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Southeast Europe - COVID-19 Bulletin No 1

Domestic Medical Situation and Social Responses

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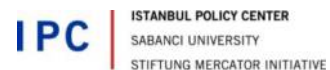
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While the European Union has become the epicentre of the global Covid-19 crisis, the countries of the Western Balkans – Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia – have so far remained remarkably lightly affected. Even neighbouring Turkey, although having a high number of confirmed cases, has so far counted far fewer deaths than many West European countries. This is in spite of the fact that all countries of Southeast Europe (SEE) have large diasporas in the EU, with large numbers of cross-border family links and movements.

Table: Infections and deaths, as per 30 April 2020

	No. of infections	Infections per 100,000 pop.	No. of deaths	Deaths per 100,000 pop.	Population (Mio)
EU/EEA + UK	1,112,667	219	129,150	25.5	507
Albania	773	27	31	1	2,86
Bosnia and Herzegovina	1,757	53.6	69	2.1	3,28
Kosovo	806	44.5	22	1.2	1,81
Montenegro	322	51.1	7	1.1	0,63
North Macedonia	1465	70.4	77	3.7	2,08
Serbia	9009	103	179	2	8,74
Turkey	120,204	142.5	3174	3.8	84,34

Authors' own compilation, based on figures from the ECDC and national authorities of SEE-7

It is evident that all seven states have taken substantial and early measures to curb infections, in some cases even before the most affected EU member states. However, interpretation of the data is going to require more time to pass. Caution is certainly due with regard to the overall low infection rates, which are influenced by low testing. The very low death rates in some Western Balkan countries could also be due to misclassifications in statistical presentation.

Notwithstanding these cautions and despite the variations across the region, the seven SEE countries may yet prove to have been relatively successful in minimizing the direct medical incidence of Covid-19.

1. Infection rate and testing capacity: According to the available statistics of confirmed cases, all countries seem to have passed the peak, with the numbers of infections and deaths declining gradually. With one or two exceptions, testing remains limited, often due to lack of capacity and relevant testing equipment.

2. Healthcare systems: Overall the countries have been coping well, despite some initial teething problems. However, with one or two exceptions (e.g. Serbia),

most experienced shortages in medical equipment in particular the personal protection equipment required to deal with patients.

3. Preventive measures: Throughout the region, with the possible exception of Turkey and Montenegro, strict lockdown measures and fixed time curfews were installed at an early stage. Turkey imposed more flexible measures, which was the subject of criticism internally, while Montenegro imposed only limited curfews and did not declare a state of emergency. With the decrease in infection rates, most countries have now started easing some of the restrictions. So far, expert bodies like national centres for disease control have played an important role in communicating the preventive measures to the public (e.g. Albania).

4. Compensatory measures: Despite difficult economic circumstances to begin with, all countries adopted some form of temporary compensatory measures. These focused mainly on easing tax burdens, moratorium on loan repayments and bankruptcy proceedings as well as support for small and medium-sized enterprises (cf. North Macedonia).

5. Impact: For all countries, the economic impact has already been felt with varying degrees of severity. For those with already high unemployment or poverty rates, such as Kosovo, the impact has been even greater. Of particular concern is the high number employed in the informal sector, most of whom are excluded from the compensatory measures and will thus be hit hardest.

6. Mood of the population: The public have been generally supportive of the measures taken by the respective governments, despite some violations of curfews. The cases of discontent related in particular to the restrictions imposed on the Orthodox Easter ceremonies, while mistrust towards governments over cases of alleged corruption (e.g. Bosnia and Herzegovina), as well as in the manner of reporting cases of Covid-19 (e.g. Turkey) or 'personalised' lockdown measures (e.g. Montenegro) also arose.

In the 'Zagreb Declaration' of their virtual summit of 6 May 2020, the EU reiterated its strong solidarity with its Western Balkan partners in the context of the Covid-19 crisis and the intention to actively support their efforts to fight the coronavirus outbreak and its impacts on societies and economies. As outlined in the Commission Communication of 29 April the EU has mobilised a package of over EUR 3.3 billion to support to the Western Balkans in tackling Covid-19 and the post-pandemic recovery. This includes:

- the immediate delivery of essential supplies to save lives, such as material to check the correct functioning of coronavirus tests;
- joint procurement and the unrestricted trade-flow of protective personal equipment, through so-called 'green lanes' linking the EU and Western Balkans;
- cooperation between relevant health bodies;

- support for the social and economic recovery needs through a EUR 750 million package of macro-financial assistance and a EUR 1.7 billion package of assistance from the European Investment Bank.

In the past few weeks, EU officials have openly complained about the fact that this support and cooperation goes far beyond what any other partner has provided to the region and deserves public acknowledgement. At the same time, the Zagreb Declaration recognises the valuable support the Western Balkans have given during the pandemic to their immediate neighbours and towards the EU. This, indeed, reflects the solidarity and mutual support the EU is built on.

In this Bulletin we present comparative summaries of the situation in each of the SEE countries. These Bulletins will be continued fortnightly, each organised around a central theme. In this first edition, we take stock of the domestic medical situation and the social response to the coronavirus outbreak.

