European Association of Health Law Covid 19 legislative survey Sweden

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EUROPEAN ASSOCIATION of HEALTH LAW

April 2020

EAHL Newsletter

Special issue on legal landscape concerning the coronavirus outbreak

* The information presented in the reports reflects data at the time of submission (April 2020)

EAHL
EUROPEAN ASOCIATION OF HEALTH LAW

Newsletter №2 / 2020

EUROPEAN ASSOCIATION of HEALTH LAW

Message from the President

April 2020
Issue № 2

EAHL President
Prof. JD. Karl Harald Søvig

Dear EAHL members,

I hope that you are all fine, despite the extra-ordinary circumstances. The outbreak of the corona-virus has changed the world in a way that few would have anticipated. This special issue of the EAHL newsletter is dedicated to a survey of the legislative measures introduced due to the corona outbreak. The idea for such a project came from Lukáš Prudil (former board member); many thanks to Lukáš for the initiative. A sincere acknowledgement also to the EAHL national contact points who have contributed with their insight from their domestic legal systems.

The intention of the newsletter, besides giving an overview that is interesting by itself, is to fertilize further research into this field of health law. The survey indicates that the European countries have all used far-reaching legislative measures but there are many nuances that are well worth investigating. If referred to, I kindly ask you to this newsletter as «European Association of Health Law, Covid-19 legislative survey» (in addition to the country concerned at the author).

Communicable diseases have traditionally been a part of health law that has been given limited attention in the academic literature. This has suddenly changed, and now we all discuss health law at dinner tables and on digital platform.

The survey demonstrates the wide range of legislative measures amongst the European countries. All countries in this report have introduced some form of social distancing, although it is interesting to see the many differences concerning number of persons in the same group and physical distance between persons. The outbreak has forced health personnel around Europa to prioritize between patients, although it differs between the countries in this report whether such guidelines have been introduced and if so, their content. So far, few cases have reached the courts. Partly, this may be due to the duration of legal processes but it could also be explained by the fact that the population to a large extent accept the measures due to the extraordinary situation.

We have not streamlined the country reports. Some of them include information about figures (mortality rates, etc.) and others not. It is important to emphasize that it is not possible to draw conclusions from the material regarding which legislative measures that are effective.

I hope that you all will enjoy reading in the material and I sincerely hope that it would lead to more research amongst health lawyers.

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https://eahl.eu/

Case Report Austria
Covid 19

***Magdalena Flatscher-Thöni**, NCP for Austria*

24.4.2020

Please be aware that legal sources are currently changing on a daily basis in Austria.
The following answers provide an overview of the complex legal situation we are working with.
For further details, please do not hesitate to contact me!

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1. A short description of the major legislative framework concerning communicable Diseases

Austria's framework legislation for communicable diseases is called "Epidemiegesetz" and was first established in 1950. Given the current Covid 19 pandemic this Epidemics Act is still valid in principle. Additionally on 15 March 2020, the first COVID-19 measure law (Covid-19 Maßnahmengesetz) was passed by the National Council and entered into force on 16 March 2020. This law regulates special measures to contain the COVID-19 pandemic and is valid until December 31, 2020. In the meantime, four further COVID-19 laws have been passed including special arrangements for the judiciary, business support measures, short-time work, crisis respond fund etc. Based on this statutory basis dozens of ordinances and decrees have been enacted.

For detailed information see https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Rechtliches.html

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.

In general Austrian health care providers have been published internal guidelines focusing on the treatment as well as on the priority setting quite fast after the outbreak of the epidemic (pandemic). Additionally medical societies, e.g. the Austrian Society for anaesthesiology, resuscitation and intensive care (ÖGARI) have published clinical and ethical recommendations for the start, implementation and termination of Intensive therapy for Covid-19 patients, especially focusing on the allocation of intensive care resources. For further details see https://www.oegari.at/web_files/cms_daten/covid-19_ressourcenallokation_gari-statement_v1.7_final_2020-03-17.pdf

From an ethical point of view, the German Academy of Ethics in Medicine (AEM) is constantly working on questions regarding possibilities and limits of institutional ethics services in response to the COVID-19 pandemic (see https://www.aem-online.de/fileadmin/user_upload/AEM_Recommendations_Role_of_COVID-19_Pandemic_2020-03-31.pdf).

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)? Non urgent health care services have been suspended to focus all available resources on the needs of the crisis. By the end of April 2020 these services should be restarted in Austria.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

Austria's framework legislation for communicable diseases is called "Epidemiegesetz". Given the current Covid 19 pandemic this Epidemics Act is still valid in principle. Additionally on 15 March 2020, the first COVID-19 measure law (Covid-19 Maßnahmengesetz) was passed by the National Council. This law

regulates special measures to contain the COVID-19 pandemic. In the meantime, four further COVID-19 laws have been passed. Based on this statutory basis dozens of ordinances and decrees have been enacted. The following restrictions have been introduced, amongst others:

a. Restrictions concerning movement in public spaces:

In general movement in public spaces is banned in Austria, except

- to avert an immediate danger to life, limb and property.
- professional activity, if possible, telework should be used at home.
- ways to cover the basic needs of daily life, e.g. buying food, going to the pharmacy or ATM, visiting the doctor, medical treatment, therapy, etc. This exception also includes marriages or burials within a close family circle.
- Procurement in shops or use of services which may be open.
- Care and assistance for persons in need of support.
- to go outdoors (e.g. for walking or running) - but only alone, with people living in the same household or with pets.

