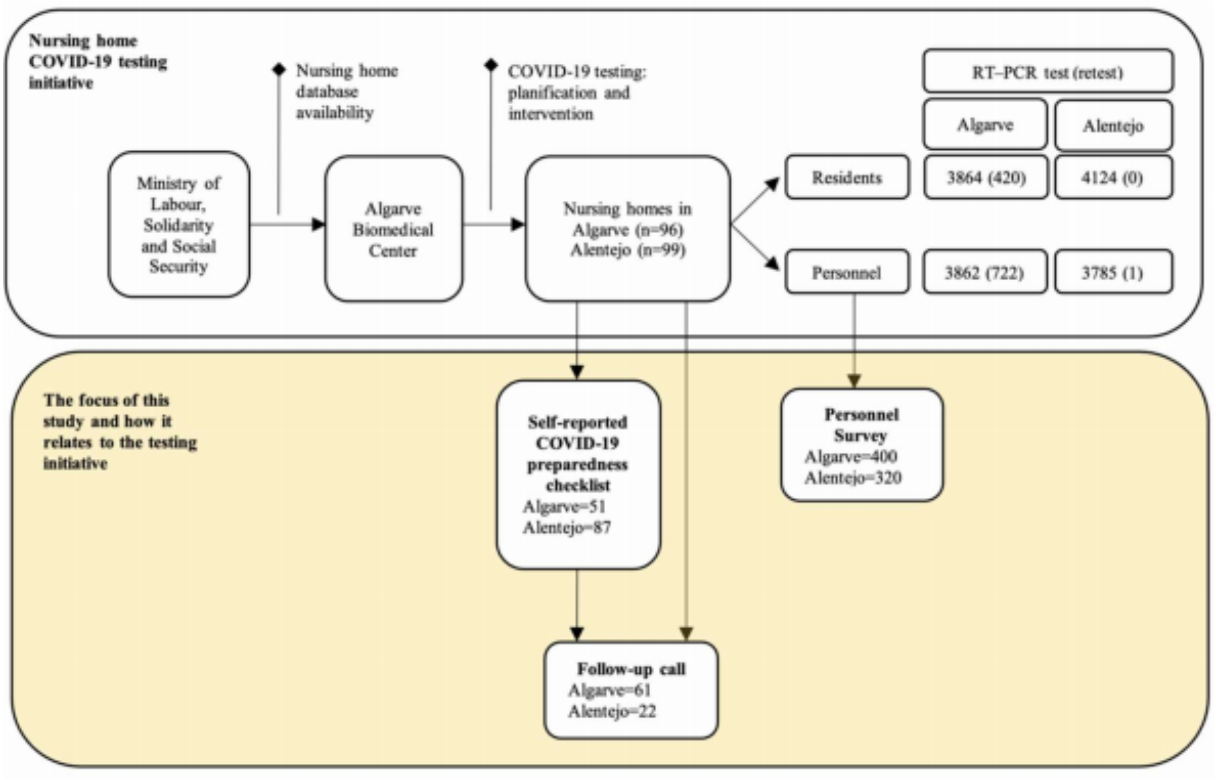

Figure 6. Descriptive frequencies of the elderly nursing home COVID-19 testing initiative and the unfolding of procedures of the testing campaign in Alentejo and Algarve regions (source: Brito Fernandes et al, 2021)

Vaccination in elderly care facilities in Portugal started on 4 January 2021 (Governo de Portugal, 2021). On 17 February registers showed that over 170,000 elderly and staff had already been vaccinated (Faria – Público, 2021).

Specific governmental measures developed in Portugal targeting Elderly Long Term Care Facilities include:

- The release of specific norms for these units by the National Health Directorate. These include general norms as well as norms focusing on professionals' behaviour; physical distancing context, people concentration and ventilation of indoor spaces; visits; hygiene, cleaning and disinfection; admissions; going out the institution; and COVID-19 cases management);
- Credit payments suspension for registered Social Solidarity Institutions, NGOs and other social economy organizations (Paes Mamede, Pereira & Simões, 2020);
- Financial Support to social facilities emergency reinforcement (such as elderly long term care facilities and nursing homes), through work engagement of unemployed people, people with suspended or reduced work contracts, temporary workers and students. (Paes Mamede, Pereira & Simões, 2020)

Other initiatives were also developed in partnership with civil society. For instance, the 6th of April 2020 the Government launched the program 'Cuida de Todos', promoted by Cooperativa António

Sérgio para a Economia Social (CASES), whose aim was to gather volunteers for elderly long term care facilities. After 4 days Portugal's President informed the register of over 3,000 volunteers (Carvalho Silva in Público, 6 April 2020; Cabrita Mendes in O Jornal Económico, 6 April 2020; Paes Mamede, Pereira, & Simões, 2020).

However, despite all these initiatives that certainly contributed to better healthcare in elderly long term care facilities and nursing homes, the latest number of deaths of elderly people in long term facilities care, both in Portugal and other European countries, still represent a big percentage of the total COVID-19 related deaths.

3.9.4 Reactions to COVID-19

Across the globe, **the elderly long term care facilities initial responses to the pandemic were limited, which revealed '*a fragile preparedness of nursing homes in managing a public health crisis*'** (Brito Fernandes et al 2021).

As mentioned before several guidelines were developed by governmental agencies, as well as by international and professional organisations, such as World Health Organisation. However, Fallon and colleagues (2020) highlight that the implementation of such measures in practice 'requires a more clearly developed governance and leadership structure in nursing homes' emphasising 'the importance of early, collaborative advanced care planning'; 'provision of decision-making support' and 'adequately resourcing facilities'. The authors argue that these requirements are particularly relevant considering the evidence of '*variable and often inadequate preparation for pandemics in the sector*', and '*the absence of infection control*' which are even more relevant considering a) '*the unique challenges faced by nursing homes with significant levels of close-contact physical care*' that lack acknowledgement, and b) that COVID-19 '*procedures and education of residents can be exceptionally complicated for those with significant cognitive impairment and walking with purpose'*. **Hence, many elderly long term care facilities required strong additional support from governmental organisations specially during COVID-19 outbreaks and deaths within the institutions.**

Figure 7 depicts in numbers the preparedness of elderly home facilities in the regions of Alentejo and Algarve in Portugal, using an international scale (Brito Fernandes et al, 2021). The numbers regarding education and training, as well as outbreak capacity are alarming.

Item grouping	COVID-19 preparedness compliance (%) [a]		
	Algarve (n=51)	Alentejo (n=87)	Total (n=138)
Structure for planning and decision-making	65%	79%	74%
COVID-19 contingency plan	75%	87%	83%
Elements of a COVID-19 contingency plan			
General	66%	72%	70%
Outbreak capacity	35%	45%	41%
Communication	79%	76%	77%
Supplies and resources	68%	79%	75%
Education and training	44%	43%	43%
Occupational health	71%	75%	74%
Identification and management of ill residents	87%	81%	83%
Access control	83%	81%	82%

[a] Scores were computed as the geometric mean of items fully implemented within each group.

Figure 7. Table showing the elderly nursing home COVID-19 preparedness checklist compliance scores (Brito Fernades et al, 2021)

Consequently, the high numbers of deaths in elderly long term care facilities on the one hand required additional support from governments (in Portugal, besides financial support referred on the former section, governmental support included medical diagnosis and advice, disinfection of areas during and after outbreaks, support to develop and put in place business continuity plans; and in most serious cases support included relocation of residents in other long term care units); and on the other hand triggered families' decision making '*facing the decision of keeping their loved ones at home or maintaining them in the care homes'* (Fallon et al, 2020).

One of the most problematic cases in Portugal occurred in Reguengos de Monsaraz (Évora, Alentejo).

Reactions to policy responses

Governmental measures to prevent and reduce the number of deaths of elderly people in long term care facilities, both the suspension of visits and social distancing requirement (which undermined the emotional support), had enormous secondary impacts on elderly people living in these units, including increased isolation and feelings of loneliness, lack of emotional support, and reduced motivation (Brooke & Jackson, 2020; Eghtesadi, 2020; Fallon et al, 2020). In order to minimize such impacts several long-term care facilities put in place a set of measures such as:

- **Telephone and web based visits**: Some elderly long term care facilities organized telephone calls or teleconference calls to replace physical visits, so residents can still see and talk with their families. These solutions aimed to relieve isolation and provide emotional support, to connect residents with their families and engage family members in providing help (Fallon et al,2020).
- **Development of physical measures to allow the re-opening of physical meetings as soon as possible**: There are examples of long term care facilities that within a room set physical barriers with acrylic so residents can have visits granting social distancing and physical barriers granting prevention of contamination. In some cases, arrangements in resistant flexible plastic would even allow people to hug each other while keeping physical barriers between them (reference to a web article?).
- **Future measures to be developed**: A few authors envisage that impacts of COVID on elderly long term care or nursing facilities will still have further developments. Sharfuddin (2020) envisages new regulations to ensure elderly care facilities 'do not fail their elderly during the time of crisis', as well as discussions on fund raising for work pensions and social care in countries with growing percentages of elderly population. Eghtedasi (2020) refers to the need to consider extended use of technology in elderly care facilities, including virtual reality, to stimulate residents.

3.9.5 Can promising practices be identified for policy co-production or co-implementation in partnership with target communities (or other vulnerable groups)?

Brito Fernandes and colleagues (2021) developed a specific survey in the Algarve and Alentejo Regions in Portugal. 99 licensed nursing homes in Alentejo were engaged in the COVID-19 and 88% of the nursing homes returned the surveys. The most promising practices identified were:

- continuous revision of the contingency plan to reflect any updates to the guidelines set forth by the Directorate-General of Health and other relevant competent authorities;
- emergency protocol with the nearest primary health care centres for a quick response in case of an outbreak;

- systematically maintaining an inventory of PPE in close collaboration with governmental authorities;
- using social media and other platforms to update families and carers on residents' well-being, and on the public health measures that the nursing home is developing

3.10 Romania

3.10.1 Target sub-national unit: the Bendea neighbourhood in Babadag, Tulcea County

Identified target sub-national unit: the Bendea neighbourhood in Babadag, Tulcea County – located in the east part of Romania, in the Danube Delta.

Babadag consists of an area of 12,188.03 ha and a population of 10,037, according to the 2011 census. Most of the inhabitants are Romanian (69.91%). The main ethnic minorities are Roma (13.64%) and Turkish (4.42%). For 11.39% of the population in Tulcea County, there is no info on their ethnicity. Most people are Orthodox (70.32%), with a Muslim minority (17.7%) while 11, 38% of them have not declared any religious affiliation.

The community here is unusual because of the high number of Turkish Roma, or Xoraxaj. About a third of the city's population is Roma (an estimate that comes from health mediator records, not from the census), and among them approximately 2,500 are Muslim with only about 150 identifying themselves as Christian.

The issues faced by the Roma community are varied: lack of employment, poverty, lack of education, lack of job skills, high rate of school dropout, partially caused by early marriage, limited access to education for Roma girls ("girls don't need school to be a wife and a mother") – an old tradition in the Roma community, adult migration in other EU countries to earn money that supports their families back home.

The lack of education leads to few opportunities on the job market. The main lines of work of the Roma people in the community include street trade and trading animals in other counties, and they also have occasional income from begging in other EU countries, especially Sweden. Poor families can also claim child benefits and welfare, but this doesn't provide adequate income.

3.10.2 Impact of COVID-19 and associated policy responses in the target sub-national unit

Between 18.04 and 22.05.2020 the neighbourhood was placed under quarantine as per the GO 74.589/17.04.2020.

Initially, tests were only performed on a number of people who showed symptoms of COVID-19 and out of 49 tests performed, 12 positive people were confirmed (6 were registered in 2 days) which led to the decision to quarantine the neighbourhood.

2,500 Roma people live in the Bendea neighbourhood. Prior to this quarantine period, approximately 900 people returned from abroad (especially from Sweden) and 191 people were isolated at home.

In 148 houses in this neighbourhood, more than 10 people live in each building, 42 of them being registered in one of them, which led to an increase in the risk of transmitting the virus.

The COVID-19 crisis and policies had a strong territorial dimension with significant policy implications for managing its consequences.

The regional and local impact of the crisis is highly asymmetric within the rest of the country. Some regions, Babadag particularly, had been hit harder than others because the majority of the citizens had been unemployed Roma persons. Certain vulnerable populations have also been affected. In economic terms, the impact of the crisis differs across regions, at least in its initial stages.

The municipality had been responsible for critical aspects of containment measures, healthcare, social services, economic development and public investment, putting them at the frontline of crisis management. To have success and increase the impact of the measures the municipality involved the NGO segment including the Romanian Red Cross, branch Tulcea.

3.10.3 Reaction of the target sub-nation util to COVID-19 and policy responses to COVID-19

At the beginning, the community believed that a total quarantine of their neighbourhood due to large numbers of coronavirus (COVID-19) cases would be correct. They did not feel any constraints because the Red Cross supported them to cover all their needs, like shopping, procurement of medicines, and receiving clothes etc. People understood that a major purpose of mass quarantine is to flatten the curve of the spread of the disease, also because they had been scared at the beginning about the effects of the virus.

3.10.4 Promising practices identified

The information and the community feedback were collected by the volunteers of Romanian Red Cross together with the local authorities. To support the population the stakeholders took the decision to cover their basic needs, such as food, medicines, clothes etc.

3.11 Spain

3.11.1 Target sub-national unit: the city of Madrid

Madrid names both the region of Madrid, an autonomous community of Spain, and the capital city of Spain. We present here the information for Madrid as a municipality. Madrid is the city where the COVID-19 impacted to a greater extent. Although the statistics about the pandemic did not cover local entities but regions in the first months of 2020, the situation in March and April was dramatic. The funerary services of the city were unable to process the demand of services at the end of March. An ice-skating rink was used as an improvised mortuary given the high rates of mortality reached in both the city and the region.

The first statistics available (Table 4) show the total population infected by the virus and the rhythm of increase by month. The second and third waves are perfectly visible: autumn (around October 2020) and after Christmas (in February 2021). More than 10 percent of citizens of Madrid have been infected by the Covid-19.

Table 4. Confirmed cases in Madrid from July 2020 to June 2021

Months	Confirmed cases	Monthly increase
July 2020	40,400	
August 2020	46,721	6,321
September 2020	70,597	23,876
October 2020	136,681	66,084

November 2020	166,218	29,537
December 2020	184,639	18,421
January 2021	211,772	27,133
February 2021	266,012	54,240
March 2021	294,372	28,360
April 2021	315,672	21,300
May 2021	343,547	27,875
June 2021	358,023	14,476

By districts, the impact of the Covid-19 has not been equal. Poorer neighbourhoods have suffered more infections than the richest. As it can be observed in figure 8, Puente de Vallecas or Carabanchel have around 30,000 confirmed cases, while well-off districts such as Moncloa, Chamartín or Salamanca have around 15,000. Thus, socioeconomic conditions of different neighbourhoods were key elements that determined the likelihood of suffering the disease or getting infected. Households' composition, socio-environmental and employment nature are important variables that underlines the difference between higher status areas and the poorer ones; in terms of spreading of the virus and confirmed cases.

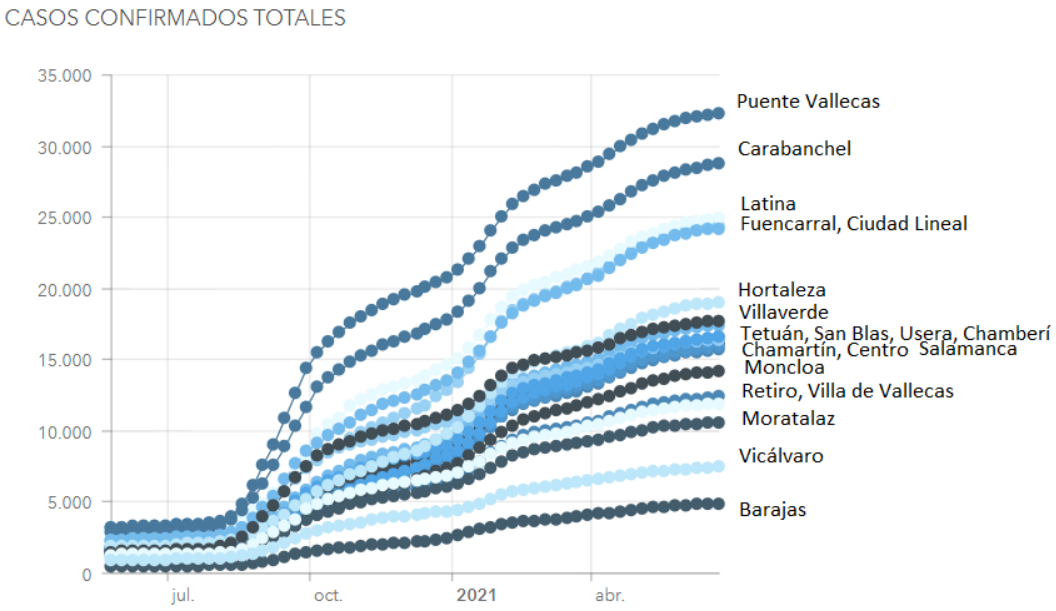

Figure 8. Confirmed cases by district in Madrid, Source: Red de Vigilancia Epidemiológica de la Comunidad de Madrid.

The economy of Madrid has been hit hard by the Covid-19 pandemic. The suspension of some economic activities during the pandemic, the limitation of opening hours and the maximum capacity for stores, shops or restaurants, the curfew and the restrictions on individuals' mobility impacted on citizens' economy. Some of them had no access to public support (e.g. the owners of small businesses or individuals working in the informal economy), although the Spanish government created an ambitious program of wage replacement.

Madrid's local government published several reports analysing the impact of the Covid-19 in the city. The main reports contain both individual and aggregate information using survey data. They focus on the social impact of the pandemic, their main findings are reported in the section below[208].

During the first wave of the pandemic, from March to June 2020, almost 75,000 applied for help through the phone service of the municipality. Taking into account that Madrid has more than 3,500,000 inhabitants, these figures are relevant. They were, mainly, families with children and lived in the poorest districts of the city. It implied a change in the profile of the receiving population of social services. Whereas old people had been the most common users of those services, during the pandemic adults with children became the main petitioners of aid.

Economic impact

37 percent of households during the first wave of the pandemic suffered a decrease in their wages. Almost 10 percent declared a decrease in their income higher than the 50 percent. 6 percent of families, because of the suspension of economic activity, had to face difficulties to pay for the mortgage, the rent, or supplies (water, electricity or gas), amongst others. Among them, close to 90 percent had problems paying the mortgage or the rent (Figure 13-Annex 3).

When focusing on individuals' profiles, the youth emerges as the main affected by the COVID-19 in terms of labour conditions. Around 50 percent of young workers suffered an alteration in their labour standards, hindering the transition to adulthood in a country where this transition has become a structural problem. Family persisted as the main welfare provider in those circumstances, following a pattern that characterised South European welfare states.

The main consequence, in economic terms, for the citizenry is the loss of economic capacity because of wage reduction. It was especially sharp among single parent households and couples with children, who only the 50 percent kept their income as it was before the pandemic. On the contrary, 90 percent of the retired population, older than 65 years, kept their economic capacity, as can be seen in figure 15 (Annex 3).

Impact on education

The suspension of education during the first wave of the pandemic was problematic, at least, in two ways. Firstly, for the lack of capacities learnt during the course of 2019-2020 among the students; secondly, because it implied difficulties to conciliation. Parents had to change their organisation to care for their children. Around 34 percent reduced the intensity of their work during the first wave of the pandemic.

Regarding the impact of the COVID-19 on students, Madrid's report shows that 32 percent of families had problems making the transition from face-to-face education to online education. They do not have computers, or a connection to the Internet powerful enough to allow children to follow the course. Figure 16 (Annex 3) shows that less than 70 percent had individual access to a computer, and 13 percent of the population considered the adaptation from in-person to online insufficient.