ALBANIA

Infections and deaths: On 9 March, Albania registered its [first two cases of Covid-19 virus](#) (two citizens who had travelled from Italy). On 11 March, Albania registered the first death caused by the Coronavirus: a 73-year-old woman. On 15 March, the Albanian government decided to [close all borders and lock down](#) the whole country, while on 24 March the government [declared a state of natural disaster](#). Although, the trajectory of infections has been quite stable, experts have not yet declared if a peak has been reached. According to the Ministry of Health and Social Protection (MHSP), [on 30 April](#), there were 7 registered new cases with Covid-19 in Albania, bringing the total of confirmed cases to 773. At the end of April there were 470 recovered patients, 31 fatalities and 31 hospitalised. The total number of tests (including both serological and molecular tests) is 8,253 and the [average age](#) of infected patients is 46.8 years old. **Status: Stable.**

Healthcare system: Among the first measures taken, was the conversion of the Hospital of Infectious Diseases at University Hospital Center "Mother Teresa" into a quarantine facility for Covid-19 infected people. According to MHSP, this hospital has a [capacity](#) of 80 beds and employs 109 employees (doctors, nurses, etc.). Isolation rooms have been equipped with oxygen lines to enable the transformation of this hospital, for intensive therapy according to the scenarios approved by the [Committee of Experts](#) (CE). Together with the Task Force, CE has been the official Covid19 specialized bodies providing expertise to the Government. A second hospital was made available to cope with the pandemic caused by Covid-19 (i.e. Shefqet Ndroqi hospital). The Covid19-allotted [capacity](#) for this hospital is 190 beds, while its other patients were relocated to the hospital of Elbasan. The government announced that in case the number of the infected people will grow beyond the capacities of those two hospitals, the opening of two other hospitals – called Covid 3 and Covid 4 - has been foreseen by the Task Force and the Committee of Expert. The government financed the purchase of 54 respirators, while a

contribution of USD 700,000 from Switzerland, Norway and UNDP helped to provide [30 additional respirators](#). **Status: A relatively early and decent response but the low number of tests may not represent the real inflection rate.**

Preventive measures: [On 9 March 2020](#), the government also decided to close all educational institutions starting from kindergartens for two weeks, and cancel all mass gatherings, public and non-public activities such as sports activities, cultural activities, conferences, until April 3. On the same day, the Albanian government banned all flights and ferries coming from the Northern Italy, initially until 3 April. Since mid-April, the Albanian Government has reduced the lockdown measures in large urban areas and almost removed them in smaller virus-free cities. Business hours have been extended and an increasing list of businesses, including retail sales, have resumed their activity with the obligation to respect strict social distancing and hygiene measures. On 18 April, Albania [extended the state of natural catastrophe](#) for another two months until 23 June. While the risk of Covid-19 continues to be present until the moment there is a vaccine or treatment, the government approach has been based on quarantining. It has repeatedly called the citizens to maintain physical distance and the highest hygiene conditions. **Status: Strict preventive measures were adopted.**

Compensatory measures: To cope with and overcome the situation caused by COVID 19, the Council of Ministers has approved the proposals of the Ministry of Finance and Economy for changes in the State Budget of 2020. The Normative Act "On some changes in Law No.88 / 2019 "On the Budget of the year 2020"" allocated a [Financial Package of 12 billion Albanian Lek](#) (ALL) to cope with the emergency situation created by the COVID-19 Pandemic. The total was composed of: i) 6.5 billion ALL for the Anti-COVID Social Package (in support of employees and / or other groups affected by the suspension of work processes including the people in need, people who lose their jobs and communities, etc.); ii) 2.5 billion ALL in support of the MHSP and Hospital Structures to ensure the supply of various medicines, apparatus and emergencies and in support of medical staff; iii) 1 billion ALL for the State Budget Reserve Fund, for financing the necessary expenses with unforeseen character; and, iv) 2 billion ALL re-allocation to an Emergency Fund to provide food to certain communities affected by the pandemic, or to families with economic assistance and single retirees who will need direct assistance. At the same time, this fund will be used for the needs of medical teams, both in civilian hospitals and in the military hospital. **Status: Comprehensive measures have been taken by the government. Impact of implementation uncertain.**

Impact on the population: From an initial reaction of "fright", the situation in Albania has evolved to relatively stable and the general mood of the population has been moderately positive. Anxiety has shifted from health concerns to loss of economic activity, unemployment and an uncertain future that will impact the country. **Status: The socio-economic impact of the crisis is expected to be systemic on the well-being of people.**

BOSNIA AND HERZEGOVINA

Infections and deaths: Bosnia and Herzegovina registered its first case of Covid-19 on 5 March 2020 (a truck driver from Italy). The first death was registered on 21 March. By 30 April authorities reported 1,757 confirmed cases, of which 69 died and 727 recovered. The total number of performed tests was 30,793. **Status: The doubling of cases was slowed down from every 2 days on 19 March to 22 days on 30 April.**

Healthcare system: Bosnia and Herzegovina is a country with a highly decentralised healthcare system (with de-facto 12 independent healthcare systems). Differences in their size, available financial and human resources, are high and were reflected in their ability to react to the Covid-19 pandemic. Overall, mostly due to the early introduction of social distancing measures, by 30 April none of the healthcare systems were overwhelmed. On 30 April out of 961 active Covid-19 cases there were 191 hospitalised persons, of which 46 were severe (12 needing ventilators). Authorities reported a high number of free beds. The daily testing capacities went from 30 in early March to maximum of 1,700 tests per day (all tests in the country are RT-PCR laboratory tests). Initially, however, the media regularly reported on insufficient protective medical equipment for health workers, a low number of ventilators (around 200), citizens complaining about not being tested or treated in medical institutions, as well as Covid-19 cases being confirmed after death. **Status: Adequate.**

Preventive measures: Authorities implemented social distancing rules early on, including the fines for those that broke them. They closed kindergartens, schools and universities (10 March). They cancelled all public events (11 March), banned entry to foreigners (24 March) and closed airports (30 March). All levels of government declared the state of natural disaster (17 March), except for the Republika Srpska, introduced the state of emergency (3 April), empowering the President to rule by decree. Across the country curfews, lasting from 8pm to 5 am, were introduced (21 March), businesses with direct contacts to clients were closed (including restaurants and hotels) and all outdoor activities were banned for everyone under the age of 18 and over 65 (20 March). Uncoordinated easing of some measures started in some parts of the country in the last week of April, causing confusion among the public. **Status: Fairly comprehensive and partly more restrictive than in neighbouring countries.**

Compensatory measures: Bosnia and Herzegovina is a country with a highly decentralised economic policy. The scope and timing of adopted measures has varied across the country. The slow and uncoordinated response has provoked concerns and criticism among the public and local and international experts. Banking Agencies have announced a loan repayment moratorium for businesses and individuals that fulfilled certain conditions (e.g. confirmed Covid-19 cases and those that have seen significant drop of income or revenues). Both entities have announced the allocation of funds for the economic recovery. Measures to support businesses, agriculture and workers have been prepared. Authorities also introduced price controls. Fear of corruption and nepotism in

the implementation of these measures is high. **Status: uncoordinated and different measures increased distrust towards authorities handling of the crisis.**

Impact on the population: So far the impact has been felt most acutely by more than 30,000 people that lost their jobs since the start of the pandemic. In reality these figures are much higher, due to a significant informal job market. According to reports by the Red Cross Bosnia and Herzegovina, demand for social support has seen a sharp increase. Insecurity over jobs in the EU could lead to a decrease of remittances from diaspora. **Status: Massive.**

Mood of the population: The situation has been taken seriously by the majority of the population (and media). Initial public discussions were filled with distrust towards the healthcare systems and their ability to respond to the crisis. In the second half of April, the focus of the public turned to several cases of alleged corruption and nepotism, which provoked anger and increased distrust. Since the start of the pandemic all three dominant religious groups in Bosnia and Herzegovina have marked important holidays (Catholic and Orthodox Easters as well as a start of the Muslim Ramadan) and all three religious authorities have officially encouraged people to follow instructions by the authorities, which in individual cases were violated. There are several reports on increased domestic violence. **Status: Compliance, but critical mood towards healthcare systems response and corruption in purchasing of medical equipment.**

KOSOVO

Infections and deaths: The first two cases with COVID-19 were reported on 13 March 2019. Kosovo has witnessed a slow growth of new infections from Mid-March. The first fatality was recorded on 22 March. Experts consider that the peak of the number of infected people was on 19 April, with 79 new cases per day. As of 30 April, Kosovo has 806 overall cases, out of which 271 recovered and 22 deaths. From 27 April, there is a visible decline of infections, as the number of people infected per day versus the cured is higher. 7,423 tests were conducted to identify new infections from 8 February to 30 April. **Status: Steady figures, maybe slowing down.**

Healthcare system: Kosovo is considered to be among the poorest countries in Europe, with high poverty rates and a weak healthcare system. According to the European Commission 2019 report, a fifth of the population cannot afford healthcare due to poverty, while overall 40% of any treatment must be covered from the patient's pocket. In the fight against COVID-19, 500 beds have been made available, of which 142 are supplied with ventilators. Due to limited resources, some hospital departments have been closed and have specifically allocated rooms with beds to treat the infected. There are capacities to double the number of beds if needed. Testing is limited to people showing symptoms of infection, and the contacts of the people who have been diagnosed positive. Countries and international organisations supported Kosovo's government with aid and funds, to cope with the pandemic. The institute of infectology has limited staff members trained to process tests. As shown in the chart, Kosovo conducts 462 Tests per 100K population

making it the fifth country in the region. **Status: Coping well, risk of shortages in medical equipment and inadequate hospital capacity if the number increases.**