[208] Information both in text and figures have been retrieved from: https://www.madrid.es/portales/munimadrid/es/Inicio/El-Ayuntamiento/Calidad-y-Evaluacion/Percepcion-ciudadana/Estudios-relacionados-con-la-COVID-19/?vgnextfmt=default&vgnextoid=3e7081baedd02710VgnVCM1000001d4a900aRCRD&vgnextchannel=5134261f46839710VgnVCM1000001d4a900aRCRD

Well-being

Finally, another impact of the COVID-19 has to do with mental health problems, which have increased during the pandemic, especially among the young population. More than 65 percent of young individuals exhibited a high risk of developing mental issues. Adults exhibited lees pronounced figures but still high, 60 percent of them could develop mental issues because de pandemic. This problem seems to be less pronounced among elder people, less than 40 percent of them are in risk of developing mental issues[209].

The impact on the political structure of local governments

The pandemic has not impacted, to a larger extent, the political structures of local governments, since they do not have direct competences in the main policy areas to fight the COVID-19 expansion. However, some of them increase their relevance and have been key to mitigate its consequences in cooperation with other levels of government[210]:

- Police and inspectors to control the observance of the restrictions: lockdowns, clients' capacities, opening hours, suspension of activities in parks, libraries and other municipal installations.
- Emergency health service to support the regional health system, which was close to collapse during the first wave of the pandemic from March to June 2020.
- Social Services to fight against the situation of poverty because of the suspension of labour activity during the first wave of the pandemic, but also to assist people that lived under poverty conditions before the spreading of the coronavirus.
- Supporting regional and national governments in communication strategies.

All in all, the tasks of the local governments have consisted in assisting other levels of government by helping them in controlling the observance of their disposals, adding resources to protect vulnerable population, offering analysis to generate quality information to deal with the pandemic; and, finally, throughout information campaigns to make citizens aware of the crisis and how to respond to assure self-protection.

3.11.2 City of Madrid: joint response to the pandemic

At the beginning of July 2020, the political representatives of the city of Madrid, agreed to work together to get through the different consequences of the pandemic in every area of the region. They created a Coordination Table for Agreements which is responsible for managing four different Task Forces which analyse and propose different measures susceptible of being implemented. The Coordination Table for Agreements approved a joint proposition which integrates all agreements and policies that need to be approved by the plenary. The four mentioned task forces are the following: Social; Economic, Employment and Tourism Task Force; City Strategy Task Force and Culture and Sport Task Force. The Agreements of the Ville contain 352 specific measures to tackle the sanitary and socioeconomic crisis, and which are designed to modernize the city and reduce inequalities.

209 https://amsm.es/2021/05/10/la-amsm-denuncia-la-grave-situacion-de-desbordamiento-y-la-falta-de-medios-en-la-atencion-a-la-salud-mental-en-la-infancia-y-adolescencia-en-madrid/

210 https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Plan_de_respuesta_temprana_escenario_control.pdf

Table 5. Agreements of the Ville. Task forces and measures

Measures ordered by content type	Measures ordered by destination	Number	Total
1. Social Task Force	1. Basic Social Services and Social and Food Emergency.	8	**169**
	2. Economy, Tourism, Industry and Commerce	92	
	3. Vulnerable collectives	23	
	4. Emergencies	46	
2. Economic, Employment and Tourism Task Force	1. Economy, Tourism, Industry and Commerce	9	**38**
	2. Modernization, streamlining and Improvement Measures of the Municipal Administration	17	
	3. Employment, Innovation and Entrepreneurship	12	
3. City Strategy Task Force.	1. Sustainable Mobility and Environment	80	**117**
	2. Public space and urban space	37	
4. Culture and Sport Task Force.	1. Culture	18	**28**
	2. Sport	10	
Total		**352**	**352**

Source[211]

Policies to be implemented should address in particular:

1. **Social Services and Housing reforms**: The new paradigm of social attention considers a priority to promote the development of public rental housing stock. Promotion of rent as a way of life will be backed up through straight aids to different collectives: youth, elderly, large families, single parent households and people with disabilities. Urban rehabilitation and regeneration are also a matter of agreement as half of the housing park of the city was built between 1940 and 1980. The point is to end vertical slum, increase energy efficiency and improve sanitation conditions.
2. **Health and security services**: The City of Madrid aims to establish a new Municipal Plan of Contingencies and Resilience to be prepared for a potential catastrophe. They plan to shield some services as essential ones: Madrid Salud and the Municipal Social Services, in addition to the Municipal Police, Fire Brigade and Samur. They aim to increase the number of social health workers in Madrid Salud and reach an agreement with the Autonomous Community to shield infrastructures and programs.
3. **Urban space and sustainable mobility**: there is an agreement on making the city greener, connected with every part of it by walking trails and cycling roads. Also, to clean the air and

[211] https://transparencia.madrid.es/portales/transparencia/es/Portada/Especial-Covid-19/Acuerdos-de-la-Villa-Covid-%2019/?vgnextfmt=default&vgnextoid=4bcd011953f03710VgnVCM1000001d4a900aRCRD&vgnextchannel=e8d97cbbafd71710VgnVCM2000001f4a900aRCRD

the soil, recovering historical places and restoring degraded districts. And there is a strong commitment to public transport.

4. **Vulnerable groups**: The municipal political system plans to support all people or families in charge of taking care of dependent relatives by developing the program “cuidar a quien cuida” (take care of who cares). They also aim to offer professional support from Social Services to the caregivers, helping them to generate reconciliation and co-responsibility strategies. There is an agreement on strengthening support for single parent households giving them the opportunity to increase their employability, while offering conciliation services that will free their time. The plenary considers a priority to offer 24-hour assistance to any kind of violence victim but more especially to women who suffer abuse. The core of this task force is to strengthen violence detection systems with special attention to women. But also, to offer specific employment and training plans that promote their incorporation into the workplace for victims of violence in the sphere of their partner / ex-partner, and protection systems and actions. New models for nursing homes should include risk detection mechanisms and their staffs should be bigger, with different professionals whose mission is also to detect several ways of suffering such as abuse, loneliness, or cognitive impairment. Home Telecare (TAD) should be quantitatively reinforced and extended from a qualitative perspective incorporating technological improvements. It has developed a Digital Access Plan that will promote the acquisition of electronic devices and will organize workshops to teach digital skills to ease their bureaucratic management. The plenary considers a priority not to undermine the education system by correcting the inequalities associated with digital learning. Homeless people were also a target of some specific policies because of their extreme situation. There also was a reinforcement of the suicide prevention strategies among risk groups. A Pathological Grief Prevention Program was approved for the next 6-9 months. There was also an expansion of the Compassionate Communities program. They are programs that generate support and accompaniment networks for people and families in mourning, in the same area where they live. People with mental problems were also a recognised vulnerable group and the extension of Mutual Help Groups of people linked to mental health issues, was agreed.

Several other measures will be devoted to boost the economic recovery, addressing in particular SMEs, local commerce, and the hotel and restaurant trade as well as the fast adaptation of the labour market as the core local responses to mitigate the devastating economic effects of the pandemic in general and protect the most vulnerable workers in particular.

Complementary measures have been adopted to safeguard employment by training “active” people in need of retraining in different subjects. The planned activities include the reprogramming of training adapted to the evolution of the current labour market after COVID-19 and specific efforts for retraining of workers in the most affected sectors to facilitate their access to employment, with special attention to unemployed young people’s insertion into the labour market.

Within the employment package is especially remarkable the Vallecas Labora programme, aimed at the socio-occupational insertion of people at risk of social exclusion, and which is expected to be replicated to the rest of the districts in the south and east of Madrid, where the most vulnerable population are concentrated. Although a progressive extension to the whole city is eventually considered.

Concerning tourism, the agreement provides for several Campaigns addressed to attract national and international tourism as well as the new tourist card “Madrid for you”, to encourage spending on local tourist products and services by locals and visitors.

In the cultural and sports field, economic support is devoted to the reactivation of local cultural activities while ensuring social distance in all public spaces.

The memory of the COVID-19 pandemic in Madrid will also be preserved for future generations through the creation of a *digital historical archive* of those who have died due to the pandemic. The Archivo Histórico Digital will gather data from 1st January 2020 until one year after the end of the pandemic and be financed by the budget of the Directorate General of Libraries, Archives, and Museums.

Regarding sports, 10 specific measures were adopted. The main ones are aimed at establishing a mechanism for the correct implementation of the safety, hygiene, and sports management protocols in municipal sports centres; strengthen health prevention and safety measures in municipal sports centres and summer swimming pools; and promote outdoor sports activities in municipal sports centres and public spaces while the health alert is maintained. Additionally, a special discount of 15% on the public prices for sporting services was passed and is aimed at the population of Madrid affected by COVID-19. This discount is available for the 2020/2021 season.

Municipal good practices within Madrid

When we were researching about which municipal public policies represented an example of good practices in the policy making process, we needed to develop a unified criterion to systematize the selection[212]. We have identified four variables that determines the quality of public response to the crisis: innovation; being aimed to vulnerable groups; leaving a legacy in public management as perfect examples of their effectiveness and having a wide social acceptance. Based on these four variables we have included a list of municipal good practices:

1. Direct aid to housing, habitability, rent payment, consumption.

- Develop models of direct rental aid managed by the EMVS so that certain social groups (young, elderly, large families, single-parent families, people with disabilities, vulnerable groups ...) who live in rent so that do not use more than 30% of their income to pay rental fees.
- Aid for young people who have difficulties accessing the rental market for the first time, so that they can pay the deposit or guarantee required of them.
- Reinforce with temporary municipal aid the existing rental aid in the State Housing Plan aimed at the housing emergency to alleviate the effects of the Covid-19 crisis on housing.
- Review of the General Plan to adapt the residential use regulations that allow optimizing the incorporation of elements to improve the habitability of homes in periods of confinement, or in future dynamics of telework, such as the terraces, expansion of the storage space, lighting conditions, views. Study mechanisms that promote their inclusion in future promotions and even in existing homes.
- Creation of a municipal book voucher.

[212] Following this link, you will have access to every measure adopted by the City Council of Madrid during the pandemic crisis. https://transparencia.madrid.es/FWProjects/transparencia/Covid19/Normativa/ficheros/NormativaRelacionadaCOVID-19.xlsx

- Creation of a municipal social card that helps families and individuals having their basic needs covered.

2. Social Services towards vulnerable people: low-income families/people, women, single parent households, families with children, students, homelessness people, people with mental illness.

- New access to social services. Create new access channels for new social service profiles.
- Strengthen support programs for family caregivers of dependent people and people in vulnerable situations.
- Strengthen support programs for single-parent families and single pregnant women.
- Reinforcement of the Telecare program.
- Promote a plan to reduce the digital divide in children and adolescents in vulnerable situations.
- Adapt the PLIAM (Madrid local childhood and adolescence plan) to the post-confinement scenario.
- Development of joint programs aimed at the Homeless, in strategies for the prevention of Coronavirus infection and health promotion, with an agreement with the Area of Families, Equality and Social Welfare through the DG of Primary Care, Community Intervention and Social Emergency.
- Reinforcement of suicide prevention strategies in populations at risk.
- Complicated and / or Pathological Grief Prevention Program for the next 6-9 months.
- Reception and facilitation in the spaces and in the operation of the CMSc of Mutual Help Groups of people linked to mental health issues, with special attention to the development of initiatives or groups linked to the people themselves with mental health difficulties.

3. Elderly care.

- Carrying out a specific study on alternative accommodation models for the elderly.
- Digital access plan for the elderly.
- Develop a new model for municipal centers for the elderly.
- Vulnerability detection equipment for the elderly.

4. Education.

- Guarantee that municipal nursery schools can provide telematic education.

5. City management.

- Review, if necessary, of the action protocols for cases of very serious risk, considering confinement situations.
- Preparation of a Municipal Plan for Contingencies and Resilience in Epidemics within the review of the Municipal Emergency Plan of the Madrid City Council (PEMAM).
- Create a strategic reserve of basic sanitary material (PPE, masks, hydroalcoholic gels, disposable gowns, etc.) to guarantee its supply to the municipal staff and to the groups specified in the explanation.
- Introduce as a condition of execution of the contracts to be tendered by the City Council, the obligation that the winning companies provide Individual Protection Equipment to their workers in case of exceptional situations in which its use is indicated in accordance with the criteria established by the competent authorities.
- Creation of a digital historical archive of the deceased by the pandemic.

- Creation of a mechanism for a correct application of safety, hygiene and sports management protocols.

6. Sports and culture.

- Increase in the budget for the 21 districts program and extend cultural activities in public spaces.
- Creation of a special discount in public prices of sports services for those affected by covid 19.
- Strengthen prevention and health safety measures in municipal sports centers and summer swimming pools.
- Promoting outdoor sports activities.

3.12 Sweden

3.12.1 Target sub-national unit: city of Gothenburg

Gothenburg is Sweden's second largest municipality/city, situated on the west coast, and a part of the region Västra Götaland (VGR), which in total includes 49 municipalities. VGR, in turn, is the second most populated Swedish region with 1,7324,443 inhabitants in 2020 (SCB, 2021a). In March 2021, Gothenburg had 583,684 inhabitants (SCB, 2021b). The VGR budget for healthcare in 2020 was 43,200 million SEK (app. 4,222 million Euros) (VGR, 2019) Gothenburg's budget was 10,400 million SEK (app. 1,017 million Euros).

All three levels of Swedish government (national, regional, local) are involved in the healthcare system. At the *national level*, the Ministry of Health and Social Affairs is responsible for overall health and healthcare policy, working closely with national government agencies, especially the National Board for Health and Welfare (NBHW) and the Public Health Agency (PHA). The role of the Government on the national level is to establish principles and guidelines, and to establish the overall political agenda for Swedish health care. This is accomplished through legislation and regulations, or through agreements with the Swedish Association of Local Authorities and Regions (SALAR), which represents local and regional authorities. At the *regional level*, 12 regional councils and 9 regional bodies are responsible for financing and delivering health services to citizens. At the *local level,* 290 municipalities are responsible for care of the elderly and the disabled (Glenngård, 2017).

In accordance, the Swedish political system is highly decentralized, with large autonomous agencies, regions and municipalities (Pierre, 2020). The ministries are rather small and the expertise is mainly allocated to the government agencies. The Government addresses general policy instructions to the agencies and political direction is issued through the Government's budget allocation, legislation, directives and managerial appointments (Wockelberg & Ahlbäck Öberg, 2016). Apart from the Health Care Act, the regions and municipalities are ruled by the Swedish Local Government Act.

In the municipality/city of Gothenburg, the VGR region provides healthcare to the citizens through 64 health centres (28 public, 36 private) (GP, 2020a), one major public university hospital, Sahlgrenska University Hospital (SU) and one private hospital, Carlanderska Sjukhuset. SU is a system of hospitals associated with the University of Gothenburg. It has 17,000 employees and is the largest hospital in Sweden and the second largest in Europe. During the pandemic only SU offered intensive care for COVID-19 patients.

The municipality/city of Gothenburg provides care in nursing homes, housing for people with disabilities, daily activities and home health care[213].

On March 30th, 2020, the Swedish Government imposed visit banns on all nursing homes. This ban was abolished on the 20th of October, 2020. In December the same year, nursing homes were permitted to impose temporary visiting bans locally. This possibility was abolished 1st of June 2021 (Folkhälsomyndigheten, 2021).

Unlike almost all other countries, it has not been mandatory to wear face masks in Sweden. In spring 2021 the Government issued a recommendation to wear masks in crowded areas, such as on local transportations and in shops and shopping malls.

3.12.2 Impact of COVID-19 in the target sub-national unit

Table 6. Statistics on COVID -19 by 13 June, 2021

	VGR region	Gothenburg municipality/city
No of inhabitants	1,7324,443	583,684
No. of deaths with COVID -19	2,364	832
No. of deaths in nursing homes	830	340**
No. of confirmed infected people with COVID -19	188,928*	68188
No of infected > 70 years	13,731***	4,682***
Percent >70 years infected in nursing homes	22%***	17%***
Percent >70 years infected, with home care	25%***	15%***
Percent. of infected residents in nursing homes > 70 years	37.5%	44.3%
No. of inpatient care	14,907	6,335
No. of persons in intensive care	1,366	737
No of persons with one vaccination	47%	37%
No. of persons with two vaccinations	24%	Missing data

Sources: Socialstyrelsen, 2021; Smittskyddet Västra Götaland, 2021; Swedish Radio, 2021; KPMG, 2020; VGR email correspondence, 2021.

Comments: *by 6 June 2021, **by 11 March 2021, ***by 21 June 2021.

3.12.3 City of Gothenburg: policy responses to COVID-19

In relation to the COVID-19 pandemic, healthcare and hospitalisation has been administered by the VGR, and care of elderly persons and persons with disabilities by the Gothenburg municipality. However, the handling of the pandemic involved more sectors than only healthcare and elderly care. In order to facilitate cooperation and mobilisation between public institutions, agencies, business and social partners, the forum West-Swedish Group (Västsvensk samling) was established. Its main purpose was to inform the business and labour market within the region about the pandemic and its consequences.

[213] https://goteborg.se/wps/portal/start/halsa-och-sjukvard

Healthcare

The pandemic was administered within the same organizational structure as for normal activity, but modes of emergency responses were activated. Infected persons in need of hospital care were treated in the main hospital, SU, while testing of suspected COVID-infected persons was conducted by public and private health centres. When Gothenburg was affected the most during the spring 2020, intensive care patients were moved to other hospitals in the region due to limited intensive care beds at SU.

In the initial phase, information about the spreading of the pandemic was collected locally and ad hoc, often through individual contacts with colleagues in the earliest affected countries. However, a formal organisation focusing on mobilising the regional hospitals' preparedness was formed within weeks, and a unit aiming at mobilising preparedness was established within the SU (Brorström, et al., 2021). A number of challenges became evident during the first wave, in spring 2020, including shortage of medical supplies and equipment, limited testing capacity, and too few intensive care beds. In consequence, a special health care management unit was formed at the regional level and coordinating assignments for materials, medicines, intensive care beds, and inpatient beds were distributed between the regional hospitals. A particularly critical issue was the shortage of intensive care beds. Cooperation was then initiated with both national bodies and other regions. The number of intensive care beds was increased, including the use of military intensive care equipment (GP, 2020b).

In general, the SU managed to meet the crisis situation by mobilizing the ordinary organization. Digital meetings and mobile teams were introduced in order to reduce the physical influx of patients to the hospital. Staff were reallocated and trained, not urgent care and treatment was postponed, and patient displacements within the hospital were reduced. Shortcomings in the organisation that have retrospectively been identified, concern a) the assessments of care needs due to COVID-19 and when these needs occurred in time, b) too sharp reductions in pre-planned care/treatments, c) extreme workload in some wards within the hospital while others were overstaffed, d) initial shortage of medication and protective equipment for the staff, e) opportunity for recovery and holidays for staff, especially for staff groups with the competence and experience that was required in this context, and f) inability to handle offered assistance from other organisations and from the public (e.g. food parcel deliveries). (Ibid)

The 64 health centres at the municipal level have administered people who wanted to be tested for COVID-19 infection. Due to an overload of requests, the health centres only tested people that felt ill, not people without any symptoms. In consequence, people needing tests for travelling, were referred to private test clinics.

Elderly care in nursing homes and home care

In the VGR region, a total of 13,731 persons 70 years or older were confirmed infected with COVID-19. Of these, 22% were infected while living in nursing homes. In Gothenburg municipality/city a total of 4,628 persons aged 70 years or older were infected with COVID-19. Of these, 25% were infected while living in nursing homes (Socialstyrelsen, 2021).

The municipality hosts 70 nursing homes, public and private (KPMG, 2020). The first infected resident was diagnosed on 1st of April, 2020. In July, 2020, Gothenburg was ranked as one of the municipalities where most people had died from COVID-19 in nursing homes and home care (GP, 2020c). Some nursing homes were hit early and very hard by the pandemic, but most of them managed without any major spread of the pandemic (Kastberg Weichselberger, 2021).

A public inquiry appointed by the Gothenburg City Council (KPMG, 2020) discovered differences between the nursing homes that, for example, consisted of when measures were introduced to reduce the risk of the spreading of infection, how to work with substitutes, how work clothes were handled, and what forms of collaboration within units and between the nursing homes and the region were implemented.