Preventive measures: On 11 March 2020, the government began taking measures by closing down schools and kindergartens. On 13 March, they ordered the closure of nightclubs, restaurants, recreation and sporting areas and stores (excluding pharmacies and grocery stores), and urged people to work from home whenever possible. The border crossings were closed for non-essential travels. From 17 March, Kosovo closed all the borders. The special restrictive measures set on the same day, require all residents who enter the country to quarantine for two weeks at specifically allocated government facilities. On 15 April, the government set new restrictive measures that allowed citizens over the age of 16 to go out for only 1.5 h per day. The permitted time for citizens was set according to a weekly schedule, based on the penultimate digit of their personal number. Fines and arrests were imposed if the rules were violated. **Status: Comprehensive and strong lockdown, fully enforced.**

Compensatory measures: On 30 March, the government adopted a Fiscal Emergency Package with an intention to help citizens affected by the governmental measures. The Emergency package includes payments to: beneficiaries of social assistance schemes; payment of monthly assistance in the amount of 130 Euros to citizens who lose their jobs; provision of interest-free loans to publicly-owned enterprises; provision of financial liquidity for micro-enterprises, the self-employed and business organisations authorised to provide basic services; exporters etc. The financial support also extends to companies under financial distress due to the downfall of their business activity by covering the expenditures for the monthly salaries to the tune of EUR 170 for April and May. Field workers exposed directly to the risk of infection are given a salary top-up of EUR 300 for April and May. An additional payment of EUR 100 is planned to be paid to employees of grocery stores, bakeries and pharmacies. Unfortunately, the implementation of this package is not enough for many businesses. There is a high risk of breaking partnerships, market losses and bankruptcy for small companies. The advantage of the current fiscal measures is that if employers decide to seek help by applying for these measures, they will undoubtedly have to enter in a one-year contract which will serve as a security to the employees that were not working with regular contracts. **Status: Slightly satisfactory fiscal measures; Risk of high damages due to the lack of insufficient funds.**

Impact on the population: Kosovo has the lowest ratio of state income to GDP in the Western Balkans (27%) and the second lowest ratio of expenditure (30.2%), barely surpassing Albania. The country still lags behind in providing its citizens with health and social insurance. According to the World Bank's overview, prior to the pandemic Kosovo's GDP was foreseen to rise for 4.1%, Kosovo's GDP is now projected to drop by 4.5% in 2020. The devastating economic impact is attacking different age groups. Kosovo is a country with a young population. Millennials and Generation Z are considered to be the age group that will bear the greatest financial burn. The Education Ministry has adopted online classes for students. This has brought several issues to light. There are households in rural areas who cannot afford to have smartphones, tablets and pay-per-view TV,

making them miss several classes, while their peers are continuing normally online. Schools will open only in September. **Status: rising unemployment, fear of poverty increase.**

Mood of the population: The support for the frontline workers is noticeable. Although the population is generally respecting the confinement rules, the evolving political situation has become quite unsettling. A considerable number of citizens seem to be highly discontent with the political developments and still support the current government and Prime Minister Kurti. **Status: Solidarity with the front line workers, political tensions, feelings of fear and uncertainty.**

MONTENEGRO

Infections and deaths: Since the first registered case on 17 March, the largest number of new infections occurred at the end of March and at the beginning of April. As of 30 April, Montenegro had 322 overall cases with 7 deaths and 214 recovered, while 10 people were hospitalised and 1,730 under supervision. **Status: The curve has been flattened and the crisis is under control.**

Healthcare system: The health system is coping well with the epidemic at the moment, but at the very beginning of the crisis state hospitals experienced capacity problems, in particular with regard to testing kits and personal protection equipment. Some private clinics have offered their facilities, while temporary hospitals have been set up in several Montenegrin municipalities to treat minor cases of infection. Thanks to donations and emergency procurements, these problems have in the meantime been overcome. Since the beginning of the crisis in March, the testing rate was low. By the end of April, the Institute of Public Health had tested 86 cases, which makes a testing rate of 136.5/1M. The number of tested persons in April was published by the Institute of Public Health twice a day, and the number varied, but was not over 200 per day. **Status: Despite initial difficulties, the problems were quickly overcome and now the healthcare system is coping well with the crisis.**

Preventive measures: No state of emergency has been declared in Montenegro, but a curfew from 23:00 to 05:00 is still in force (down from 18 hours during the weekends). The government started to enforce the lockdown measures on 15 March, sharpened two days later as the number of infections went up. Those measures included the closure of inner and intercity transport, the closure of borders to foreigners (15 March), the closure of all shops except groceries and pharmacies. One of the government's controversial decisions was when the National Coordination Body for the Suppression of Infectious Disease published on its website the identities of persons ordered into obligatory 14-day self-isolation (21 March). This decision provoked widespread debate and civil society organisations pointed out violations of the Constitution, the Law on Personal Data Protection, as well as international standards. In late April, the government set out to ease the measures. On 4 May, big-surface shops, bookstores, museums, beauty salons, etc. have started to operate. The same applied to public transportation and taxi services in

municipalities where no infections had been registered. The third stage will start on 18 May (or even earlier), when bars, restaurants, beaches and shopping malls are expected to re-open, while intercity traffic should be established on 1 June. Easing the lockdown will be accompanied by appropriate protection measures. The Minister of Education announced the possibility of ending the school year without returning there in May or June, but a decision has not yet been made. A number of measures will be implemented as long as there is a risk of infection. In the context of supporting the socio-economic recovery, the National Coordination Body mentioned possible measures to prevent a new crisis. **Status: Comprehensive and effective measures, but not all adopted in accordance with legal procedure.**

Compensatory measures: The government adopted several economic and social measures, including a 90-day moratorium on loan repayments, a 90-day postponement of paying taxes and salary contributions at the request of tax beneficiaries; the Investment and Development Fund provided 120 million euro in liquidity loans; broadcasters are exempted from paying broadcasting fees; wage subsidies for April and May for endangered sectors are also provided. Small one-time support will also be provided. **Status: Relatively satisfactory.**

Impact on the population: The impact of the crisis on the economy in Montenegro will be massive. Montenegro is expected to be one of the most affected in the region with a contraction of 9% of the GDP foreseen in 2020 due to a heavy reliance on tourism. The Ministry of Sustainable Development and Tourism has already announced that there will be no part-time employment during the summer season, which will affect a large number of citizens. The "spill over" effect of lower revenues, products and services that are directly and indirectly linked to tourism will affect other sectors of the economy and lead to a pressure on wages and a rise in unemployment. **Status: Massive.**

Mood of the population: In general, the population respects the strict measures introduced by the government but there were also many violations, especially of restrictions on the freedom of movement and the ban on gatherings. This has resulted in a large number of criminal charges being filed. The Prime Minister did not address the public often and mostly communicated via his official Twitter account, several press conferences and appearances on television. The same is the case with the President who remained within his constitutionally defined competencies. Representatives of the National Coordination Body for the Suppression of Infectious Disease and the Institute of Public Health were most frequently communicating to the public. The Institute was very active on social networks and enjoyed great support from the citizens. The government had great support at the very beginning of the crisis. In a survey conducted by UNICEF on 19 March, three quarters said they supported government measures, and 86% said the state was transparent about coronavirus information. However, problems arose when the list of persons ordered to self-isolate was published. This was strongly condemned by a large part of civil society. The coronavirus crisis occurred during a mass procession across the country organised by the Serbian Orthodox Church (SPC) over the adoption of the Law on Religious Freedom in December 2019. Thus, immediately after the introduction of the measures, there was a lot of dissatisfaction with the interruption of these processions and

there were a few violations of the measures, especially those on the ban on religious rites. However, there were no major incidents and as the crisis progressed the measures were increasingly respected. **Status: Compliance but critical attitude.**

NORTH MACEDONIA

Infections and deaths: The first coronavirus case was detected at the end of February ([26 February](#)) with the first COVID-19 related death to follow almost one month later ([22 March](#)). The number of registered cases was on the rise until [19 April](#). Since then, the number of newly registered cases has been decreasing, with an average of 20 new cases [registered per day](#). COVID-19 cases have been registered in 28 towns across the country, with all but three bigger cities (Skopje, Kumanovo and Prilep) having one or two digit numbers of [registered coronavirus cases overall](#). According to the Institute of Public Health, on 29 April the number of registered infected persons was 1465, out of which 650 patients (~44.4%) were active cases, 738 (~50.4%) recovered and the rest 77 (~5.2%) perished. The age of the patients ranges from 0 to 94 years (average - 44.8 years), with the majority of patients being over the age of 60 (21.0%). A small majority of the registered infected patients are female (n=770, 52,55%). The majority of the [COVID-19 related deaths](#) are persons over the age of 60 (n = 49, ~63,6%), most of the fatal cases are male (n=51, 66,23%) and from all of the deceased, the significant majority (n=57, 74.0%) had comorbidities. **Status: The peak is considered to have passed. North Macedonia remains a high-risk country in SEE.**

Healthcare system: The national healthcare system has been coping relatively well with the COVID-19 outbreak. The main healthcare institution dealing with COVID-19 patients is the Clinic for Infectious Diseases and Febrile Conditions in Skopje. As the number of cases of individuals infected with COVID-19 increased in various cities across the country, other healthcare facilities, such as "8mi septemvri" in Skopje, the Institute for Lung Diseases in Skopje, infections departments in the hospitals in Shtip, Debar, Gostivar, Veles started dealing with these cases as well. On [27 March](#), it was announced that a mobile hospital with 130 hospital beds was being set up near the Clinic for Infectious Diseases and Febrile conditions in Skopje. On [2 April](#), the Ministry of Health informed of 1,000 hospital beds available to hospitalize patients. The Minister of Health, Venko Filipche, announced on [27 April](#) that COVID-19 donation account funds, which by then had accumulated around MKD 90,000,000 (around EUR 1,460,106), will be used for additional necessary equipment such as intensive care beds, ventilators, perfusers and mobile X-ray devices. The government organized (charter) flights for the return of citizens stranded in various parts of the world, upon the condition that they remain in quarantine in state-provided accommodation for two weeks. 19 accommodation facilities with a total of 2104 beds were [allocated to this end](#). As for testing, 16,436 tests were conducted by [29 April](#). The Institute for Public Health was initially the only institution [performing COVID-19](#) testing. Upon a request by the Ministry of Health, other [state \(2\)](#) and private (4) laboratories with appropriate protocols are also testing and screening. On [8 April](#), the WHO donated 5,000 COVID tests to the Institute of Public Health. Other countries donated tests as well, including 5,000 tests [donation by China](#). **Status: Adequate.**