The first nursing home in Gothenburg who introduced protective measures did so already in early February, 2020, while the last to introduce measures did it as late as 24 of April. Still, several nursing homes took protective measures even before the city of Gothenburg banned visits to nursing homes on the 12 of March. This applied, for example, to measures such as restraining staff from moving between housing units, measures regarding working methods, reduction of social activities, courses in basic care hygiene, and inventory of protective equipment. By the 1st of April 1, 46 of the 70 nursing homes had taken action (SOU, 2020).

A central and urgent issue affecting all nursing homes was the handling and lack of protective equipment, an issue that was acute in the initial stage of the pandemic. An infrastructure for joint acquisition of protective equipment was lacking, as well as for coordinated preparedness, and deliveries could not meet the extreme need that suddenly appeared. At a later stage of the pandemic, the routines for purchasing protective equipment within the municipality were coordinated, both between nursing homes and between nursing homes and external parties (Kastberg Weichselberger et al., 2021)

A survey with 117 responsible managers from both public and private nursing homes in Gothenburg municipality/city reveals that sick leave was way above normal during the spring of 2020, only 25% confirm access to protective equipment to the requested extent, less than 40% answer that there were clear functions/routines for necessary measures taken in order to reduce the spreading of infection during the period of 1 March – 20 May, 2020, less than 40% confirm the existence of clear instructions of how to act in event of established infection in the nursing home, and that less than 30% confirm sufficient communication from management regarding protective measures (KPMG, 2020).

Of the 4,628 persons 70 years or older that were infected with COVID-19 in Gothenburg municipality/city 15 % were receiving home care (Socialstyrelsen, 2021). The relatively high infection rates revealed a number of shortcomings in how home care for the elderly was organized and conducted. The relatively high infection rates revealed a number of shortcomings in how home care for the elderly was organized and conducted (SOU, 2020). Among the things that were emphasized was the large number of employees from the home care service who visited one and the same care recipient during one week – in average 16 persons during a two week period (GP, 2020d); too tight time frames for each individual visit; the lack of access to protective equipment and lack of knowledge among employees about how to use the equipment correctly; poor knowledge of the Swedish language among employees (Stranz, 2018); lack of adequate professional education (SOU, 2020); poor employment conditions and many that are employed by the hour; low staff continuity due to high sickness absence; poor information to employees about how infected home care recipients should be treated (ibid).

Schools and higher education

Preschools and elementary schools were never closed in the municipality/city of Gothenburg, partly because the infection was not considered dangerous or particularly contagious among younger children, partly to facilitate the conditions for parents working from home. During 2020, a larger part of preschool activities was conducted outdoors. Upper secondary schools and to some extent also

secondary schools were closed in the fall of 2020, and remote teaching was conducted online. All universities in the city and other higher education also closed and switched to online lectures in spring 2020 (Kastberg Weichselberger, 2021). Good internet access and computer equipment has been a basic prerequisite for the rapid transition to distance education. In 2020, 95% of all households and workplaces had access to broadband internet, of which 86% had access through fibre (Bredbandskartan, 2021).

Other sectors

Other sectors affected in the city of Gothenburg were the restaurant business, where restrictions were introduced on opening hours, number of guests, and distance between tables. Restrictions were also introduced that limited the opportunities for crowds, which affected sports and cultural events. During the autumn of 2020 and the spring of 2021, sports arenas, gyms, theatres and cinemas had very limited activity, or were closed completely. However, hairdressers, barbers and nail care services were not subject to restrictions. Shops were required to admit only a very limited number of customers at a time.

Restrictions were also introduced in local transportations: the seats closest to the driver were blocked off, passengers were not allowed to enter through the front door, and face masks were recommended.

Communication/information

In terms of crisis communication, the regional chief epidemiologists have been central, using press conferences and interviews with the news media to disseminate information about the pandemic. Other channels, like the regional website, hospitals' and local care centres' websites, have also been used. The service "Vårdguiden 1177" (Care guide 1177), which is a web portal and a phone service for health care advising, is another important channel used to spread information about the virus and the vaccine. Ads (print and videos) on traditional/social media and public billboards have also been used extensively.

3.12.4 City of Gothenburg: Promising practices

National/regional level

- No qualifying day for sick leave payment
- Decisions on which protective equipment to use in health care and elderly care
- Access to protective equipment
- Testing capacity

Municipality/region level

- Organization ability to detect an upcoming crisis
- Well-functioning formal and informal networks which can be activated fast
- Ability of organizing crisis response and a clear chain of command
- Cooperation between units – both horizontally and vertically
- Well organized crisis communication skills, both internally and externally (don't underestimate internal crisis communication and the power of social media)
- Allow employees to work from home
- Digital resources and competence in the organization

Health care organization level

- Authority to close down and impose visit bans

- Well-educated health care staff in hygiene care routines
- Sufficient language skills in Swedish among staff
- Medical staff competence in the elderly care

Community level

- Information to citizens in different languages
- Cooperation with NGO:s and local leaders with high credibility (churches and mosques)
- Local COVID-information ambassadors

3.13 Switzerland

3.13.1 Target sub-national unit: city of St. Gallen

Due to its proximity to both Germany and Austria, the consortium decided to focus attention on the Swiss municipality of St. Gallen (Stadt St. Gallen), which is the capital of the Canton of St. Gallen. The Swiss Confederation governance system is highly decentralised, consisting of a Bundesrat (Swiss Federal Council) and Vereinte Bundesversammlung (Federal Assembly) overseeing 26 autonomous constitutions on the level of each of the cantons. The Canton of St. Gallen is governed by an executive body (Regierungsrat) and a legislative body (Kantonsrat), while the city of St. Gallen is governed by a city parliament (Stadtparlament) consisting of 63 members and a city council (Stadtrat) consisting of five members responsible, respectively, for internal affairs and finances; planning and building; technical operations; social services and safety/security; and culture and leisure (Stadt St. Gallen 2021). Most health affairs are overseen on the cantonal level by the cantonal Health Department (Gesundheitsdepartment) comprising a general secretariat; medical office (Kantonsarztamt); office for preventative health care (Amt für Gesundheitsvorsorge); office for health care (Amt für Gesundheitsversorgung); office for consumer protection and veterinary matters (Amt für Verbraucherschutz und Veterinärwesen); management council of hospital associations (Verwaltungsrat der Spitalverbunde); management council of psychiatric associations (Verwaltungsrat der Psychatrieverbunde); and management council of the centre for laboratory medicine (Verwaltungsrat des Zentrums für Labormedizin) (Kanton St. Gallen Gesundheitsdepartment 2020). Additional information and services are provided on a municipal level: for instance, the municipality maintains a website with information on insurance and hospital access and arranges service contracts with non-profit organisations to provide outpatient and home care ("Spitex") though – this responsibility will be taken over by a publicly-funded corporation as of 2021 (Stadt St. Gallen 2021). The city of St. Gallen is currently served by a cantonal hospital (www.kssg.ch), children's hospital (www.kispisg.ch), geriatric clinic (www.buergerspital.ch), psychiatric service (www.psychiatrie-nord.sg.ch), and private clinic (Klinik Stephanshorn: www.hirslanden.ch). There is also a COVID-19 test centre in the city (https://corona-testcenter-sg.ch/).

3.13.2 St. Gallen: Impact of COVID-19 and associated policy responses

Under normal circumstances, public health in Switzerland is among the responsibilities of cantonal governments rather than the federal government. However, the COVID-19 pandemic constituted a unique challenge to which Swiss federal authorities reacted with a centralised response, based on the the Epidemien Gesetz (Epidemic Law) of 2016, justified through the declaration of an "extraordinary situation" on 16.03.2020, and reinforced through the the COVID-19 Act of 25.09.2020. In January 2021, a group called the Friends of the Constitution (Freunde der Verfassung) launched a legislative

referendum against the COVID-19 Act, which is the right of citizens under the Swiss system of semi-direct democracy (https://verfassungsfreunde.ch/de). The referendum was held on 13 June 2021; voter turnout was 59.6%, with 60.2% voting in favour of the COVID-19 Act and 39.8% voting against the law (https://www.bk.admin.ch/ch/d/pore/va/20210613/index.html). A second referendum has been launched by the same group, and will be held in November 2021 (https://covidgesetz-nein.ch/).

The Swiss federal response has been led by the Task Force COVID-19 of the Federal Office of Public Health (FOPH) and the Swiss National COVID-19 Science Task Force (SN-STF). As mentioned in D4.1, according to the Swiss government (Lison et al. 2021) the measures have been designed to rely as much as possible on individual responsibility and be proportional; early measures consisted of event restrictions; the closure of schools, borders, shops and bars, construction sites, factories, and other high human density commercial sites; the provision of funding to support SMEs and certain larger businesses; the freezing of debts; and the implementation of policies to protect vulnerable populations, such as the right to work from home, a right to leave of absence, a right to a federal salary substitute if a safe work environment could not be guaranteed, and the obligation of employers to protect employees and particularly pregnant women at their workplace (Article 10/ SR 818.101.26; Federal Office of Public Health 2021; Federal Office of Public Health n.d.; Government of Switzerland 2021).

In brief, the Swiss response, including in St. Gallen, followed the curves of hospitalisations and deaths: the initial lockdown was implemented in response to a spike in hospitalisations and deaths in March 2020; restrictions were progressively relaxed through the summer of 2020 and then progressively intensified in response to the second wave of hospitalisations and deaths in October 2020; and have been gradually removed as deaths and hospitalisations have dropped off since the introduction of vaccines in January 2021.

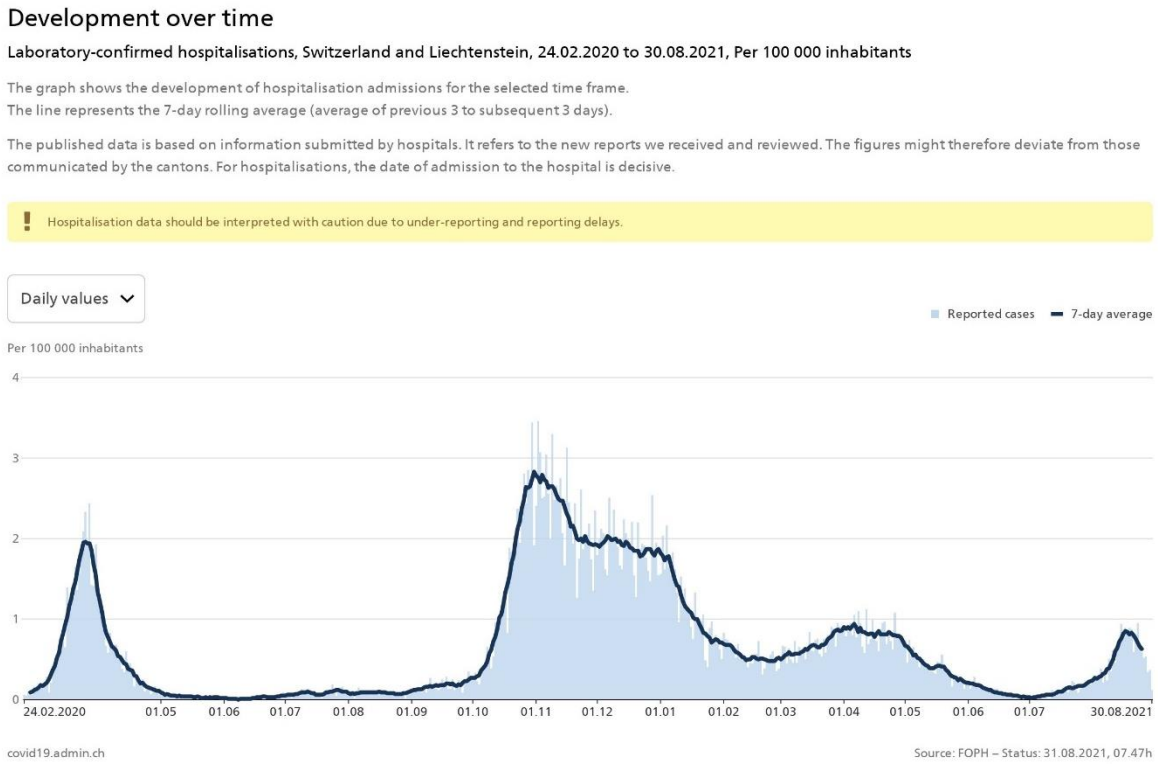

Figure 9. Laboratory-confirmed COVID-19 hospitalisations per 100,000 residents in Switzerland and Liechtenstein, 24.02.2020 to 30.08.2021

***Source**: https://www.covid19.admin.ch/.*

Between March 2020 and 30 August 2021, the Canton of St. Gallen has reported 48,044 laboratory-confirmed cases of COVID-19; 1,788 hospitalisations; and 726 deaths (Kanton St. Gallen 2021). The Canton of St. Gallen has reported 350.08 COVID-19 hospitalisations per 100,000 residents, which is just below the average for Switzerland as a whole and significantly lower than the hardest-hit canton of Ticino, where the first Swiss COVID-19 cases emerged. Hospital capacity and ICU capacity in St. Gallen were sufficient to accommodate the needs of residents.

Geographical distribution

Laboratory-confirmed hospitalisations, Switzerland and Liechtenstein, 24.02.2020 to 30.08.2021, Per 100 000 inhabitants

The graph shows hospitalisation admissions for the selected time frame.

The published data is based on information submitted by hospitals. It refers to the new reports we received and reviewed. The figures might therefore deviate from those communicated by the cantons. For hospitalisations, the date of admission to the hospital is decisive.

Hospitalisation data should be interpreted with caution due to under-reporting and reporting delays.

	Laboratory-confirmed hospitalisations	
	Per 100 000 inh.	Absolute numbers
Switzerland and Liechtenstein	361,19	31 224
Switzerland	360,74	31 045
Liechtenstein	461,97	179
Aargau	282,57	1938
Appenzell Ausserrhoden	358,91	199
Appenzell Innerrhoden	322,42	52
Basel-Land	320,59	928
Basel-Stadt	432,49	847
Bern	305,54	3176
Fribourg	385,04	1239
Geneva	364,39	1837
Glarus	497,66	202
Grisons	322,58	642
Jura	282,67	208
Lucerne	236,01	975
Neuchâtel	426,07	752
Nidwalden	317,96	137
Obwalden	429,74	163
Schaffhausen	296,30	244
Schwyz	405,03	650
Solothurn	418,53	1152
St. Gallen	350,08	1788
Thurgau	328,75	919
Ticino	917,24	3224
Uri	395,06	145
Valais	395,63	1367
Vaud	393,24	3166
Zug	206,83	264
Zurich	313,85	4831

covid19.admin.ch

Source: FOPH – Status: 31.08.2021, 07.47h

Figure 10. Laboratory-confirmed COVID-19 hospitalisations per 100,000 residents in Switzerland and Liechtenstein by canton, 24.02.2020 to 30.08.2021

***Source**: https://www.covid19.admin.ch/.*

As in Switzerland as a whole, COVID-19 progressions have been significantly more severe among older residents: the death rate among laboratory-confirmed cases has stood at 20.8% for those aged 90 or above; 14% for 80-89 year olds; 6.2% for 70-79 year olds; 1.4% for 60-69 year olds, 0.2% for 50-59 year olds, and less than 0.2% for those younger (Kanton St. Gallen 2021).

Within the Canton of St. Gallen, the electoral regions of municipal St. Gallen, Toggenburg, and Wil have reported comparatively more cases than the electoral regions of Werdenberg, Rheintal, Rorschach, Sarganserland, and See-Gaster (Kanton St. Gallen 2021). High-risk groups and health care workers in St. Gallen have had access to vaccines since January 2021, while younger and less-at-risk groups have had access since May 2021. As of 30.08.2021, the count of vaccinated residents stands at 276,926, of whom 232,188 have received two vaccines.

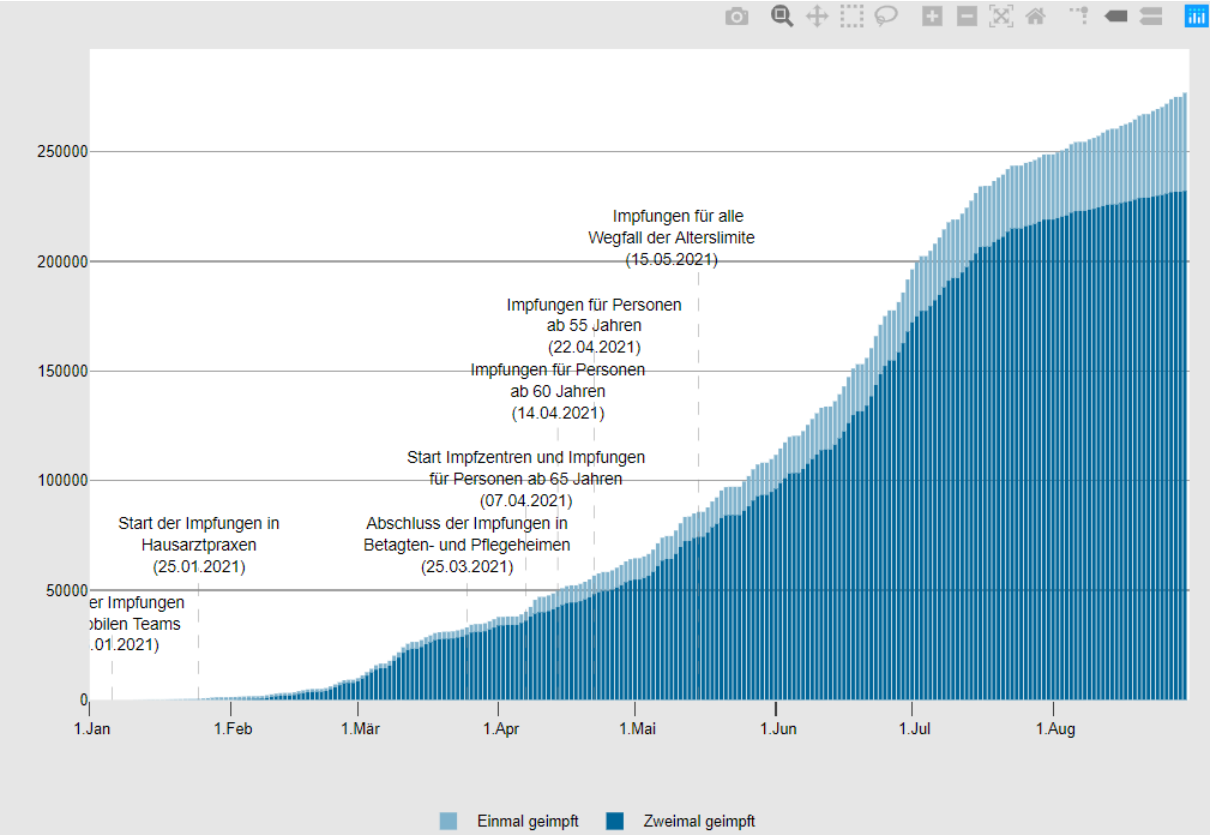

Figure 11. Vaccinations in St. Gallen

***Source**: https://www.sg.ch/ueber-den-kanton-st-gallen/statistik/covid-19.html.*

3.13.3 Public health measures taken by St. Gallen authorities

With regard to COVID-19-related public health measures, the Canton and city of St. Gallen were responsible for enforcing federal mandates rather than developing policy. The Canton maintains a website with an overview of federal restrictions divided into 13 phases: the initial lockdown (16.03.2020); first relaxation of measures (27.04.2020); second relaxation of measures (11.05.2020); first intensification of measures (19.10.2020); second intensification of measures (29.10.2020); third intensification of measures (12.12.2020); fourth intensification of measures (22.12.2020); fifth intensification of measures (18.01.2021); first steps toward reopening (01.03.2021); second steps toward reopening (22.03.2021); third steps toward reopening (19.04.2021); fourth steps toward reopening (31.05.2021); and fifth steps toward reopening (26.06.2021) (see Annex XX).

On August 26, 2021, the Swiss federal government submitted a proposal to the cantons to extend COVID-19 certificate obligations for restaurants and other businesses, framing this as a measure necessary to mitigate the need for future lockdowns. The government of the Canton of St. Gallen, in consultation with the other cantons of eastern Switzerland, expressed support for this measure.[214]

While St. Gallen authorities did not have a significant role in shaping public health policy during the pandemic, citizens themselves did. Under the Swiss system of semi-direct democracy, citizens have the right to launch constitutional and legislative referendums; if a majority of citizens vote against a given act, it must be taken out of force. As mentioned above, a referendum was held against the Federal COVID-19 Act in June 2021. Within the city of St. Gallen, 56.7% of residents participated in the referendum, casting 16,251 votes in favour of the Act and 8,491 votes against it (in addition to 390 empty and 3 invalid ballots) (Stadt St. Gallen 2021).

3.13.4 Other measures taken by St. Gallen authorities

Swiss federal authorities have implemented a range of measures to counter the negative socioeconomic impacts of the pandemic, including compensation for loss of earnings due to parental responsibilities; COVID-19-related business closure or loss of employment; specific vulnerability to at-work risks; or inability to work from home. Applications are made through the social insurance office of the Canton of St. Gallen (https://www.svasg.ch/produkte/pandemie/).

In December 2020, in accordance with the federal COVID-19 Hardship Case Ordinance (Covid-19-Härtefallverordnung), the Canton of St. Gallen enacted a scheme of support payments for businesses in particular sectors impacted by COVID-19: gastronomy, hotels, travel and tourism, markets and fairs, leisure and events, and animal parks. Both non-repayable payments from the state and repayable loans from bank cooperatives are offered, with the federal government assuming final liability for the former in the case of non-repayment. The maximum contribution is 25% of turnover, capped at a maximum of CHF 500,000. Additionally, a partially compensated “short-time work” (Kurzarbeit) scheme is offered, in which the federal government partially compensates workers for hours reduced due to pandemic impacts, thus enabling employers to reduce labour costs. Applications for both hardship support and short-time work are made through the Kanton St. Gallen website.[215]

3.13.5 St. Gallen: Responses by civil society organisations and citizen groups

With regard to economic impacts, the Cantonal Trade Association of St. Gallen (Kantonale Gewerbeverband – KGV) assists local businesses in applying for the federal hardship support and short-time work schemes, which are administered by the cantonal government (https://www.gewerbesg.ch/news/corona.html). The CSOs Caritas St. Gallen, Winterhilfe, and Swiss Red Cross provide socioeconomic support for individuals in precarious circumstances.

With regard to sociopsychological impacts, remote and/or in-person counselling and care are available through local affiliates of national CSOs, including Dargebotene Hand, Pro Menta Sana, and Benephone. The Psychiatric Clinic St. Gallen Nord refers those suffering psychological impacts to the online counselling and information exchange platform inCLOUsiv, run on a federal level by Pro Menta Sana (https://inclousiv.ch/). Counselling for parents and children is available through Pro Juventute,

[214] https://www.sg.ch/news/sgch_allgemein/2021/08/regierung-begruesst-ausdehnung-der-zertifikatspflicht.html

[215] https://www.sg.ch/tools/informationen-coronavirus/informationen-fuer-betriebe/haertefaelle.html

the Child Protection Centre (Kinderschutzzentrum), and Feel-ok, along with private practitioners. Counselling for women and victims of domestic violence is available through Frauenhaus St. Gallen, Opferhilfe SG – AR – AI, Koordinationsstelle häuslicher Gewalt, the Child Protection Centre, and the police, along with private counsellors and other practitioners.[216] The provision of women's services is crucial, as these gendered role divisions have been found to lead to more stress and mental health complaints for Swiss women as compared to men (Kuhn et al., 2021).

The Canton of St. Gallen website provides links to these and other federally-coordinated resources, including informational websites and apps designed for parents and children and resources for keeping physically and mentally active.[217]

3.13.6 Risk and crisis communication in St. Gallen

The main communication players in the ongoing COVID-19 pandemic in Switzerland are the Federal Council, Federal President and the Federal Office of Public Health or FOPH (Bundesamt für Gesundheit BAG). The Swiss government has used a multi-channel strategy comprising websites, factsheets, Frequently Asked Questions (FAQ), technical articles, media releases and conferences, hotlines, radio and/or TV commercials, and posts on social network services (Gilardi et al. 2021; Wong Sak Hoi 2020).

As noted in D7.2, neither the Canton nor the city of St. Gallen has made an official communication strategy public. However, both the Canton and the city have dedicated sections of their websites to disseminating information developed by the Federal Office of Public Health and other federal stakeholders. This is in accordance with the Influenza-Pandemieplan Schweiz and the 'One-Voice-Principle' of centralised communications guidance supplemented by local distribution. Informational materials and videos have been made available in multiple languages, and videos have showcased a range of groups. However, informational materials targeted toward specific groups marked by socioeconomic vulnerabilities do not appear to have been developed on a federal, cantonal, or municipal level. This is a shortcoming, as certain socioeconomic vulnerabilities appear correlated with vulnerability to disinformation: a survey on perceptions of disinformation, media coverage and government policy related to COVID-19 in Switzerland as well as Belgium, Germany, France, the UK and the US between April-May 2020 found that individual characteristics which make people more likely to engage with disinformation include higher age, lower education, male gender, lower satisfaction with democracy and right-wing political orientation (Morosoli et al., 2020), while further data suggesting that German-speaking cantons were less responsive to federal restrictions due to a combination of cultural traits, including trust, political leaning, altruistic beliefs and preferences for re-distributive policies (Deopa & Fortunato, 2020).

The Canton of St. Gallen Office for Preventative Health Care (Amt für Gesundheitsvorsorge) runs a vaccination information campaign centred on the website https://www.sg-impft.ch/ in cooperation with a range of public- and private-sector partners. The website features basic information, frequently asked questions, and videos about COVID-19, influenza, and HPV, as well as on the science behind vaccination in general. It also enables visitors to register for a COVID-19 vaccination and register for a digital vaccine pass. Visually, the campaign spotlights photographs of "people of all personality types, backgrounds, and age groups […] posing voluntarily for the theme 'vaccination' in the Canton of St.

[216] https://www.sg.ch/tools/informationen-coronavirus/informationen-fuer-die-zeit-zuhause.html

[217] https://www.sg.ch/tools/informationen-coronavirus/informationen-fuer-die-zeit-zuhause.html

Gallen," as well as of health care workers and other representatives of the campaign's partner organisations.[218]

3.14 United Kingdom: England

3.14.1 England: Target sub-national unit: city of Birmingham

The UK Government's Department of Health and Social Care highlights how "Local communities are at the heart of breaking the chains of transmission".[219] This UK country report focuses on the city of Birmingham, a geographic community within the West Midlands, a county in England. In 2018, it was estimated that 1,141,400 people live in Birmingham.[220] The 2011 Census highlights Birmingham's diversity with ethnic groups including: White British (53.1%), Pakistani (13.5%), Other ethnicity (6.7%), Indian (6%), White other (4.8%), Caribbean (4.4%), Mixed (4.4%), Bangladeshi (3.0%), African (2.8%), and Chinese (1.2%).[221] Birmingham is split into 69 wards, each with 1-2 councillors that are members of Birmingham City Council.[222] Compared to the rest of the West Midlands and England as a whole, Birmingham has a younger age structure with 22.8% of the population under 16 and 12.9% of the population aged 65 years or over.[223]

The first case of COVID-19 in Birmingham was confirmed on 1st March 2020 and as of 19th March 2021, there had been 2,873 deaths where COVID-19 was listed on the death certificate.[224] In line with the requirements set at the national Government level, the "Birmingham Covid-19 Local Outbreak Control Plan, Version 2.0" was published on 30 June 2020.[225] The objectives of the Plan include, but are not limited to, reducing the spread of infection and saving lives in Birmingham, and giving "the public confidence that we are able to respond appropriately to outbreaks of COVID-19 in order to minimise anxiety" (ibid., p.4). A principle of the plan is that the responsible organisations will "Seek to highlight inequalities exposed as a result of COVID-19 so that we might better target support to these communities" (ibid., p.5).

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218 https://www.sg-impft.ch/visuals-bevoelkerung/

219 https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

220 https://www.birmingham.gov.uk/info/20057/about_birmingham/1294/population_and_census/2

221 https://www.birmingham.gov.uk/downloads/file/9741/2018_ks201_ethnic_group

222 https://www.birmingham.gov.uk/info/20057/about_birmingham/665/wards_and_constituencies

223 https://www.birmingham.gov.uk/downloads/file/9742/2011_birmingham_population_and_migration_topic_report

224 https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=cN3Jm4Zp%2FqXG61SQAP8hi27iz9ekVw7eqFAs6y%2BulEjS%2B03iwzDdmQ%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

225 https://www.birmingham.gov.uk/downloads/file/16599/covid_19_local_outbreak_control_plan_birmingham

To meet the requirements of national guidelines, "The Local Covid Outbreak Engagement Board" was established as a sub-committee of the "Birmingham Health and Wellbeing Board".[226] The Board's purpose "is to provide political ownership and public-facing engagement and communication for outbreak response to Covid19 in Birmingham" (ibid., p.2). Following the first meeting on 24 June 2020, the Board has met on a monthly basis.

A document titled "Birmingham Local Outbreak Engagement Board Covid-19 Overview, Data from 01/06/2020 – 18/01/2021" and published by Birmingham Public Health Division on 20 January 2021 includes the objectives of the COVID-19 Engagement Framework. Figure 12 highlights the objectives and is taken directly from the document.[227]

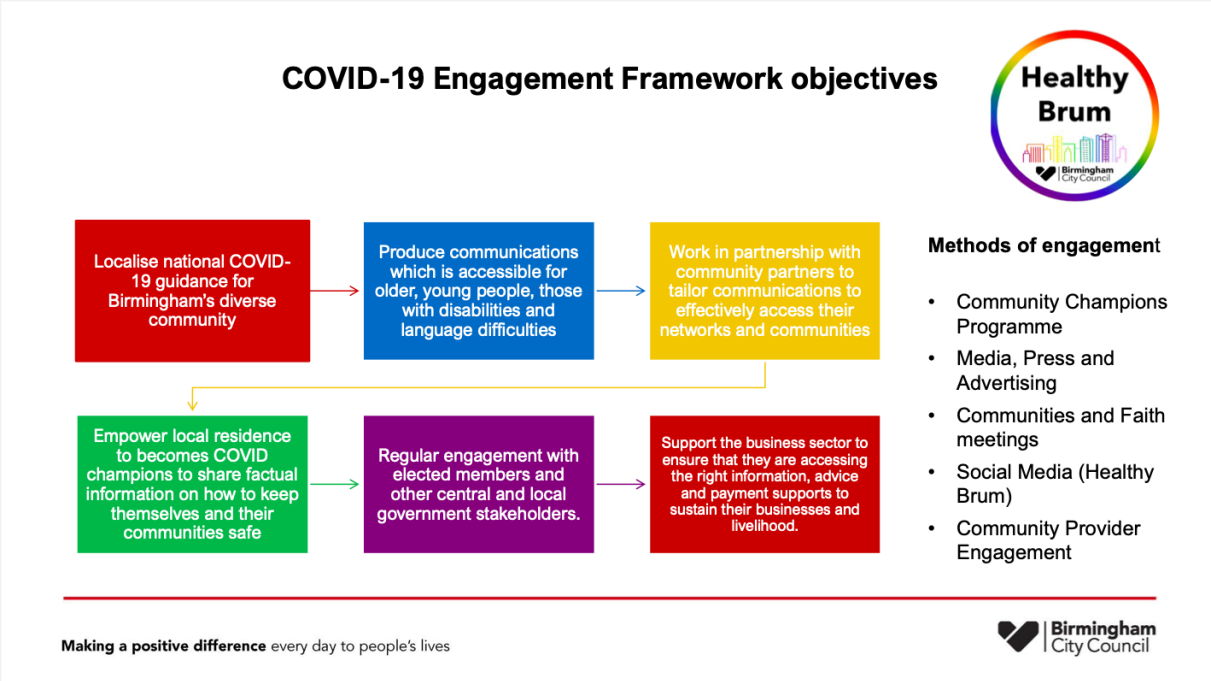

Figure 12. COVID-19 Engagement Framework objectives, Birmingham Public Health Division, Birmingham City Council (p.22)

226 https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=mOoLMEKN4Zqn3ad%2FDS8RKZTfoX7H2sj0H2Z6iigotkXrVUZRTk8NVA%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

227 https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Wgb0YbI2VmdOhr5MPvAoKy6EOhgaOOEo1pBBRmtFpzSxN2qZNlTOpg%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

A number of different methods to engage with communities are also listed in the document, including:

- Launching a "COVID-19 Community Champions" initiative – as of January 2021, there were 579 Community Champions. The initiative is where people aged over 18 years old who live or work in Birmingham can volunteer to share COVID-19 guidance and advice with Birmingham residents[228].
- Radio advertising in different languages to promote the NHS app and recruit COVID Champions.
- Targeting communications to "Community Centres, GP surgeries, high risk wards, faith settings, schools, councillors, and BCC staff" (p.23).
- Community and Faith meetings – between 1 September 2020 and 22 January 2021, this included 19 interfaith meetings, 10 virtual briefing sessions for Masjids (also known as mosques), 9 meetings with Ministers and Pastors from Black Churches and 29 Ward meetings
- Digital engagement on Twitter, Instagram, Facebook, YouTube and the Birmingham City Council website – this also included targeted Facebook postcode advertising.

The final section of the document focuses on "Commissioned Community Partners" who were commissioned with the aim to:

- "Understand and raise awareness of how COVID-19 is impacting certain communities and share information on the concerns of those communities.
- Develop appropriate messages to tackle the spread of COVID-19 and provide the most appropriate wellbeing advice.
- Use effective and appropriate culturally sensitive methods to communicate messages effectively." (p.25).

The Community Partners listed fall into four overarching categories: 1) **Communities of Identity** (e.g., West Midlands Faith in Action focusing on Black African and Caribbean led churches, Birmingham LGBT); 2) **Communities of Language** (e.g., Chinese Community Centre, Polish Expats, Refugee & Migrant Centre); 3) **Older People, Children and Young People** (e.g., Age UK, Amber focusing on 0-5 year olds, Borne focusing on young adults under 25); and 4) **Health messages/pre-existing conditions** (e.g., Disability Resource Centre, BID focusing on deaf and hard of hearing groups).

3.14.2 England: Impact and policy responses of COVID-19 in Birmingham

Health impacts: As outlined above, as of 19th March 2021, in Birmingham there have been 98,787 confirmed cases of COVID-19 and 2,873 deaths with COVID-19 listed on the death certificate.[229] The 2021 draft of the "Birmingham City Council COVID-19 Local Outbreak Management Plan" outlines how:

228 https://www.birmingham.gov.uk/info/50231/coronavirus_covid-19/2256/covid-19_community_champions/5

229 https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=cN3Jm4Zp%2FqXG61SQAP8hi27iz9ekVw7eqFAs6y%2BulEjS%2B03iwzDdmQ%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

"Case rates have been consistently higher in working age adults, Asian ethnic communities, more deprived communities and in women than in men. This may well reflect occupational exposure as over 15% of the jobs in the city are in health and social care roles which could not work remotely during the pandemic" (Ibid., p.4).

The Local Outbreak Management Plan also highlights seven key populations that have been identified as high risk:

- "Healthcare Settings
- Workplaces and Public Places
- Education settings
- Social Care settings
- Justice settings
- Vulnerable and marginalised individuals and communities
- Non healthcare public sector workers, working with citizens at high risk of harbouring COVID" (ibid., p.26).

A Public Health England (PHE) report on "Beyond the data: Understanding the impact of COVID-19 on BAME groups" highlights how Birmingham is both a COVID-19 "hot-spot" and has one of the highest Black, Asian and Minority Ethnic (BAME) populations.[230] While the average public health budget in England has reduced by approximately 5% over the last five years, it has seen a reduction of 9.1% in Birmingham.[231]

Economic impact and impact on unemployment: Prior to COVID-19, Birmingham's workforce "was already characterised by lower skill levels, lower employment rates and higher rates of unemployment and economic activity amongst working age residents" (p.16).[232] The closure of businesses in Birmingham, as a result of COVID-19, "is having a seriously damaging impact" on the local economy (ibid., p.8). Since lockdown started, there has been an increase of over 33,000 (+68%) in claimant unemployment (ibid.). The Birmingham City Council "COVID-19 Economic Recovery Strategy" outlines how certain communities are more likely to be impacted with early indications highlighting that young people and BAME residents are disproportionately affected (ibid). Birmingham was also the local authority with the highest number of furloughed employees with 155,200 workers furloughed at the end of July 2020.[233] It has been suggested that Birmingham will be the worst-hit city in the EU due to its reliance on the automotive and education sectors.[234] With 5 Universities, Birmingham has a student population of 80,000 people.[235]

Impact on children, young people and education: In relation to the mental health of young people, COVID-19 has resulted in the demand for services in Forward Thinking Birmingham (a mental health

230 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

231 https://blog.bham.ac.uk/cityredi/the-disproportionate-impact-of-covid-19-on-ethnic-minorities-in-the-west-midlands/

232 https://www.birmingham.gov.uk/downloads/file/18942/economic_recovery_strategy_2021

233 https://www.birmingham.gov.uk/news/article/729/reviving_birmingham_s_economy

234 https://blog.bham.ac.uk/cityredi/the-impact-of-covid-19-on-jobs-and-skills-in-birmingham/

235 https://www.savethestudent.org/city/birmingham-student-city-guide.html

partnership for children and young people aged 0-25 years old).[236] In early July 2020, attendance at schools in Birmingham was approximately 27,000 per day.[237] However, attendance varied significantly across the city with lower attendance at schools with a higher BAME population (ibid.).

Impact on rough sleeping: The UK Government "Everyone In" initiative, whereby funding was made available to support rough sleepers during the pandemic[238], resulted in the number of people sleeping rough across Birmingham falling by 67%.[239]

The main response at the beginning of the pandemic was collaboration and the formation of response groups. The objective of the collaborative groups was the exchange of information and community support. BVSC, the centre for voluntary action, worked with Birmingham City Council to establish the "C19 Support Brum partnership"[240]. This involved drawing on "existing local neighbourhood structures, voluntary groups, and local elected members" to ensure that there is access to support, help and advice across the city (ibid.). Local mutual aid groups in Birmingham that are listed on the BVSC website include the "Selly Oak Community Response to Covid-19"[241] and "Birmingham Community Solidarity: Coronavirus Response".[242]

The Council also launched the BHealthy initiative which includes resources in different languages for community and faith leaders and professionals so that they can support their communities in reducing the risks of serious illness as a result of COVID-19.[243] As part of the BHealthy initiative, the Birmingham Public Health team hosted a series of webinars on topics such as behaviour change, handwashing, visiting friends and family, testing, and self-isolation.[244]

As outlined above, a variety of community partners were commissioned to understand the impact of COVID-19 on different communities in Birmingham. A document highlighting the "Initial Analysis of

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236 https://birmingham.cmis.uk.com/Birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=1of6T10qi79QrPEFxN1iYm8Q%2BTZs%2F93Py9MrvJl4osmqtJKduw48vw%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

237 https://birmingham.cmis.uk.com/Birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=1of6T10qi79QrPEFxN1iYm8Q%2BTZs%2F93Py9MrvJl4osmqtJKduw48vw%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

238 https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic

239 https://www.birmingham.gov.uk/news/article/820/rough_sleeping_down_by_67_in_birmingham

240 https://www.bvsc.org/offer-local-support

241 https://www.facebook.com/groups/552874341990946

242 https://www.facebook.com/groups/3234138479933658

243 https://www.birmingham.gov.uk/info/50238/wellbeing_during_the_coronavirus_covid-19/2247/bhealthy

244 https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/your-health/coronavirus-advice-for-professionals/children-and-young-people/4462-bhealthy-webinar-overview-poster-1/file

COVID-19 on Birmingham's Communities", provides insights in relation to different communities, including[245]:

- In June 2020, the attention surrounding the Black Lives Matter movement led one community partner to highlight that the African and Caribbean community had "disregarded" COVID-19 and that it appeared as if it had "slipped off the radar"
- There were concerns within the Polish and Eastern European communities in relation to family in their home countries and being able to return to work after furlough ended due to a lack of childcare
- People with sight loss reported difficulties when shopping as they were required to queue with everyone else and that information has not been easily available in Braille or large print. Information available on the internet may not be accessible to people with sight loss who require support to use technology
- Cultural practices that cannot be followed which may cause distress to communities. For instance, in the Chinese community, it is a cultural practice that the oldest son carries the framed portrait of the deceased at their funeral
- The struggles faced by people with learning difficulties to understand the changing situation
- Barriers to accessing primary care services resulting from the need for online/telephone GP consultations which may restrict access for older people, those with language barriers, and who do not have the required technology
- The need to supplement income. For instance, self-employed taxi drivers in some communities have seen a significant reduction in income and have also become delivery drivers to supplement their income

While there have been many examples of local government initiatives in Birmingham to understand community needs, an incident where used tests were provided to students in Birmingham resulted in students feeling blamed and like they weren't being taken seriously.[246]

3.14.3 England: City of Birmingham: promising practices

Engagement with Birmingham's diverse communities seems to be at the core of their COVID-19 response. As outlined above, a local COVID Outbreak Engagement Board was created to support public engagement. Members of the public can submit questions to the board via the Birmingham City Council website.[247] On 22nd March 2021, Birmingham City Council opened a "COVID-19 Impact Questionnaire" that closes on 30 June 2021.[248] The survey is designed to provide information on the impact that COVID-19 and the lockdown measures have had on respondent's health and wellbeing.