Preventive measures: Strict preventive measures aimed at preventing a drastic spread of the virus were introduced. Kindergartens, child-care centres, schools and universities were closed on [10 March](#); online and distance learning was introduced, including by opening a new TV-channel for children by the national broadcast company. Non-essential businesses were closed on [12 March](#), leaving open only supermarkets, pharmacies and stores selling essential goods. A 'state of crisis' and the first complete lock down was introduced in the first hotspots - Debar and Centar Zhupa on [13 March](#). On 15 March, the Government ordered the [closing of Ohrid airport](#), followed the next day by the [closing of all border](#) crossings for foreign citizens, except of entry and transit of cargo trucks, including Skopje International Airport. On [18 March](#), the President declared a COVID-19-related 30-day state of emergency for the whole territory of the country. A new virus hotspot – Kumanovo, occurred at the beginning of April; a weekend lockdown was introduced on [3 April](#). On [16 April](#), it was decided that the state emergency would continue for another 30 days. [Rules](#) regarding the use of public transport, and hygiene, customer capacity and security in operating essential businesses (such as supermarkets, banks), including mandatory distance and signalisation for customers, were introduced on the same day. A curfew for all citizens is in place; its duration varied depending on the estimations provided by expert epidemiological advice. The [curfew was initially](#) on weekdays from 21:00 until 06:00, followed by the addition of a [weekend curfew](#) from 16:00 to 05:00, and a further increase in the restrictions (curfew commencing at 19.00 pm). An [85-hour curfew](#) was introduced for Orthodox Easter, from 17th of April, 16:00 pm until 21st of April, 05:00 am **Status: Adequate.**

Compensatory measures: State institutions have delivered sets of measures to support companies and citizens affected by the crisis. [Interest-free credits](#) 'COVID 1' and 'COVID 2' are available for MSMEs in total of EUR 13 million through the Development Bank of North Macedonia. The Central Bank has [lowered the interest rate](#) by 0.25% and introduced the possibility for [credit payment holidays](#) for both companies and citizens. The government offers financial support in the form of repayable assistance [per worker to all companies](#) and [self-employed persons](#), fixed to the national [minimum salary \(EUR 235, net value\)](#). The conditions of this scheme have been altered several times. Artists and sportspersons are provided with non-repayable [transfer of the same amount](#). Other sectoral measures include [repayable contributions per worker](#) and [profit tax advances](#) for the transport and tourism and hospitality industries. According to a recent poll only 16% of the companies do not intent to apply for (any) of the [measures](#). With the aim to protect indebted citizens and support the survival of companies, the government has [suspended bankruptcy proceedings](#) and [social housing payments](#) during the period of the state of emergency. Moreover, one-off payment will be provided for electricity bills for socially vulnerable families. The government also adopted a decision to lower the salaries of all elected and appointed officials in an attempt to lower budget spending. However, the [constitutional court struck this decision down as unconstitutional](#). Other anti-crisis measures include: the [abolition of tariffs on several medical materials](#), [price ceiling on several fruits](#) and [wheat and flour export quotas](#). The government has opened a [Solidarity Fund](#). **Status: Substantial.**

Impact on the population: The forecasts on the economic downturn hover around 3%. In the past 2 months, unemployment has not risen significantly as (only) 9000 workers were laid off. However, the number could rise as 95% of the companies reported a lower workload and 46% of the companies fear they will need to lay off more workers as the private sector fears liquidity issues. The southwest region of the country, which is tourism and hospitality dependant, remains the most vulnerable from coronavirus related uncertainties. A significant number of the workers remains unprotected as they work in the informal economy (18.1% in 2018). **Status: Considerable impact.**

Mood of the population: In general, the public respects the restrictions, follows the recommendations and remains supportive of the covid-19 measures. A recent public opinion poll registered a high 78.3% confidence in the Minister of Health. However, cases of non-compliance by individuals and companies have been registered, especially in relation to the imposed curfew. The main discontent was in relation to the 85-hour curfew during Orthodox Easter Holiday in April, when citizens were not allowed to leave their homes. Orthodox Christians comprise the largest religious group in the country. Disinformation and conspiracies remain a critical problem for the society, especially through social media outlets where a number of fake news appear to spark debates. **Status: Public compliance, with critical attitude.**

SERBIA

Infections and deaths: The first case of Covid-19 in Serbia was confirmed on 6 March. The rate of infection grew significantly since then, peaking by mid-April, with 445 new confirmed cases on 16 April. Since then it has been steadily slowing down. On 30 April there were 9,009 registered cases. All groups have been vulnerable to infection, with elderly persons and persons with respiratory and pulmonary conditions being deemed risk groups. The first fatality was registered on 20 March, with a total of 179 fatalities on 30 April, amounting to a mortality rate of 1.99%. By that date, 1,343 patients had recovered. **Status: Initially high infection rate steadily declining; mortality rate comparatively low and consistent.**