245 https://birmingham.cmis.uk.com/birmingham/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=rT5jIn35JrGIiiQaG2FewqnZ6bbPufFHNXWIn1hTeSZVBuZjJ0Xt%2BA%3D%3D&rUzwRPf%2BZ3zd4E7Ikn8Lyw%3D%3D=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2FLUQzgA2uL5jNRG4jdQ%3D%3D&mCTIbCubSFfXsDGW9IXnlg%3D%3D=hFflUdN3100%3D&kCx1AnS9%2FpWZQ40DXFvdEw%3D%3D=hFflUdN3100%3D&uJovDxwdjMPoYv%2BAJvYtyA%3D%3D=ctNJFf55vVA%3D&FgPlIEJYlotS%2BYGoBi5olA%3D%3D=NHdURQburHA%3D&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3D&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3D&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3D

246 https://www.redbrick.me/covid-19-used-tests-used-again-by-students-in-council-mixup/

247 https://www.birminghambeheard.org.uk/place/lcoeb/

248 https://www.birminghambeheard.org.uk/place/covid-19-impact-questionnaire-2021/consult_view/

As outlined above, different community partners were also commissioned to gain insights on the impact that COVID-19 has had on different groups. Documents created by local authorities in Birmingham also highlight how different methods of communication have been used to engage with the communities and increase the accessibility of information. The Birmingham City Council website also has information and resources available for different vulnerable groups.[249]

3.15 United Kingdom: Wales[250]

3.15.1 Wales: Governmental engagement with communities

In Wales, community responses have been organised at different spatial scales, most notably at national, municipal, and sub-municipal level, as well as in accordance with communities of practice, diagnosis, and socio-cultural and ethnic backgrounds. The brief analysis that follows focuses on the Welsh (and UK) governmental frameworks that are in place for community responses and on two communities that are target communities in the UK: people with learning disabilities and Black, Asian and minority ethnic populations (BAME) people. The denotation of these two groups of people in Wales needs to be caveated. Discussing people as always configured in a community (comm-*unity*), such as people with a BAME background and learning disabilities, obscures internal differences in that group and presumes a unitary perspective on issues (see e.g., Schmitz, 1983; Ahmed, 2003). Thus, to call a group of people a community to a certain extent denies them the right to internal disagreement and provides an undisputed mandate for representatives, and it excludes people who do not share the community's or representative's point of view in taking part in debates that are immediately relevant to them (see e.g., Corlett, 1989; McGhee, 2003).

Overall, new and existing organisations and collectives have responded by organising many, and at times regular, information briefings and advisory position statements, and accessible information packages about government guidelines on pandemic measures, contracting COVID-19, and on vaccination. Responses also include sharing pandemic experiences, such as blogs that reflect people's thoughts, anxieties, and activities during living in lockdown conditions. Beyond informative and pastoral care, many organisations did their own studies to gauge the concerns, anxieties, and needs that had developed during the first lockdown and first year or collaborated with researchers.

At the national level, the Welsh government launched its £24 million "Welsh Government Third Sector COVID-19 Response Fund"[251] on 27 March 2020 to help charities and third sector organisations financially through the crisis, improve possibilities for organising volunteering and streamlining volunteering, and supporting the volunteering infrastructure. The scheme has been adapted following the unfolding of the pandemic. It offers resources and guidance to any new community initiative (ongoing projects need not apply) and is lists a heavy set of eligibility and management requirements[252]. Other, more specified funding support schemes for grants or loans are also made

[249] https://www.birmingham.gov.uk/downloads/50231/coronavirus_covid-19

[250] Due to confusion in the Description of Action between "sub-national research sites" and "case studies," T6.1 desk research in Wales focused on non-geographically-circumscribed communities rather than sub-national research sites. SU will conduct additional desk research on a sub-national research site, which will be appended as an annex to D6.2.

[251] Coronavirus (COVID-19): support for the third sector [HTML] | GOV.WALES

[252] Third sector resilience fund for Wales - WCVA

available through the Third Sector Support Wales by trusts, foundations, and companies for existing civilian clubs related to social causes, sports, hobbies and interests, and neighbourhoods[253].

3.15.2 Wales: Community of diagnosis or clinical vulnerability

A 'community of diagnosis' that has been deemed clinically particularly vulnerable to suffering from COVID-19 includes people with learning disabilities. This group was 3 to 6 times more likely to die after a COVID-19 infection compared to all Welsh residents[254]. Additional research in England points out that particularly in urban contexts this was largely due to the additional risk of transmission in care settings that house many people with learning disabilities[255].

Organisations in Wales, such as charity *Learning Disability Wales* and self-advocacy group for people with learning disabilities *All Wales People First* that are concerned about people with learning disabilities collaborated early on in the pandemic (19 March 2020) by releasing a joint press statement[256]. In it, they express concern about the potential for harm done to people with learning disabilities if the government and National Health Service (NHS) Wales do not take into consideration the effects of a reduction or diminished quality of care and inadequate communication styles. Concerns were restated and emphasised on 26 August 2020 after it became clear that earlier concerns had not been heard and requests not been honoured. In the meantime, countering the impact on their members, *All Wales People First* (2020: 2) produced "regular bilingual coronavirus updates on [their] Self-Advocacy TV YouTube Channel to provide members with the latest information and guidance in a consistent, easily recognisable format" [257].

3.15.3 Wales: Intersecting communities of ethnicity and communities of practice

As became clear early on in the pandemic (April 2020)[258] BAME people suffered a disproportionately higher death and illness rate in the UK, which manifested most strongly in the high death toll of NHS staff of South Asian and Caribbean descent. In the UK, amongst other groups, the Filipino UK Nurses Association (FNA-UK) responded to a UK 'call for evidence'[259] to call attention to the unequal burden of COVID-19 on this community. Organisations such as FNA-UK and British Indian Nurses Association (BINA[260]) are exemplary organisations of BAME community response that have been set-up during the pandemic, despite similar organisations having been in place since before the pandemic.

Community responses from BAME communities in Wales have taken place in the form of dedicated programmes from existing organisations that have received funding from the framework offered by the Welsh government and local councils. For instance, the pre-existing and Wales-oriented

[253] Coronavirus latest | Funding Wales

[254] https://phw.nhs.wales/publications/publications1/covid-19-related-deaths-in-wales-amongst-people-with-learning-disabilities-from-1st-march-to-19th-november-2020/

[255] COVID deaths of people with learning disabilities (publishing.service.gov.uk)

[256] Joint response to Coronavirus outbreak across Wales - Learning Disability Wales (ldw.org.uk)

[257] https://www.youtube.com/channel/UCmOLzz0rUvHp4zVH_r_KA1w

[258] https://www.aljazeera.com/features/2020/5/1/coronavirus-filipino-front-line-workers-pay-ultimate-price-in-uk

[259] https://committees.parliament.uk/writtenevidence/3805/pdf/

[260] https://binauk.org/

organisation 'Diverse Cymru' created a BAME Mental Health Online/Telephone support project[261] in December 2020 to support Black, Asian, and minority ethnic people across Wales who struggled with their mental health during the pandemic. And at council level, representatives of the BAME communities in Swansea and Neath Port Talbot launched a campaign to dispel fear and mistrust about the COVID-19 vaccination programme to encourage people to get vaccinated. This 'Tell Me More Campaign'[262] signposts to accurate information from local BAME medical practitioners, faith and community leaders. It also relies on 'ordinary', non-expert, people who people are familiar with and are likely to take advice from. The latter could be a successful element to the campaign, as it may help offset people's anxieties and concerns that are not addressed in formal government and health board statements and traditional news media. These concerns, that build on historical, deep-rooted distrust of the medical and healthcare professions are, however, tapped into by conspiracy theories (De Coninck et al., 2021; Leibovitz et al., 2021; Lockyer et al., 2021; Razai et al., 2021).

3.15.4 Wales: Policy co-production and co-implementation

Already by virtue of existing, community initiatives to combat adverse effects of the pandemic highlight gaps and under-resourced dimensions of Welsh society that require governance and NHS attention and resources. One of the promising practices on the local municipal level that is derived from community responses was the operationalisation of a 'vaccine van' in the Swansea and Neath Port Talbot municipalities that was based on the 'Tell Me More Campaign'[263]. Stocked with AstraZeneca vaccines, the van is driven to particular sites where particular groups congregate who, on average, have responded to vaccination invitations to lesser extent. This includes a particular church that serve people with Caribbean origin, a mosque to offer jabs to attending Muslims, and certain streets to invite sex workers to have a vaccine.

Whilst communities have the most detailed insights in how the pandemic affects their members, and how to mediate these effects, their initiative should not be taken for granted as it diminishes the necessity for healthcare organisations to address their deficiencies. For instance, in the case of Gypsy Roma Traveller communities in the UK, the charity *Friends, Family and Travellers* helped individual Gypsy Travellers navigate the current registration system of General Practitioners. However, researchers from the NIHR-funded 'UNITING' project suggested that such strategies may help individuals, but obscure the problem, which negated the need to make existing services accessible to them, which is a safer and better practice in the longer term (Jackson et al., 2016).

[261] https://www.diversecymru.org.uk/bme-mental-health/?doing_wp_cron=1624229010.8219499588012695312500#

[262] https://www.npt.gov.uk/1410?pr_id=6751

[263] Based on personal communication with Neath Port Talbot councillor Riaz Hassan on 22 June 2021

4 Conclusions

In this deliverable, the experiences of selected significant communities identified by the members of the Consortium were collected and the specific problems caused by COVID-19 were highlighted as well as the responses provided to citizens and the best practices implemented.

The described cases mostly refer to cities/municipalities. Namely, the following types of sub-national units are covered:

Table 7. Target sub-national units as of July 2021

Country	Sub-national unit	Type
Austria	Vienna	Capital city
Belgium	Antwerp	Medium-sized city
Cyprus	Cyprus	Small island
Germany	Berlin	Capital city
Greece	Athens	Capital city
Ireland	Dublin	Capital city
Italy	Rome	Capital city
Romania	Babadag	Small town
Spain	Madrid	Capital city
Sweden	Gothenburg	Medium-sized city
Switzerland	St. Gallen	Medium-sized city
UK: England	Birmingham	Medium-sized city

The different situations described in the reports of the individual partners, both for the different dimensions of the local communities and for the various problems in-depth, obviously does not allow overall conclusions to be drawn. However, some general observations can be made:

In large cities, the impact of the COVID-19 pandemic and its economic and social consequences have been more severe.

Consequently, the responses from the public administration, above all, were more articulated and strongly linked to national policies. The biggest challenges were related to reaching the most vulnerable segments of the population, such as ethnic minorities, homeless people and those socially excluded, the elderly living on their own.

To meet the needs of these populations, public-private partnerships were organised strategically: many of the successful initiatives saw a strong participation of volunteers, NGO associations, religious communities, but almost everywhere with the financial and even organizational support of local administrations. In particular, partnering with health services in tackling community vulnerabilities proved successful.

Many community responses have taken place in the form of dedicated programmes from existing organisations that have received funding from the framework offered by the national government and local councils.

As expected, in the smaller centres, the actions were more widespread, and a greater number of needs met.

Community initiatives and volunteering opportunities were generally well received by the general population and focused on supporting those in local communities at a time when many people wanted to help, even if there was no lack of critiques of the government's strategy to combat the spread of the virus as well as some political/popular initiatives against the measures adopted.

Among the specific population groups analysed in the country reports, the most vulnerable are certainly ethnic minorities, both due to the more difficult socio-environmental conditions in which they live, and due to language barriers, and to the lower trust they place in local institutions and health care, and consequently, their reluctance to become vaccinated.

All the experiences recounted in the country reports are full of good practices, sometimes only listed or only intended, other times explained in detail. Again, it is difficult to summarize. However, some general aspects of good practice could be identified:

Organization

- Ability to detect an upcoming crisis
- Well-functioning formal and informal networks: the importance of national-local communication
- Ability of organizing crisis responses and a clear chain of command
- Collaboration between different units

Solidarity

- Towards native and immigrant populations in conditions of poverty and marginality or people with a drug addiction, sex workers, and homeless people
- Organisation and regulation of food banks, psychological support, information activities

Cooperation

- Cooperation between public and private experience for integrated territorial assistance (public-private social)
- Support to NGOs' projects

Technology

- Important public investments to improve network infrastructures, support distance learning and teleworking, improve forms of communication with citizens. Strong development of software and apps.

Culture and respect for diversity

- Different solutions for different communities
- Cooperation with local leaders with high credibility (churches and mosques)
- Involving VIP also to combat the many fake-news on the social media and texting mobile apps
- Increase internet usage in those communities less familiar with technology

Door to door

- ‘mobile clinics’ travelling around the city
- ‘vaccine vans’ driven to particular sites where particular groups congregate

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Romania

In Romania, at national level, the actions had been approved by the Department from Emergencies Department, so from this position, Mr. Raed Arafat Secretary of State approved the order of the action commander 74589 from 17.04.2020 for Babadag where the actions had been described (check the entrance/exit in the area, support the population etc.). In accordance with national regulations, the local authorities take a series of actions and measures approve at county level in 18.04.2020.

After the expiring of initial order had been implemented a new order of the action commander no. 76237 from 14.05.2020 had been release.

The legal provisions concerning the measures mentioned above are not uploaded in websites, there is no constant update of the documents in the electronic archives, the documents were sent to RRC in a scanned copy that can be forwarded to the leading partner.

Also, the description of the situation was done by one of our colleagues, working in the RC, which is also a medical nurse and participated in the activities carried out for the quarantined population.

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Annex 1: Germany

Public health measures taken by Berlin authorities

Q1 2020

- Introduction of first restriction to gatherings and meetings of people, including closure of schools, day care, sport activities, all places of entertainment and the prostitution business, (SARS-CoV-2-EindV, 2020/14th March 2020)
- Closure of retail trade, except for retail trade for food and beverages, and higher education (SARS-CoV-2-EindmaßnV, 17th March 2020)
- Final closure of restaurants (Second variations regulation of the SARS-CoV-2-EindmaßnV, 21st March 2020, § 3, Abs 1)
- Prohibition of tourist overnight stays and gatherings of more than ten people at the same time and contact restriction and mandatory distance of 1,5 m, leading to the first lockdown in Germany (Second variations regulation of the SARS-CoV-2-EindmaßnV, 21st March 2020, § 3, Abs 2-3). Introduction of requirements to keep attendance documentation (ibid. § 1, Abs 2-3
- The requirement to keep a minimum distance of 1.5 meters in contacts with people (apart from members of one's own household) (ibid. § 1, Abs 1-4)
- Persons shall permanently reside in their dwelling or usual accommodation (SARS-CoV-2-EindmaßnV, 22nd March 2020, § 14)

Q2 2020

- Expansion of strict rules to contain the pandemic situation:
  - Permission for professional football to play (§ 4, Abs 2) and new quarantine regulations (Second variations regulation of the Ver-CoV-2-EindmaßnV, 9th May 2020, § 17 & 18)
  - Stricter rules:
    - Recommendation to wear a mask (Fourth variations regulation of the Ver-CoV-2-EindmaßnV, 21st May 2020, § 2, Abs 2),
    - prohibition to meet with more than **one** person outside the own household, (see ibid. § 3, Abs 1),
    - sales outlets do not open a sales area of more than 800 square meters to the public, (see ibid. § 6a, Abs 1-3)
  - Prohibition of large events and restriction of the fundamental rights of the person, movement and inviolability of the home (GroßveranstVerbV, 21st May 2020, § 1-3)
  - Masks obligation first introduced (Fifth variations regulation of the Ver-CoV-2-EindmaßnV, 28th May 2020, § 3, Abs 1) and further extended (Sixth variations regulation of the Ver-CoV-2-EindmaßnV, 7th May 2020, § 2, Abs 3)
    - Reopening of hotels (Sixth variations regulation of the Ver-CoV-2-EindmaßnV, 7th May 2020, § 6, Abs 4) and increase of permitted local and stationary events up to 50 people (see ibid. § 4, Abs 3)
    - Amendment to the restriction of the fundamental rights to the person, freedom of movement and freedom of assembly (Second variations regulation of the GroßveranstVerbV, 7th May 2020, § 3)
- First relaxation rules to react to the decreasing numbers of infection:

- Easing of all measures in the end of may including gatherings, establishments, sports, events and removal of restrictions towards the freedom of assembly (Ninth variations regulation of the Ver-CoV-2-EindmaßnV, 28th May 2020)
  - Introduction of a catalogue of administrative offenses (see ibid. § 24)
  - Contact restrictions to two households or five people (see ibid. § 3, Abs 1)
- Removal of the restriction on the freedom of assembly (Third variations regulations of the GroßveranstVerbV, 28th May 2020, § 3)
- Withdrawal on contact restrictions and Adaptation to the places where masks must be worn (SARS-CoV-2-Infektionsschutzverordnung, 23rd June 2020)
  - Introduction of a graduated model for events, which allows increasing numbers of people to attend events throughout the summer (see ibid. § 6-7)
  - Adaption of the quarantine regulation to only apply to travel returning from risk regions (see ibid. § 8)

Q3 2020

- The 3rd quarter is characterized by low level restrictions and individual adaptation of the regulations to the pandemic situation:
  - Permission for contact sport (see 2. SARS-CoV-2-Infektionsschutzverordnung, 21st July 2020, § 5, Abs 7)
  - Restaurants and bars are allowed to serve food and beverage at tables with a maximum of 6 people (see ibid. § 5, Abs 6)
- Introduction of mandatory testing entrants from risk areas (Fourth variations regulation of the SARS-CoV-2-Infektionsschutzverordnung, 21stJuly2020, § 8, Abs 2)
- Introduction of mask obligations for employees and visitors in enclosed spaces in office and administrative buildings (Sixth variations regulation of the SARS-CoV-2-Infektionsschutzverordnung, 29th September.2020, § 4, Abs 1)
  - obligation to keep attendance records at private meetings of ten or more people who do not live in the same household (see ibid. § 3, Abs 1)
  - Reduction of the person cap for private meetings to 50 people outdoors and up to 25 people indoors (see ibid. § 6, Abs 4)
  - The introduction of a crisis staff pool in July 2020 (Senate Department for Health, Care and Equality, 9th July 2020). The pool is a state-owned offering by means of a web-supported application that brings providers and interested parties together online. It offers nursing and medical care facilities the opportunity to contact qualified personnel so that staff shortages can be solved in a targeted and needs-based manner. The following professional groups can register in the crisis staff pool if they have free time capacities to support facilities in care emergencies at short notice:
    - Nursing professionals and nursing assistants
    - Physicians
    - Medical assistants
    - Physiotherapists
    - Students of nursing and medicine