Healthcare system: Initially the Serbian healthcare system had immense difficulties in dealing with the onset of the epidemic. There was a major lack of hospital capacities, which resulted in the establishment of makeshift medical facilities for minor cases, as well as a lack of medical equipment, testing kits, and protective gear. Over time, through government purchasing, as well as foreign donations, these shortages have been fixed, and the healthcare system has reached a point where it is functioning well with adequate capacity. By the end of April, 85,645 tests have been conducted, but it is not clear what type of tests they are. It should be noted that the testing capacity was initially low due to lack of testing kits, and has been significantly improved with the mitigation of the shortage. **Status: Initially severely unable to cope and suffering from shortages; at present fully functional with sufficient equipment.**

Preventive measures: The authorities in Serbia had declared a nation-wide state of emergency on March 15th, followed by preventive measures which have since increased in severity, and a complete closure of borders for all non-essential traffic on March 19th. At their most comprehensive, the preventive measures included: daily curfew in effect between 17.00 and 05.00; persons over the age of 65 were not permitted to leave their homes, except once a week in a set 3-hour time slot; 24-hour curfew was introduced on weekends and major holidays; almost all non-essential businesses were closed; inter-city and intra-city public transport was suspended; public gatherings exceeding 2 people were prohibited and movement during curfew was allowed only to permit-carrying persons. These measures have been slightly relaxed in the final days of April. The state of emergency was revoked on May 6th, along with the majority of the restrictions. There has been some, though sparse and unofficial, discussion about a potential second wave of the virus. **Status: Extremely strict, recently relaxed, most of them now lifted.**

Compensatory measures: In addition to a set of state aid measures, the government has also adopted several compensatory measures aimed at social protection. Early on, the government introduced price controls on essential products such as foodstuffs, protective gear and disinfectants, restricting their prices for 30 days to those prior to the outbreak in Serbia. The National Bank of Serbia was also given instructions to offer debtors a moratorium on repayment of their obligations. Furthermore, every adult citizen of Serbia was promised a direct payment of €100 following the end of the epidemic, automatically paid to pensioners and persons on welfare support, while other citizens must contact the Ministry of Finance to claim their payment. The government has also announced the payment of minimum wage to over 1 million workers in 232,000 enterprises, to be financed directly by the state, with a further two such payments to follow in the next two months. **Status: Limited but adequate.**

Impact on the population: The epidemic and the subsequent state of emergency have significantly impacted the Serbian economy, especially the tourism and hospitality industries, as well as passenger transport and trade. Businesses such as pharmacies, gas stations and produce shops, deemed essential, remained open. Others, primarily small businesses in the service sector and NGO sector, adapted to the use of teleworking. Most non-essential businesses unable to make that switch (e.g. bars and restaurants) were forced to halt operation. This has led to many households losing significant portions or all of their income, which in turn has reduced their purchasing power and put them in an economically precarious position, given that the vast majority of the workforce does not possess large financial reserves needed to sustain them without steady income. Unemployment has been rapidly rising, and around 400,000 Serbian citizens seasonally working abroad have returned to Serbia. **Status: Severe economic impact, rising unemployment.**

Mood of the population: While the majority of the population adheres to the introduced measures, there has been significant discontent and criticism among the population about their severity. Restrictions of basic rights, and lack of transparency of decision-making were seen as major issues. A minority nevertheless believes that these measures are adequate and even opposes their suspension. Debate occurred surrounding

the marking of Orthodox Easter, with many, including clergy insisting on holding the traditional Easter liturgy – the government pressured against this as it was deemed unsafe and the liturgy was held without the participation of citizens and broadcast on television. Every day at 20.00, citizens show gratitude and support for the doctors and medical staff by applauding from their windows and terraces. Following an initiative started in the second half of April, a portion of the population took to showing their discontent with the political circumstances by following the daily applause with deliberate noise – usually made by banging pots and pans – at 20.05 every evening. There is still much uncertainty, anxiety and fatigue among the population, coupled with renewed political tensions. **Status: Disgruntled, critical and anxious mood, but overall compliance.**

TURKEY

Infections and deaths: Compared to neighbouring countries, COVID-19 cases were diagnosed later in Turkey, on 11 March, and the first death occurred on 17 March. However, the numbers increased rapidly across Turkey. According to the official figures, as of 30 April, Turkey has 120,204 known cases, 3,174 deaths, and 48,886 recovering from the virus. Although the number of tests was quite low during March, over 940,000 tests have been completed, with an average of some 31,000 tests per day during April. The growth rate of the disease in Turkey appears to be positive, but a steady decline was seen after the peak for the new cases on 11 April, and for the active cases on 23 April. The number of active cases has dropped from its peak of nearly 81,000 to nearly 60,000 at the end of April. Nevertheless, there is criticism concerning the number of reported cases. The Turkish Medical Association has criticised the Ministry of Health for not reporting COVID-19 deaths according to WHO codes and claims that there is a discrepancy between the number of cases and deaths. The Ministry of Health confirmed that only PCR test positive cases and deaths are being reported, while rejecting claims that there are any problems with the reported numbers. The data announced by the Ministry are being criticised by public health professionals also because of the lack of open and consistent demographic and geographical information regarding the tests, cases and mortality. Turkey announced that the lockdown measures will be eased in the second week of May. **Status: Rising strongly in mid-March and April but slowing down at the end of April.**

Healthcare system: Turkey's healthcare system is coping relatively well with the outbreak. On 10 January, right after the outbreak in Wuhan, the Ministry of Health set up the Coronavirus Scientific Advisory Board which meets twice a week, followed by a public address by the Minister of Health. In mid-March, all hospitals with at least two specialists in infectious diseases, pulmonology, internal medicine, and clinical microbiology were declared as coronavirus pandemic hospitals. The Turkish government started building two new hospitals to accommodate 2,000 or more patients in Istanbul. The Ministry of Health also started a filiation campaign to detect and monitor everybody who had been in contact with a coronavirus positive case. The Ministry announced that nearly half a million people who had been in contact with the virus has been monitored by nearly 6,000 filiation teams. Turkey has high-capacity intensive care units: 46 ICU beds per 100,000 people. **Status: Adequate.**

Preventive measures: At the beginning of February, Turkey stopped all flights from China and closed its borders with Iraq and Iran. The flight ban then expanded to other countries in April. Starting on 11 March, Turkey gradually took some precautions; isolating infected people, quarantining people with suspected cases, restricting the physical movement of citizens, preventing collective activities, and expanding the use of personal protective equipment and disinfectants. All schools and universities were closed, prayer gatherings in mosques were banned, and a total curfew was announced for those who are over the age of 65 or chronically ill, and then extended to include people younger than 20 years old. Apart from the tourism, entertainment, education, and service sectors, employees between the ages of 18–65 have continued to work. On 3 April, the government announced a 15-day entrance ban into Turkey's 30 metropolitan municipalities and Zonguldak. It then extended these measures and imposed a curfew on weekends and national holidays. Yet, many experts have criticised the fact that quarantine measures did not start earlier and have not been sufficiently tightened. Turkey's Ministry of Foreign Affairs announced that more than 60,000 Turkish nationals have been repatriated from 75 countries since the beginning of the pandemic, following mandatory health checks and a 14-day quarantine. **Status: Fairly comprehensive with elements of flexibility.**

Compensatory measures: The government has announced multiple stimulus packages to support the economy and to stem the impact of the pandemic, including economic measures to address the private sector and low-income households, several tax reductions, and postponement of debt payments for at least three months, such as rental payments on state-owned properties, water bills, payments on student loans, and agricultural loans. A Short Employment Allowance was introduced for workers forced to take unpaid leave due to the outbreak. As of 27 April, 292,000 companies used the package, affecting 3.19 million workers. Yet, economists fear that the measures are not sufficient. The short-term work allowance applications will solve only a minor part of the employment problem, since the package does not cover millions of informal workers or those who are self-employed, tradesmen, and unpaid family members who have lost their jobs and income. **Status: Weak due to lack of fiscal capacity.**

Impact on the population: The coronavirus threatens an already fragile Turkish economy. According to the updated IMF forecast, the inflation rate is 12% in 2020, which leads to concerns over possible food price volatility. The lira, which has lost nearly 15% in value since the start of the year, remains close to seven against the US dollar. A massive increase in unemployment is estimated for 2020; three million people will lose their jobs, and the youth unemployment rate will increase to 40%. Most importantly, Syrian immigrants, the people working in the informal sector, and seasonal agricultural workers will be affected by these changes. A survey carried out by the Istanbul Metropolitan Municipality (IBB) reveals that 89% of the population expects the outbreak's economic effects to be negative, and 86% of respondents think unemployment will increase over the next year. Similarly, 81% of the population thinks that the national economy will suffer. **Status: Massive impact.**

Mood of the population: The public mood is generally positive because of the decline in the number of new cases and deaths since the end of April. However, the level of anxiety across society is high because of the anticipated long-term socio-economic consequences, and the general increase in the numbers of those that are affected by the virus. While the Minister of Health who is himself a medical doctor and the Advisory Board have gained trust from citizens across party lines, government discourse has been polarising and damaging the sense of solidarity among citizens. There was an ongoing debate over who is allowed to distribute aid as the Ministry of the Interior has opened investigations against the mayors of Istanbul and Ankara for organizing local relief initiatives. There is also public mistrust in the government, especially about official data concerning the virus. At the same time, there is an increasing number of campaigns organised by the civil society, volunteers and the private sector supporting doctors, nurses, and healthcare workers who have been working long hours under stressful conditions, including initiatives such as collecting needs on social platform cooperatives, opening private homes and hotels close to hospitals for their stay. **Status: Compliance with regulations, but largely partisan based distrust of official data and the government's overall measures.**