Q4 2020

- The first part 4th quarter is characterized increasing restrictions and a second lockdown due to rising numbers of infections.
  - Introduction of closing hours for sales as well as private meetings between 11 pm and 6 am (Seventh variations regulation of the SARS-CoV-2-Infektionsschutzverordnung, 6th October 2020, § 6-7
    - Private events and private gatherings in enclosed spaces with more than 10 people present at the same time are prohibited. (see ibid, § 6, Abs 4
  - Introduction of mask obligations in public spaces, where the minimum distance cannot usually be maintained, especially in shopping streets and other busy streets and squares (Eight variations regulation of the SARS-CoV-2-Infektionsschutzverordnung, 24th October 2020, § 4, Abs 1a)
    - Meetings outdoors to 25 people and indoors to only persons named in their own household or the members of two households or the members of one household with up to five other persons present at the same time (See ibid. § 6, Abs 4)
  - Closure of universities (9. SARS-CoV-2-Infektionsschutzverordnung, 27th October 2020, § 5, Abs 12)
    - Limit for events at 500 people outdoors and 300 people indoors (see ibid. § 6, Abs 1-2)
  - Closure of the public life and introduction of further measures of the second lockdown:
    - Requirement for every person to reduce contact with other to the absolute minimum (Tenth variations regulation of the SARS-CoV-2-Infektionsschutzverordnung, 29th October 2020, § 1, Abs 1)
    - Private indoor meetings are allowed alone or with persons of their own household and two other persons from different households or one household plus one other household (maximum ten persons) (see ibid. § 1, Abs 4)
    - closure of the gastronomy (see bid. § 7, Abs 4)
    - prohibition of tourist accommodation (see ibid. § 7, Abs 6)
    - closure of personal care service businesses (see ibid. § 7, Abs 7)
    - closure of amusement facilities and cultural facilities (see § 7, Abs 9
    - Outdoor events are limited to 100 people and indoor events are limited to 50 people (see ibid. § 6, Abs 1-2)
  - Reduction of quarantine to ten days and quarantine can be ended, if a negative test is handed in (Eleventh variations regulations of the SARS-CoV-2-Infektionsschutzverordnung, 3rd November 2020, § 8)
  - Introduction of separate rules and regulations for hospitals and visits (Krankenhaus-Covid-19-Verordnung, 3rd November 2020)
  - Introduction of guidelines for protection and hygiene concepts in day care (Pflege-Covid-19-Verordnung, 10th November 2020)
  - Establishment of a steering group in the Senate Office to coordinate the occupancy of mechanical ventilators. (Krankenhaus-Covid-19-Verordnung, 12th November 2020, § 9a)

- Mandatory wearing of masks also on sidewalks in front of stores (Thirteenth variations regulations of the SARS-CoV-2-Infektionsschutzverordnung, 26th November 2020, § 4, Abs 1a)
- Private gatherings of no more than 5 people plus children under 12 from two households (see ibid. § 1, Abs 4)
- Urge for citizens to stay at home, without binding rules (see ibid. § 1, Abs 1)

- Towards Christmas Eve and New Years Eve the restriction rules are adapted to the cultural habits:
  - Leaving one's own home or usual accommodation is only permitted for valid reasons (InfSchMV, 14th December 2020, § 2, Abs 1)
  - Christmas Eve is permitted to celebrate only with the closest family members with a maximum of five people attending (see ibid. § 9, Abs 7)
  - Schools and day care centres remain closed and may not offer classes in attendance (see ibid. § 13, Abs 1-3)
  - During the period from December 31, 2020, to January 1, 2021, inclusive, gatherings within the meaning of Article 8 of the Basic Law and Article 26 of the Constitution of Berlin are prohibited. (see ibid. § 26)

Q1 2021

- The first quarter of 2021 is characterized by strict restrictions and the continuation of the lockdown:
  - Reduction for meetings with only one person of another household (Second variations regulations of the InfSchMV, 06th January.2021, § 2, Abs 4)
  - Introduction of a tiered model based on incidence numbers.
    - If the incidence exceeds 200 per 100,000 inhabitants as seven consecutive days, the district of Berlin may no longer be left within a radius of 15 km (Third variations regulations of the InfSchMV, 2021/14th January 2021, § 2, Abs 1a)
  - Extension of the mask obligation to wear KN95 or FFP2-masks in indoor places (Fourth variations regulation of the InfSchMV, 10th January 2021, § 10, Abs 2)
  - Reduction of the permission for gathering to 50 people outdoors and 20 people indoors (see ibid. § 9, Abs 1)
  - Exemptions for quarantine no longer applyto entrants from areas with new virus mutations (see ibid. § 22, Abs 2-4)
    - Quarantine increased to 14 days for people from areas with virus mutations, with no possibility to regain freedom of movement via negative test (Fifth variations regulation of the InfSchMV, 2nd February 2021, § 21, Abs 1)
  - Obligation to wear KN95 or FFP2-masks in all closed rooms (2. InfSchMV, 29th March 2021, § 1, Abs 5-6)
  - Introduction of "Click & Meet"-Modells for stores (see ibid. § 9, Abs 1)
  - All employers will be required to offer their employees a free point-of-care (PoC) rapid antigen test at least twice a week, or those for self-administration under supervision (see ibid. § 6a, Abs 1)
  - Home office regulations are being pushed in order to significantly reduce contacts in the work environment (see ibid. § 7a)

- Six vaccination centres have been put into action (https://www.berlin.de/sen/gpg/service/presse/2021/pressemitteilung.1061593.php)
- Berlin suspends vaccination with AstraZeneca (https://www.berlin.de/sen/gpg/service/presse/2021/pressemitteilung.1064782.php)
- Berlin suspends vaccination with AstraZeneca for persons younger than 60 years (https://www.berlin.de/sen/gpg/service/presse/2021/pressemitteilung.1070732.php)
- Vaccination in socially disadvantaged districts with Johnson & Johnson and Moderna (Senate Department for Health, Care and Equality, 21.05.2021)
    - Lichtenberg and Steglitz-Zehlendorf for two days

Q2 2021

- The second quarter of 2021 can be put into two parts. The first part introduced further restrictions and adaptions to the serious infection situation in Berlin:
    - Alignment of the time frame for curfew restrictions and alcohol prohibition with the uniform federal curfew: 10 pm to 5 am (Fifth variations regulation of the 2. InfSchMV, 27th April 2021, § 3, Abs 3)
    - Persons who have been fully vaccinated - i.e., whose (second) vaccination against Covid-19 was at least 14 days ago -, persons who have recovered from a Covid-19 illness and who have received a vaccination against Covid-19, as well as persons who were ill with Covid-19 in the last six months and have recovered are exempt from compulsory testing. Different rules apply to personnel in hospitals, physicians' offices and nursing facilities, including ambulatory care services (see ibid. § 6c)
    - Day care facilities are allowed to open again in limited regular operation (Sixth variations regulation of the 2. InfSchMV, 11th May 2021, § 13, Abs 1)
    - Removal of vaccine prioritization with AstraZeneca (https://www.berlin.de/sen/gpg/service/presse/2021/pressemitteilung.1078011.php)
- Since the introduction of the federal emergency brake called "Bundesnotbremse", federal regulations have applied to incidences above 100.
    - In view of the low incidence of infection throughout Germany, instead of the regulations of the federal emergency brake (see below for more details), primarily state regulations apply again.
    - Berlin represents an opening system, which is also represented by Schleswig-Holstein, Hamburg and Brandenburg. Here, a relaxation always takes place with each new regulation. In general, however, the opening applies in the current regulations irrespective of incidence. (Lang, Büscher, & Holtermann, June 2021)
- The second part of the second quarter introduces multiple removals of the restrictions:
    - Removal of strict restrictions on contact at night (Seventh variations regulation of the 2. InfSchMV, 14th May 2021, § 2, Abs 3)
    - Removal of the ban on outdoor dining as of May 21 (see ibid. § 16, Abs 1)
    - Removal of the ban on outdoor cultural events, outdoor recreational and entertainment events (see ibid. § 20, Abs 1) and permission for 250 people with fixed seats § 9, Abs 1-2)

- Outdoor events or gatherings of family, acquaintances, or friends (private events) are permitted only with one other household - there is an upper limit of no more than five people present at any one time, not counting their children up to age 14. (see ibid. § 9, Abs 7)
- Sports outdoors is allowed again with up to 10 negative tested people at the same time (see ibid. § 19, Abs 1)
- The state regulations on quarantine upon entry from abroad are repealed. Since 13.05.2021, the Coronavirus Entry Regulation applies uniformly throughout Germany (Senate Chancellery Berlin, 14th May 2021)
- Abolition of the mask obligation on specified streets and squares, as long as the minimum distance of 1,5 m can be maintained (Senate Chancellery Berlin, 15th June 2021)
- Increase of the upper limits of persons for events (3. InfSchMV, 15th June 2021, § 11, Abs 2)
- Removal of restrictions on serving and selling alcohol (see ibid. § 10) and sexual services (see ibid. § 14, Abs 4)
- Reopening of dance parties with up to 250 people present at the same time (see ibd. § 34, Abs 1)
- Reopening of amusements venues and facilities with the obligation to wear FFP2-masks (see ibid. § 34, Abs 3-4)
- Removal of vaccination prioritisation in vaccination centres (Senate Department for Health, Care and Equality, 3rd June 2021)
    - With the removal of prioritization, 12- to 15-year-olds can now also book a vaccination appointment at one of Berlin's vaccination centers. The written consent of the parents or legal guardian must be provided in all cases. Accompaniment of 12 to 15-year-olds by parents or legal guardians to the vaccination appointment is required, while for 15 to 17-year-olds it is possible

Other measures taken by Berlin authorities

Q1 2020

The state of Berlin used several emergency aid programs to mitigate the economic hardship, companies, in form of small and medium-size and solo self-employed persons, suffered. The first two emergency aid programs “Soforthilfe I” and “Soforthilfe II” offered subsidies and loans to the businesses. “Soforthilfe I” concentrates on enterprises with up to 250 employees and addresses clubs, restaurants, and members of the liberal professions as well (Investitionsbank Berlin, 19th March 2020). The funding could be up to 500.000 €. “Soforthilfe II” focused on even smaller businesses and solo self-employed with up to 10 employees, which could receive a subsidy of up to 9.000 € and 15.000 € (Investitionsbank Berlin, 19th March 2020).

The Berlin Senate organized sleeping facilities in youth hostels for up to 350 homeless persons (Senat Chancellery Berlin, 24.03.2020).

The Senate Department for Integration, Labor and Social Affairs decided that expired berlinpasses retain their validity and allow still to get cheaper Berlin-Ticket S due to Corona crisis (Senate Department for Integration, Labor and Social Affairs, 24th March 2020). The Berlinpasses allow eligible groups of persons including recipients of benefits under SGB II, SGB XII, the Asylum Seekers' Benefits

Act, the Housing Subsidy Act, and the SED Unrechtsbereinigungsgesetze, to receive an eased access to cultural offers and mobility. This has also been prolonged to the 31st August 2020 (Senate Department for Integration, Labor and Social Affairs, 28th March 2020)

The Senate for Integration, Labor and Social Affairs introduced a support plan for inclusive companies (Senate Department for Integration, Labor and Social Affairs, 7th April 2020). By employing up to 50% of the workforce with severe disabilities, inclusive companies make an important contribution to the equal participation of people with disabilities in working life. To alleviate the existential crises of these companies, the Senate Department for Integration, Labor and Social Affairs and the State Office for Health and Social Affairs (LAGeSo) have therefore jointly developed a support plan. With a 5-point package of measures, several practical aids are granted to the inclusion businesses: Immediate assistance of EUR 500 per month per severely disabled employee (for an initial period of three months with the option of extending for a further three months) as a job retention grant. Continued granting of subsidies to compensate for extraordinary burdens on the employer even during short-time work, provided they are used to top up short-time work benefits. Continuation of grants to compensate for special expenses even during the period of short-time work. Provision of funds for the rapid and unbureaucratic granting of interest-free loans and finally grants to finance business management consulting.

Details follow:

- Soforthife I/ emergency aid I
  - Term: 19th March 2020 to 28th March 2020
  - Link: https://www.berlin.de/rbmskzl/aktuelles/pressemitteilungen/pressemitteilung.909712.php
    Purpose:
    - IBB's liquidity fund was temporarily opened to all small and medium-sized enterprises with up to 250 employees. The opening also included members of the liberal professions, clubs and restaurants
    - The opening also includes members of the liberal professions, clubs and restaurants
    - Maximum 500,000 EUR . In case of higher demand, the offers of the Kreditanstalt für Wiederaufbau could be used
- Soforthilfe II/ emergency aid II
  - Term: 27.03.2020 – 31.05.2020
  - Link: https://www.ibb.de/de/foerderprogramme/soforthilfe-corona.html, https://www.berlin.de/rbmskzl/aktuelles/pressemitteilungen/pressemitteilung.909713.php
  - Purpose:
    - Subsidies for solo self-employed persons and small and medium-sized enterprises with up to 10 employees with subsidies of up to EUR 9,000 and EUR 15,000, respectively.

Q2 2020

The state of Berlin set up another emergency aid program “Soforthilfe V” to help small and medium-sized enterprises from Berlin with mor than 10 to 100 employees (Investitionsbank Berlin, Soforthilfe

V, May 2020). Freelancers in the commercial sector were also included. The program offered repayment subsidies for the Kreditanstalt für Wiederaufbau (kfW) Quick Loan 2020 or a loan from the KfW Special Program 2020 up to 20% of the loan amount (see ibid.). Here it was possible to apply for a repayment subsidy of up to 20%, which could be paid out after 15 months, considering the economic development of the company.

Extension of the validity of the berlinpasses for an eased access to cultural events and mobility (Senate Department for Integration, Labor and Social Affairs, 20th August 2020).

“Soforthilfe IV” addresses small and medium-sized cultural and media enterprises that have not been covered by the other emergency aid packages to date. Eligible applicants were small and medium-sized companies in the cultural and media sector that do not receive regular or predominant public funding, with more than 10 employees (full-time equivalent), with an operating facility or company headquarters in Berlin and which are registered with a Berlin tax office. The annual average turnover must not exceed 10 million euros (Senate Department for Culture and Europe, 5th May 2020).

The "Rettungssschirm Sportvereine is intended to support non-profit and eligible sports clubs. The amount of the subsidy depends on the amount of the financial loss and is thus intended to aid in line with needs. The prerequisite for an application by sports clubs is the occurrence of damage that threatens the existence and structure of the club (Senate Department for Cluture and Europe, May 2020).

Details follow:

- Soforthilfe V/ emergency aid V
  - Term: 18.05.2020 – 31.12.2020
  - Link: https://www.ibb.de/de/foerderprogramme/soforthilfe-v.html
  - Purpose:
    - Subsidies for small and medium-sized enterprises from Berlin with more than 10 to 100 employees (Berlin SMEs) as well as freelancers in the commercial sector with repayment subsidies and emergency aid grants of up to approx. 25,000 euros
    - The focus was on the KfW quick loan, which was to be taken up as a priority. Here, it was possible to apply for a repayment subsidy of up to 20%, which could be disbursed after 15 months, considering the company's economic development

Soforthilfe IV/ emergency aid IV

- Term: 11th May 2020 – 15th May 2020
- Link: https://www.berlin.de/sen/kulteu/aktuelles/pressemitteilungen/2020/pressemitteilung.928447.php
- Purpose:
  - Safeguarding the culture and media sector
  - Focus on small and medium-sized enterprises
  - Funding up to € 25,000

- Rettungsschirm Sportvereine / Rescue umbrella sports clubs
  - Term: Since May 2020
  - Link: https://lsb-berlin.net/aktuelles/coronavirus-lage/rettungsschirm-sport/, https://www.berlin.de/buergeraktiv/informieren/corona-hilfe/hilfsprogramme/artikel.974479.php
  - Purpose:
    - For non-profit sports clubs and sports clubs worthy of support
    - Amount of the grant depending on the amount of financial damage
    - The prerequisite for an application by sports clubs is the occurrence of damage that threatens the existence and structure of the club.

Q3 2020

The third quarter is characterized by the quantitative expansion of economic support schemes (Senate Chancellery Berlin, 21st July 2020). In total the state of Berlin launched three new programs, which aimed at specific industries. With the "Soforthilfe Gewerbemiete" a subsidy for commercial rent was granted for companies with 10 to 249 employees (Investitionsbank Berlin, Soforthilfe Gewerbemiete, 14th August 2020). The subsidy could cover up to 50% of their commercial rents or leases for the months of April and May 2020, with a maximum of 10.000 € per property or up to EUR 30.000 € for multiple properties.

Fashion labels also receive economic support in the third quarter with interest-free interim financing loans for fashion labels with a decline in sales of 20.000 € to 80,000 € per fashion label (Investitionsbank Berlin, Soforthilfe Gewerbemieten, August 2020).

For small and medium sized start-ups, the state of Berlin granted loans in the form of convertible bonds via the Investitionsbank Berlin and the Kreditanstalt für Wiederaufbau (KfW) with a maximum of 800.000 € per company or group of companies (Investitionsbank Berlin, July 2020). The focus was on the implementation of financing rounds that were cancelled due to the Corona crisis or could not be realized to the required/planned extent. The program funds were provided as equity or equity-like financing to strengthen the balance sheet and could be used as follows: Capital expenditures and ongoing costs such as rent, salaries (including contractor salaries) and inventory (working capital).

"Soforthilfe IV 2.0" is again aimed at small and medium-sized companies in the media and culture sector that do not receive regular or predominant public funding. Companies are now eligible to apply from as few as two employees. Annual sales must not exceed 10 million euros. The decision on a grant was made on the basis of relevance to cultural life in the city and to Berlin as a media location. A business audit is also decisive for the decision (Senate department for culture and Europe, 24th August 2020).

The "Soforthilfe X" targeted non-profit organizations and associations whose existence was financially threatened by the Corona crisis. They were able to receive grants ranging from 1.000 € up to 20.000 € as emergency aid (Investitionsbank Berlin, October 2020). These equity benefits were made available for cash shortages that threatened the company's existence and were caused by the Corona pandemic between March 17 and September 30, 2020.

The emergency aid for financially distressed religious and ideological communities tries to support the communities threatening their existence. Smaller communities in particular obtain their financial resources through donations given at gatherings. Currently, assemblies cannot be held or can only be

held for limited numbers of people, so that the communities' sources of income are eliminated or greatly reduced. Some communities have already used their reserves to cover running costs and are no longer liquid. Many of these small religious and ideological communities often engage in a variety of social activities in their neighborhoods, hardly noticed. These important activities should continue to be possible in the future. For this reason, the committed communities can apply for emergency aid (Senate Department for Culture and Europe, n.d.).

Details follow:

- **Soforthilfe Gewerbemieten/ Emergency aid for commercial rents**
  - Term: 17.08.2020 – 17.10.2020
  - Link: https://www.ibb.de/de/foerderprogramme/soforthilfe-gewerbemieten.html
  - Purpose:
    - Subsidy for commercial rents for companies with 10 to 249 employees (Berlin SMEs). Prerequisite: sales decline of at least 60 %.
    - Grants amounting to 50% of their commercial rents or leases for the months of April and May 2020:
      - Up to EUR 10,000 per property or up to EUR 30,000 for multiple properties.
- **Soforthilfe Mode/ emergency aid for fashion labels**
  - Term: 30.10.2020 – 13.11.2020
  - Link: https://www.ibb.de/de/foerderprogramme/coronahilfen-fuer-modelabels.html
  - Purpose:
    - Interest-free interim financing loans for fashion labels with a decline in sales of EUR 20,000 to EUR 80,000 per fashion label
- **Corona Hilfe für Start-Ups/ Corona aid for start-ups (loans)**
  - Term: Since July 2020 (Application deadline: 29.07.2020 - 30.04.2021)
  - Link: (Investitionsbank Berlin, July 2020)
  - Purpose:
    - For small and medium-sized Berlin companies and start-ups
    - Loans in the form of convertible bonds via Investitionsbank Berlin and Kreditanstalt für Wiederaufbau (KfW). The focus is on the implementation of financing rounds that were cancelled due to the Corona crisis or could not be realized to the required/planned extent. The program funds are provided as equity or equity-like financing to strengthen the balance sheet and can be used as follows: Capital expenditures and ongoing costs such as rent, salaries (including contractor salaries) and inventory (working capital).
    - Maximum EUR 800,000 per company or group of companies
- **Krisenpool/ Crisis staff pool**
  - Term: Since July 2020
  - Link: https://www.berlin.de/sen/gpg/service/presse/2020/pressemitteilung.958588.php, https://krisenpersonalpool.berlin.de/
  - Purpose:

- It is a state-owned offering by means of a web-supported application that brings providers and interested parties together online. It offers nursing and medical care facilities the opportunity to make contact with qualified personnel so that staff shortages can be solved in a targeted and needs-based manner
- The following professional groups can register in the crisis staff pool if they have free time capacities to support facilities in care emergencies at short notice:
  - Nursing professionals and nursing assistants
  - Physicians
  - Medical assistants
  - Physiotherapists
  - Students of nursing and medicine

- **Soforthilfe X**
  - Term: 1st October 2020 – 1st November 2020
  - Link: https://www.ibb.de/de/foerderprogramme/ehrenamts-und-vereinshilfen.html
  - Purpose:
    - Non-profit organizations and associations whose existence was financially threatened by the Corona crisis were able to receive grants of up to € 20.000 as emergency aid.
- **Soforthilfe IV 2.0**
  - Term: 31st August 2020 – 04th September 2020
  - Link: https://www.berlin.de/sen/kulteu/aktuelles/pressemitteilungen/2020/pressemitteilung.979513.php, https://www.ibb.de/de/foerderprogramme/soforthilfe-iv.html
  - Purpose:
    - Grants of up to 25.000 € (in justified exceptional cases up to 500.000 €)
    - for cultural and media companies with at least 2 employees
    - Digital applications only

Soforthilfe für finanziell notleidende Religions- und Weltanschauungsgemeinschaften / Emergency aid for financially distressed religious and belief communities

- Term: 15th October 2020- 31st December 2020
- Link: https://www.berlin.de/sen/kulteu/religion-und-weltanschauung/soforthilfe/
- Purpose:
  - For religious and ideological communities based in the state of Berlin, which at the same time provide integrative, cross-religious or special social activities and are not supported and financed by superordinate structures
  - The amount of the subsidy is also limited to the amount of your own financial shortfall which must be stated in the application.

Q4 2020

The state of Berlin began in November 2020 to support pubs in the gastronomy. The pubs and late-night outlets could receive a rental subsidy of up to 3.000 € per establishment (Investitionsbank Berlin, Soforthilfe Schankwirtschaft, November 2020).

Other grants were aimed at small and medium-sized (SME) Berlin companies and for solo self-employed persons to support digitization processes in the form of grants (Investitionsbank Berlin, Digitalprämie, November 2020). They still can receive up to 7.000 € for solo self-employed and 17.000 € for SMEs. The grant is given for digital work, production and management processes, introduction or improvement of IT security and digital consulting and qualification. For example, digital enterprise resource planning systems or cash register systems, digital payroll or data storage, IT security infrastructure, advanced training on corporate IT security.

Financing of training centers in order to create more secure and fairly paid training centers in sectors that have been particularly affected by the Corona pandemic, such as the hotel and catering industry. The common goal of all those involved is to enable young and motivated people to complete their training despite the pandemic without large gaps and in very good quality, and to support their transfer to regular companies. Therefore, on November 2, the ABACUS Tierpark Hotel, as Berlin's first training hotel, will offer these young people a safe and fairly paid apprenticeship in the professions of cook and restaurant and hotel specialists. The trainees will receive a training contract with pay according to collective agreements (Senate Department for Integration, Labor and Social Affairs, 30th October 2020).

The “Soforthilfe 3.0“ continues the path of support for small and medium-sized companies in the media and culture sector. To be able to provide aid as quickly as possible, the Emergency Aid Program IV is therefore to be continued in an unchanged form in Version 3.0 and will cover the funding period from December 2020 to February 2021. Small and medium-sized enterprises in the media and culture sector that do not receive regular or predominant public funding are eligible to apply. Emergency Aid IV 3.0 provides grants to overcome liquidity bottlenecks within these months. Applicants who anticipate foreseeable payment difficulties during this period that threaten their existence can apply for a grant based on a liquidity plan to be submitted. The grant amount is limited to a maximum of 500,000 euros (Senate Department for Culture and Europe, 3rd November 2020).

- **Soforthilfe Schankwirtschaft/ Emergency aid pubs**
  - Term: 23rd November 2020 to 10 January 2021
  - Link: https://www.ibb.de/de/foerderprogramme/soforthilfe-schankwirtschaft.html
  - Purpose:
    - Rental subsidies of up to EUR 3,000 per establishment
    - for pubs and late-night outlets
- **Digitalprämie Berlin/Digital premium Berlin**
  - Term: Since November 2020
  - Link: https://www.ibb.de/de/foerderprogramme/digitalpraemie-berlin.html
  - Purpose:
    - For small and medium-sized Berlin companies and for solo self-employed persons to support digitization processes in the form of grants.

        - For digital work, production and management processes, introduction or improvement of IT security and digital consulting and qualification. For example, digital enterprise resource planning systems or cash register systems, digital payroll or data storage, IT security infrastructure, advanced training on corporate IT security
        - up to EUR 7,000 grant for solo self-employed and SMEs with up to 10 employees and up to EUR 17,000 grant for SMEs with 10 to 249 employees and more
- **Soforthilfe IV 3.0**
    - Term: December 2020 – February 2021
    - Link: https://www.ibb.de/de/foerderprogramme/soforthilfe-4-3.html, https://www.berlin.de/sen/kulteu/aktuelles/pressemitteilungen/2020/pressemitteilung.1012348.php
    - Purpose:
        - Grants based on a calculated liquidity bottleneck (in justified exceptional cases up to 500.000 €)
        - for cultural and media enterprises with at least 2 employees
        - Digital applications only
        - A prerequisite for Emergency Aid IV 3.0 is that Bridging Aid II from the federal government (funding period September to December 2020) is claimed, provided this is possible in accordance with the application requirements. Accordingly, the application for Bridging Assistance II should be made before applying for Emergency Assistance IV 3.0. If it is not possible to apply for bridging assistance II, this must be explained accordingly when applying for emergency assistance IV 3.0.

Q1 2021

The event industry stood in the focus of the economic support schemes since the March 2020 with the opening of the support program “Kongressfonds” (visitBerlin Convention Office,, April 2021). Its purpose is to revitalize the event industry with funding for legal entities under private and public law as well as partnerships with legal capacity (e.g., including associations, companies, agencies, foundations, universities) with a registered office, permanent establishment, or branch in the Federal Republic of Germany. The funding is based on three different models, which grant a subsidy per attending participant or day of the event.

To continue to offer assistance at the state level in the event of a pandemic-related threat to livelihood, the "Soforthilfe IV" program is entering a fourth round with a funding period from March to June 2021. "Soforthilfe IV 4.0" provides grants to overcome liquidity bottlenecks on the basis of a liquidity plan to be submitted. The maximum grant amount is 500,000 euros. Applications for Emergency Aid IV 4.0 can no longer be submitted directly, but downstream via the federal government's "Überbrückungshilfe III" (Senate Department for Culture and Europe, 22nd February 2021).

Expansion of sleeping facilities for up to 1.426 homeless persons in the first quarter of 2021, due to extreme cold and snow (Senate Department for Integration, Labor and Social Affairs, 10th February 2021).

In order to meet the obligation for FFP-2 masks and to enable all people to participate in social life, the state of Berlin distributes1.6 million FFP-2 masks for people with low incomes, homeless people and refugees in facilities of the districts, the homeless assistance and in facilities of the State Office for Refugee Affairs (LAF) (Senate Department for Integration, Labor and Social Affairs, 30th March 2021).

With a further training premium of € 250, the state of Berlin supports employees who take part in a further training measure financed by the Federal Employment Agency during their short-time work (KUG) in order to become even better qualified for future professional requirements. This financial support supplements the relief previously provided by the federal government for companies and employees when receiving short-time allowance, such as the reimbursement of SI contributions for employees on short-time work (Senate Department for Integration, Labor and Social Affairs, 21st January 2021).

Details follow:

- **Förderprogramm Kongressfonds Berlin/ Support Program Congress Fund Berlin**
  - Term: Since March 2021
  - Links:
    - https://convention.visitberlin.de/sites/default/files/2021-04/20210426_Kongressfonds%20Berlin.pdf,
    - https://convention.visitberlin.de/sites/default/files/2021-06/20210601_%20Richtlinie%20Kongressfonds%20Berlin_0.pdf,
    - https://convention.visitberlin.de/sites/default/files/2021-04/16042021_Pressemeldung_Kongressfonds-Berlin.pdf
  - Purpose:
    - Promotion for the revitalization of the event industry
    - Funding for legal entities under private and public law as well as partnerships with legal capacity (e.g., including associations, companies, agencies, foundations, universities) with a registered office, permanent establishment or branch in the Federal Republic of Germany
    - Three funding modules: Basic subsidy, hybrid surcharge and supplementary subsidy (sustainability).
    - Funding per attendance participant and day
- **Soforthilfe IV 4.0**
  - Term: 23rd February 2021 – 31st March 2021
  - Link: https://www.berlin.de/sen/kulteu/aktuelles/pressemitteilungen/2021/pressemitteilung.1055755.php, https://www.ibb.de/de/foerderprogramme/soforthilfe-4-4.html
  - Purpose:
    - for cultural and media enterprises with at least 2
    - Grants based on a calculated liquidity bottleneck (in justified exceptional cases up to EUR 500,000)
    - EmployeesApplication for bridging assistance III is a prerequisite

Q2 2021

In the last term economic support can be seen as an attempt to help the economy to recover and to reduce economic hardship for SMEs as seen before. The "Neustarthilfe Berlin" focus on solo self-employed and micro enterprises with max. 5 employees (Investitionsbank Berlin, Neustarthilfe Berlin, May 2021). Prerequisite for the application is the approval of the new start-up aid of the federal government (solo self-employed) or the "Überbrückungshilfe III" (SME). Grants are then determined based on the federal grant paid out.

To reduce economic hardship did the state of Berlin launch a program to mitigate extreme burdens of companies due to the pandemic with the "Härtefallhilfen". The program is targets companies and self-employed persons who must bear extraordinary burdens and have not had access to other Corona assistance programs so far and whose economic existence is threatened (Investitionsbank Berlin, Härtefallhilfen, May 2021). To access this grant, an application must be made through the tax advisor, attorney, or auditor. The funding is oriented to amount of the national program "Überbrückungshilfe III" (federal government).

These programs are again supported by an easier access to a loan program for SMEs and freelancer companies. The guarantee program "Corona-Sofortkredit 250" offers 90 percent deficiency guarantees for interim financing of up to EUR 250,000 with reference to the federal government's "Überbrückungshilfe" (Senate Chancellery Berlin, March 2021). Application is eased in the way that applicants can apply via their principal bank. Proof of application for „Überbrückungshilfe"-finance is required. The term can be a maximum of 6 years, and the Corona aid received must be used immediately to repay the guaranteed loan.

Details follow:

- **Neustarthilfe Berlin/ new start aid berlin**
  - Begin: 25th May 2021, End: 30th September 2021
  - Link: https://www.ibb.de/de/foerderprogramme/neustarthilfe-berlin.html
  - Purpose:
    - Subsidy program of the state for solo self-employed and micro enterprises with max. 5 employees.
    - Prerequisite for the application is the approval of the new start-up aid of the federal government (solo self-employed) or the bridging aid III (SME)
    - Grants are determined on the basis of the federal grant paid out
- **Härtefallhilfen/ Hardship assistance**
  - Term: 18th May 2021-30 December 2021
  - Link: https://www.haertefallhilfen.de/HSF/Redaktion/DE/Downloads/berlin-vollzugshinweise-haertefallhilfen.pdf?__blob=publicationFile&v=2, https://www.ibb.de/de/foerderprogramme/haertefallhilfen.html
  - Purpose:
    - for companies and self-employed persons who must bear extraordinary burdens and have not had access to other Corona assistance programs so far and whose economic existence is threatened
    - Funding period 01.11.2020 to 30.06.2021
    - Applications can only be submitted by tax advisors, lawyers, and auditors.

        - Orientation of the funding amount to the Überbrückungshilfe III (federal government)
- **Corona-Sofortkredit 250 (guarantee program)/ Corona Instant Credit**
    - Term: 24th June 2021 - 30th June 2021
    - Link: https://www.ihk-berlin.de/produktmarken/cycle-fuer-unternehmen/cycle-liquiditaet/cc-liqui-finanzierung-foerderung/corona-sofortkredit-250-5077802, https://www.berlin.de/sen/web/presse/pressemitteilungen/2021/pressemitteilung.1068254.php
    - Purpose:
        - Small and medium-sized enterprises and freelancers are eligible to apply.
        - 90 percent deficiency guarantees for interim financing of up to EUR 250,000 with reference to the federal government's Corona bridging finance.
        - Applications are submitted through your principal bank. Proof of application for Corona bridging finance is required. The term can be a maximum of 6 years, and the Corona aid received must be used immediately to repay the guaranteed loan.

4.1.1 Recent or ongoing studies in Berlin

The following recent or ongoing studies of COVID-19 and/or its social impacts have focused on Berlin. The German research team will make use of the study outputs, and if relevant make contact with the study teams to discuss cooperation.

Urban life amidst COVID-19

Institutions: Humboldt-University, Technical University Berlin (TU Berlin)

Lead Applicant/ Scientific Consortium: Prof. Dr. Talja Blokland-Potters (Humboldt-University), Dr. Johanna Noerning (TU Berlin)

Status: Ongoing

Link: https://www2.hu-berlin.de/corona-stadt/en/home/

Description:

- Investigation of the social consequences of the coronavirus pandemic and the related political measures
- Interest in changing living environments and everyday life
- Addressing research questions such as: Who gives them the support they need? Do they find support within or outside their neighborhood? Do they find support in specific places (e.g., clubs, pubs, bars, restaurants, or late-night bars)? What types of opportunities do different people have? Does it matter in which part of the city they live?
- Conducted via an online survey was between July and October 2020
    - total of 2,960 people from Berlin and the surrounding areas took part.
- The aim of the survey was to discover how the measures taken to fight the pandemic have affected individual respondents and how they have been dealing with these effects.

COVID-19 models for Berlin

Institutions: Zuse Institute Berlin, FU Berlin, TU Berlin

Lead Applicant/ Scientific Consortium: Prof. Dr. Tim Conrad, Prof. Dr. Sebastian Pokutta, Prof. Dr. Christof Schütte, Dr. Gábor Braun, Dr. Nataša Djurdjevac Conrad, Christoph Spiegel

Link: https://mathplus.de/news/covid-19-related-research/covid-19-models-berlin/

- Description:
  - track and monitor infections for Berlin, Germany as well as model predictions using model-based and data-based approaches.
  - In the model-based approach, the authors constructed an infection spread model based on the SIR and SEIR models, but with time-dependent infection rates that allow to incorporate the different phases of spreading control implemented by the respective authorities (states, regions, cities).
  - The model is fitted to the available data by means of classical parameter estimation as well as by Bayesian uncertainty quantification.
  - Predictions based on the model are computed daily when new data become available.
  - The uncertainty of the prediction reflects inaccuracy of reporting as well as sparseness of data.
  - In the data-driven approach, the authors developed a simple model to monitor confirmed COVID-19 cases and they use the Facebook Prophet library.

The spread of the Coronavirus in Germany: Socio-Economic factors and consequences

Institutions: University Bielefeld, German Institute for Economic Research (DIW Berlin)

Status: Ongoing

Lead Applicants: Dr. Simon Kühne (University Bielefeld) Prof. Dr. Martin Kroh (University Bielefeld)

Link: https://www.soep-cov.de/Home/

Description:

- In the SOEP-CoV study, researchers are investigating the acute, medium-term, and long-term socio-economic factors and consequences of the spread of the coronavirus in Germany.
- The following topics are in focus:
  - prevalence, health behaviors, and health inequalities,
  - Labor market and gainful employment,
  - Social life, networks and mobility,
  - Mental health and well-being
  - Social cohesion.
- For SOEP-CoV, a sample of more than 12,000 people has been interviewed by telephone since the beginning of April (Not focused on Berlin! But on all party of Germany)
  - A second survey will take place when the infection rate has declined significantly. The starting point for the interviews is the Socio-Economic Panel (SOEP). The SOEP is the longest-running repeat survey of randomly selected households in Germany, in which thousands of households and individuals have participated since 1984.

SARS-CoV-2 infection, risk perception, behaviour and preventive measures at schools in Berlin, Germany, during the early post-lockdown phase: A cross-sectional study

Link: https://www.mdpi.com/1660-4601/18/5/2739

Published: 8th March 2021

Abstract:

Briefly before the first peak of the COVID-19 pandemic in Berlin, Germany, schools closed in mid-March 2020. Following re-opening, schools resumed operation at a reduced level for nine weeks. During this phase, we aimed at assessing, among students and teachers, infection status, symptoms, individual behaviour, and institutional infection prevention measures. Twenty-four primary and secondary school classes, randomly selected across Berlin, were examined. Oro-nasopharyngeal swabs and capillary blood samples were collected to determine SARS-CoV-2 infection (PCR) and specific IgG (ELISA), respectively. Medical history, household characteristics, leisure activities, fear of infection, risk perception, hand hygiene, facemask wearing, and institutional preventive measures were assessed. Descriptive analysis was performed. Among 535 participants (385 students, 150 staff), one teenager was found to be infected with SARS-CoV-2 (0.2%), and seven individuals exhibited specific IgG (1.3%). Compared to pre-pandemic times, screen time (e.g., TV, gaming, social media) increased, and the majority of primary school students reported reduced physical activity (42.2%). Fear of infection and risk perception were relatively low, acceptance of adapted health behaviors was high. In this post-lockdown period of low SARS-CoV-2 incidence in Berlin, individual and school-level infection prevention measures were largely adhered to. Nevertheless, vigilance and continued preventive measures are essential to cope with future pandemic activity.

Timing matters: the impact of response measures on COVID-19-related hospitalization and death rates in Germany and Switzerland

Link: https://link.springer.com/content/pdf/10.1186/s41937-020-00054-w.pdf

Published: October 2020 (Swiss J Economics Statistics 156)

Abstract:

We assess the impact of the timing of lockdown measures implemented in Germany and Switzerland on cumulative COVID-19-related hospitalization and death rates. Our analysis exploits the fact that the epidemic was more advanced in some regions than in others when certain lockdown measures came into force, based on measuring health outcomes relative to the region-specific start of the epidemic and comparing outcomes across regions with earlier and later start dates. When estimating the effect of the relative timing of measures, we control for regional characteristics and initial epidemic trends by linear regression (Germany and Switzerland), doubly robust estimation (Germany), or synthetic controls (Switzerland). We find for both countries that a relatively later exposure to the measures entails higher cumulative hospitalization and death rates on region-specific days after the outbreak of the epidemic, suggesting that an earlier imposition of measures is more effective than a later one. For Germany, we further evaluate curfews (as introduced in a subset of states) based on cross-regional variation. We do not find any effects of curfews on top of the federally imposed contact restriction that banned groups of more than 2 individuals.

COVID-19 and its impact on city-regions in Germany (Article)

Institution: IGLUS

Published: 27th July 2020

Link: https://iglus.org/covid-19-and-its-impact-on-city-regions-in-germany/

Summary:

Questions addressed:

- Are cities in decentralized administrative systems more resilient when facing a pandemic than in more centralized ones?
- How can existing coping-, adaptation- and transformation capacities be activated and used under conditions such as contact bans and other COVID-19 mitigation measures?
- Is the crisis a window of opportunity? Extraordinary situations call for extraordinary decisions. A crisis is often used to implement policy measures that were considered unimaginable before

The Impact of COVID-19 on the economic and social situation of women in Berlin

Institution: WZB Berlin Social Science Center

Status: Ongoing

Term: 1st November 2020 - 30th September 2021

Link: https://wzb.eu/de/forschung/dynamiken-sozialer-ungleichheiten/arbeit-und-fuersorge/projekte/die-auswirkungen-von-covid-19-auf-die-wirtschaftliche-und-soziale-situation-von-frauen-in-berlin

Aim of the study:

This study addresses four key questions:

1) What is the impact of COVID-19 on gender inequalities in the labor market, in the adoption of care work, and in subjective well-being?
2) What are the socio-demographic differences?
3) What are the differences within Berlin?
4) What policy measures are needed to compensate for possible disadvantages? Based on the empirical findings, concrete political and societal recommendations for action will be derived to support policy makers in further dealing with the pandemic.

Annex 2: Portugal

Table 8. Surveillance data regarding COVID-19 cases and related deaths among long-term care facility residents in the EU/EEA, as of 31 March 2021

Country	Most recent data included in the report	COVID-19 cases in LTCF residents (c)	COVID-19-related deaths in LTCF residents (c)	Total COVID-19-related deaths (b,c)	Proportion of total COVID-19-related deaths that were in LTCF residents (%)	COVID-19-related deaths in LTCF residents per 100 LTCF beds	Number of LTCFs beds (d)
Austria	31 Jan 2021	18 589	3 380	7 653	44	4.5	75 710
Belgium	2 Feb 2021	–	12 055 (a)	21 135	57	8.3	144 783
Bulgaria	–	–	–	–	–	–	486
Croatia	–	–	–	–	–	–	37 249
Cyprus	–	–	–	–	–	–	3 597
Czechia	–	–	–	–	–	–	17 204
Denmark	5 Feb 2021	3 654	892	2 216	40	2.2	40 599*
Estonia	–	–	–	–	–	–	1 849
Finland	8 Feb 2021	–	34% of 701 (a)	701	34	0.4	65 000
France	31 Jan 2021	153 219	31 795	76 057	42	4.4	728 000
Germany	8 Feb 2021	105 745(a)	17 602(a)	61 675	29	2.2	818 317*
Greece	31 Jan 2021	1 512 (a)	228 (a)	5 796	4	2.1	10 849
Hungary	27 Aug 2020	923	142	614	23	0.3	55 210
Iceland	–	–	–	–	–	–	2 628
Ireland	9 Jan 2021	9 113	1 172 (a)	2 344	50	3.7	32 000
Italy	5 May 2020	965 (a)	680 (a)	30 560	2	0.7	97 521
Latvia	–	–	–	–	–	–	5 798
Liechtenstein	–	–	–	–	–	–	–
Lithuania	5 Feb 2021	–	363	2 955	12	2.9	12 700*
Luxembourg	–	–	–	–	–	–	6 966
Malta	3 Jun 2020	0	0.02%	9	0	0	4 244
The Netherlands	7 Feb 2021	36 877	7 464	14 412	52	6.5	115 000*
Norway	–	–	–	–	–	–	39 583

Poland	22 May 2020	340	–	996	–	–	80 000
Portugal	19 Aug 2020	2 500	688	1 796	38	0.7	99 234
Romania	–	–	–	–	–	–	37 727
Slovakia	–	–	–	–	–	–	27 497
Slovenia	31 Jan 2021	12 035 (a)	1 978 (a)	3 752	53	9.3	21 321
Spain	30 Nov 2020	–	22 718 (a)	45 069	50	5.8	389 031
Sweden	31 Jan 2021	15 534	4 961	11 773	42	6.2	79 410

Table 9. Surveillance data regarding COVID-19 cases and related deaths among long-term care facility residents in the EU/EEA, as of 31 March 2021

Country	Most recent data included in the report	COVID-19 cases in LTCF residents (c)	COVID-19-related deaths in LTCF residents (c)	Total COVID-19-related deaths (b,c)	Proportion of total COVID-19-related deaths that were in LTCF residents (%)	COVID-19-related deaths in LTCF residents per 100 LTCF beds	Number of LTCFs beds (d)
Austria	31 Jan 2021	18 589	3 380	7 653	44	4.5	75 710
Belgium	2 Feb 2021	–	12 055 (a)	21 135	57	8.3	144 783
Denmark	5 Feb 2021	3 654	892	2 216	40	2.2	40 599*
Finland	8 Feb 2021	–	34% of 701 (a)	701	34	0.4	65 000
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Malta	3 Jun 2020	0	0.02%	9	0	0	4 244
The Netherlands	7 Feb 2021	36 877	7 464	14 412	52	6.5	115 000*
Portugal	19 Aug 2020	2 500	688	1 796	38	0.7	99 234
Slovenia	31 Jan 2021	12 035 (a)	1 978 (a)	3 752	53	9.3	21 321

Spain	30 Nov 2020	–	22 718 (a)	45 069	50	5.8	389 031
Sweden	31 Jan 2021	15 534	4 961	11 773	42	6.2	79 410

Annex 3: Spain

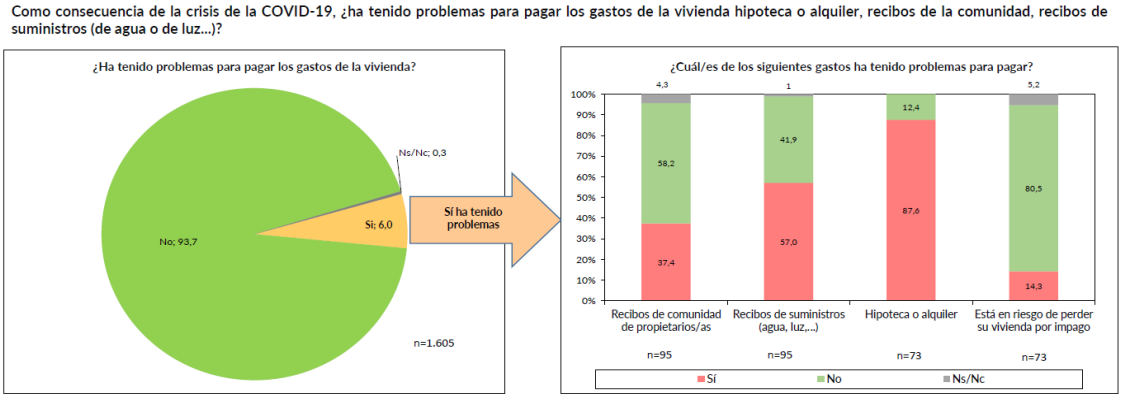

Figure 13. Percentage of Madrid's population who declared difficult to pay their debts

Source: COVID-19 Survey. Ayuntamiento de Madrid.

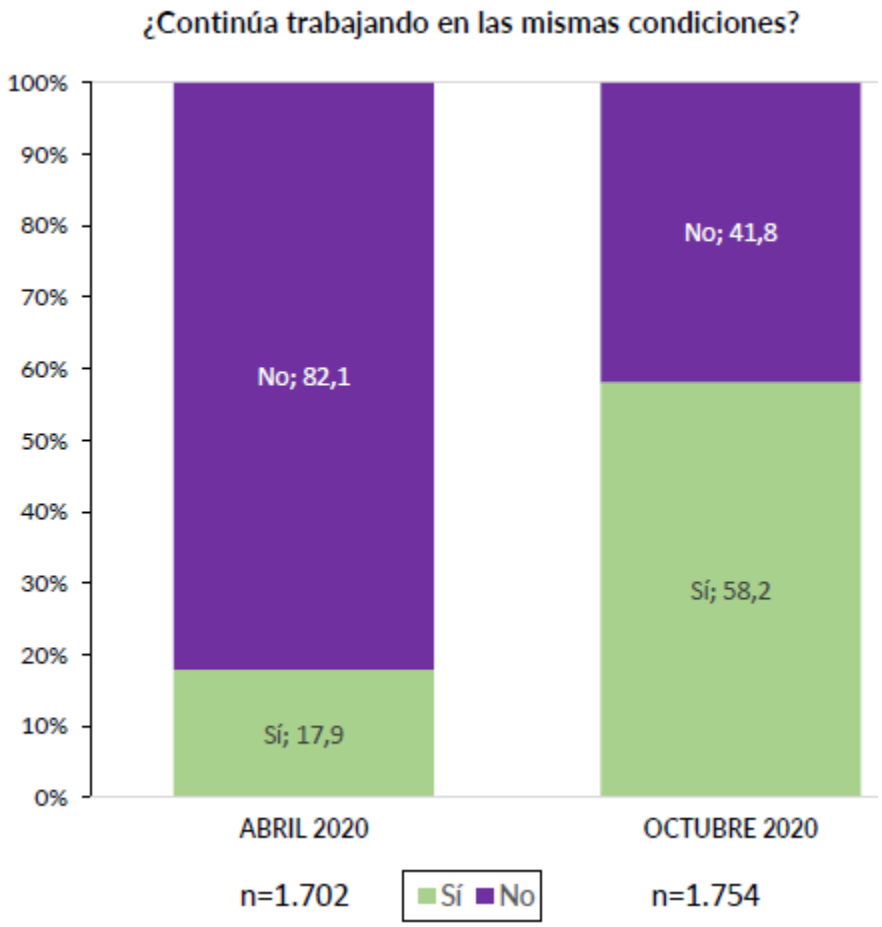

Figure 14. Change in labour conditions in Madrid, April 2020 and October 2020

Source: COVID-19 Survey. Ayuntamiento de Madrid.

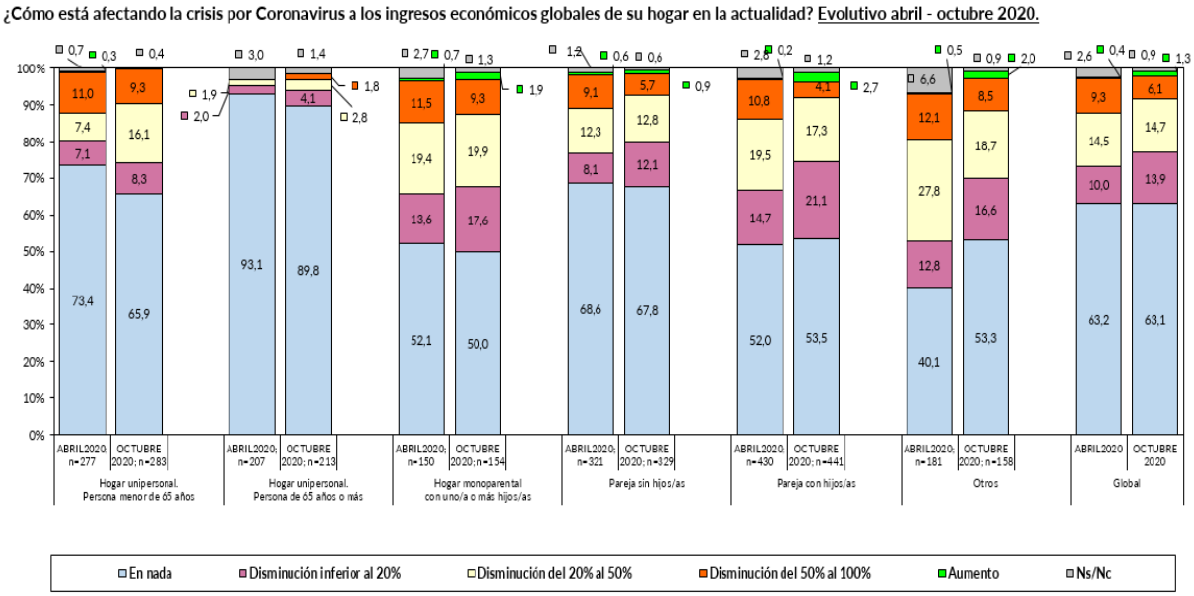

Figure 15. Income reduction during the pandemic

Source: COVID-19 Survey. Ayuntamiento de Madrid.

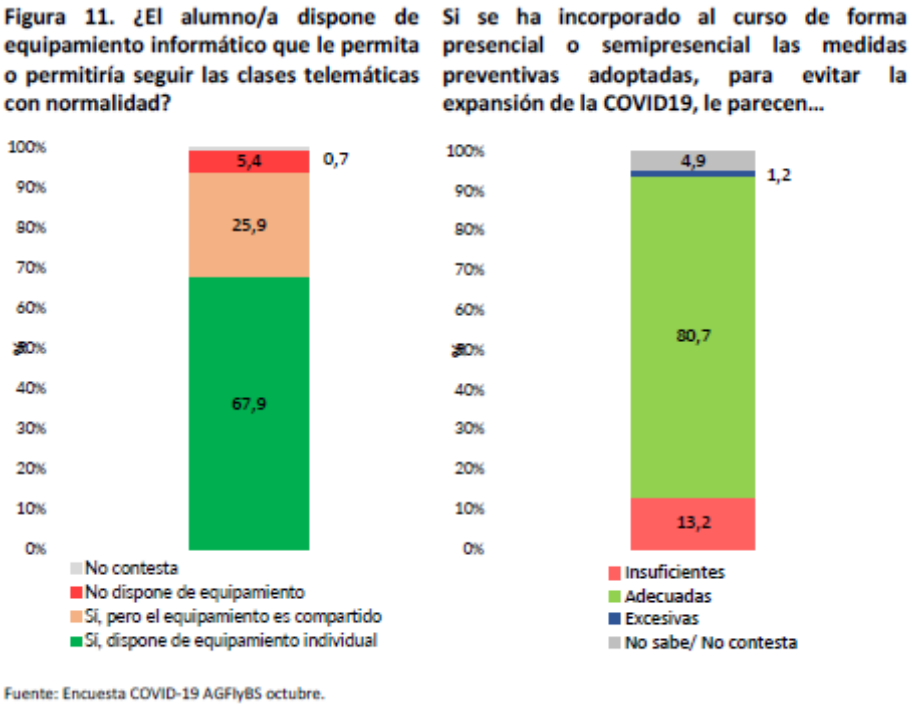

Figure 16. Impact of the COVID-19 on education

Source: COVID-19 Survey. Ayuntamiento de Madrid.

Annex 4: Switzerland

Translation of Canton St. of Gallen press announcements during 13 phases of COVID-19 restrictions.

LOCKDOWN (16.03.2020): On 16 March, the Federal Council declared an exceptional situation (cf. media release of 16.3.20). Essential areas of public life were restricted (closure of all non-essential shops and services, introduction of border controls and far-reaching restrictions on entry, hospitals, clinics and doctors' surgeries remain open but must refrain from medical interventions and therapies that are not urgently indicated, ...). Only people with known symptoms of COVID-19 disease at the time, who belonged to a risk group or worked in the health system, were tested.

1. LOCKERUNG 2020 (27.04.2020): On 27 April, some businesses and service providers were able to resume their activities, and hospitals were allowed to perform all procedures again (cf. Federal Council media release of 16.4.20). All persons showing the following symptoms could now be tested: cough, sore throat, shortness of breath, fever, muscle pain or loss of sense of smell or taste.

2. LOCKERUNG 2020 (11.05.2020): As of 11 May, attendance at schools was partially resumed, shops and restaurants were allowed to reopen, partly under certain conditions, and many other measures were eased. Entry restrictions against EU/EFTA countries were lifted (cf. Federal Council media release of 29.4.20).

1. VERSCHÄRFUNG (19.10.2020): The Federal Council has again taken measures valid throughout Switzerland as of 19 October. Spontaneous gatherings of more than 15 people in public spaces are prohibited. A mask must be worn in indoor areas accessible to the public. Masks are also compulsory in all railway stations, airports and at bus and tram stops. In restaurants, bars and clubs, consumption is only allowed in a seated position, as well as at private events with more than 15 people. In addition, the FOPH is once again issuing a home office recommendation (cf. Federal Council media release of 18.10.20).

2. VERSCHÄRFUNG (29.10.2020): On 29 October, stricter measures will come into force throughout Switzerland. The operation of discotheques and dance halls will be prohibited. In restaurants and bars, again only a maximum of four people may be seated at a table and a curfew of 11 p.m. to 6 a.m. will apply. The upper limit for public events is now 50 persons, for private indoor events 10 persons. Universities must switch back to distance learning from 2.11. Sporting and cultural recreational activities with more than 15 people are prohibited (except for children and in the professional sector). Events organised by amateur choirs are completely prohibited. Furthermore, the obligation to wear masks is extended and home office is recommended (cf. federal media release of 28.10.20).

3. VERSCHÄRFUNG (12.12.2020): On 12 December, the Federal Council tightened the measures previously in force throughout Switzerland. Restaurants and bars, shops and markets, museums and libraries, as well as sports and leisure facilities are now subject to a 7 p.m. curfew. With the exception of restaurants and bars, they must also remain closed on Sundays and public holidays. Cantons with favourable epidemiological developments may extend the curfew to 11 pm. Events are prohibited with certain exceptions, and sporting and cultural activities are now only permitted in groups of up to five people (cf. federal media release of 11.12.2020).

4. VERSCHÄRFUNG (22.12.2020): The Federal Council has tightened the previously applicable measures throughout Switzerland as of 22 December. Restaurants and sports facilities will be closed, and outdoor sports will be permitted for up to 5 people. Cultural and leisure facilities will also be

closed. In shops, the maximum capacity will be further restricted. In the canton of St.Gallen, ski lifts will also be closed and post-compulsory schools will have to run 2 weeks of distance learning after the Christmas holidays (cf. federal media release of 18.12.2020 and information from the canton of St.Gallen of 19.12.2020).

5. VERSCHÄRFUNG (18.01.2021): Due to the new, highly contagious virus variants, the Federal Council has extended the existing measures by a further five weeks (until the end of February). In addition, there will be a home office obligation from 18 January 2021, wherever this is possible due to the nature of the activity. Events in public and private spaces will be limited to a maximum of five people (incl. children) (cf. Federal media release of 13.01.2021).

1. ÖFFNUNGSSCHRITT 2021 (01.03.2021): From Monday, 1 March 2021, shops, museums and library reading rooms can reopen, as can the outdoor areas of sports and leisure facilities, zoos and botanical gardens. Outdoor gatherings of family and friends, as well as sporting and cultural activities with up to 15 people, are once again permitted. Adolescents and young adults up to 20 years of age can again engage in most sporting and cultural activities (cf. Federal Council media release of 24.2.2021).

2. ÖFFNUNGSSCHRITT 2021 (22.03.2021): From 22 March 2021, a maximum of 10 people can now take part in private indoor meetings. (Cf. Federal Council media release of 19.03.2021)

3. ÖFFNUNGSSCHRITT 2021 (19.04.2021): From Monday, 19 April 2021, numerous opening steps will be implemented. For example, restaurants and bars will be allowed to reopen their outdoor terraces under certain conditions, public events can take place again with a limited number of people and sporting and cultural activities with up to 15 adults will be permitted. Other opening steps concern classroom teaching at universities and further education institutions, the opening of fitness studios and events in the entertainment and leisure sector (cf. Federal Council media release of 14.4.2021).

4. ÖFFNUNGSSCHRITT 2021 (31.05.2021): From 31 May 2021, public events may be held indoors with up to 100 people, outdoors with up to 300 people. For private meetings, 30 people are allowed indoors and 50 outside. Restaurants will also be allowed to reopen indoors. Furthermore, there is relief for amateur sports and amateur culture. Wellness facilities are also allowed to reopen. At universities and in further education, face-to-face teaching will be extended. For companies that test regularly, only a home office recommendation now applies. In addition, quarantine regulations for vaccinated and convalescent persons will be eased. (Cf. Federal Council press release of 26.05.2021).

5. ÖFFNUNGSSCHRITT 2021 (26.06.2021): From Saturday, 26 June 2021, the compulsory home office and the compulsory wearing of masks outdoors will be abolished, among other things. Likewise, masks will no longer be compulsory at work and at schools. In addition, restaurants will once again be able to seat as many people as they want and large events with certificates will be able to take place without restrictions on capacity and number of people. Shops, leisure businesses or sports facilities can also once again use their capacity to the full. The restriction on persons for face-to-face events in higher vocational education and training and in continuing education and training as well as at universities of applied sciences and universities will be lifted, also without any obligation for repetitive testing (cf. Federal Council media release of 23.06.2021).