Legal bases include: Ordinance pursuant to Section 2(1) of the COVID-19 Measures Act (April 21, 2020); Provisional measures to prevent the spread of COVID-19 (April 18, 2020), Ordinance on measures to be taken when entering Austria from neighboring countries (April 9, 2020), Ordinance on entering Austria by air (April 9, 2020).

b. Restrictions concerning "social distancing"

The Austrian population is asked to keep distance. Only those direct contacts should be maintained which are absolutely necessary otherwise at least 1 metre (3 feet) distance should be guaranteed. Restrictions on social distancing are in form of guidelines.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

In Austria everyone showing any form of acute respiratory infection (with or without fever) with at least one of the following symptoms (for which there is no other plausible) cause cough, sore throat, shortness of breath, catarrh of the upper respiratory tract, sudden loss of sense of taste is tested.

Additionally series testing using PCR tests is carried for special risk groups. e.g. people living in nursing homes. They are currently tested nationwide in order to be able to assess the situation and to optimize appropriate protective measures.

The usage of a contact tracing app is currently discussed in Austria. However, the use of this already existing app (https://participate.roteskreuz.at/faq_stopp_corona_app/) is not obligatory.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals? Not in a systematic way.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak? Not to my knowledge up till now.

8. A link to legal sources of your country (preferably in English)

https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Rechtliches.html

Azerbaijan Republic Report

***Vugar Mammadov**, Prof., MD, JD*
***Lala Jafarova** (jlala.mail@gmail.com)*

1. The outbreak of the new coronavirus (COVID-19) recognized by the WHO as a pandemic has led to the adoption of numerous legislative measures in the country. Legislative measures have been developed at the level of orders of the President, the Task Force under the Cabinet of Ministers, legislative norms of the State Agency on Mandatory Health Insurance and Administration of the Regional Medical Divisions (TABIB). It should be noted that due to the virus outbreak the introduction of the mandatory medical insurance on the territory of the whole country has been postponed until 2021.

Major legislative measures concern implementation of "social distancing" and "special quarantine regime" (from 14 March until 4 May). Although there is no social isolation legislation in the country, these measures seem to be justified. All educational institutions including schools and universities have been closed. Education at school level continued through TV lessons and "Virtual School project", while special online lessons were organized for university students. People over 65 were prohibited to leave their homes, except in situations threatening their health and for seeking medical help. Social aid was organized for a group of people over 65 living alone. Thus, they could apply for any help such as buying groceries, home pension delivery, recharge special cards for electricity and other communal services by phone.

The most modern hospital in the country, called "New Clinic", consisting of 575 beds, three new hospitals in 3 cities of the country with the total number of more than 500 beds have been opened in March 2020. These hospitals were also given at the disposal of coronavirus patients. In a short period time, it is planned to build 10 modern modular hospitals, each with 200 beds, 6 of which will be built by the state and 4 by private entrepreneurs.

As part of the provision of social protection disability benefits, pension cards and national passports expiration dates were automatically extended. Unemployed persons registered with unemployment are paid an amount of a living wage (190 manats) during the quarantine. The timetable was provided to those who were not registered with the system but decided to do so.

According to Decree of the President of the Republic of Azerbaijan on measures to protect the health of the population and strengthen the fight against coronavirus infection in the Republic of Azerbaijan of 19 March 2020 the Coronavirus Response Fund has been established.

2. As of April 23, 2020: so far, 1548 people have been diagnosed with coronavirus infection in the country, 948 of them have been treated and cured, 20 people have died, and 580 people are being treated in special hospitals. 114,410 tests were conducted to identify new cases of infection in total.

At present, the scarcity of resources is not observed in the country. Therefore, as the disease is detected, all infected are placed in specialized hospitals for treatment, which is conducted at state expense and according to the guidelines of the WHO.

Prisoners over the age of 65 in need of special care for their age and health due to the spread of coronavirus (COVID-19) infection in the world were pardoned by the Order of the President on 6 April 2020 (176 people in total). At the moment, no infected were registered in places of detention. Disinfection works are being carried out in these institutions as well as throughout the country.

More than 15 thousand Azerbaijani citizens were returned to the country from abroad by special flights organized by the state. Delivered persons are placed in special quarantine zones. Such zones include all hotels in Baku and hotels located near the customs checkpoints, the Athletes Village, recreation centres of various universities in the regions, in particular in Nakhchivan. Quarantine of arriving from abroad citizens, testing for suspected illness and its treatment is carried out at the state expense.

Order of the President of the Republic of Azerbaijan on allocation of funds for the supply of necessary medical equipment and other medical means within the framework of health measures implemented in the Republic of Azerbaijan against the coronavirus pandemic of 9 April 2020, allocated 97 million manats from the state budget. 200 mechanical ventilation devices have been bought, a plant for the production of medical masks, medical alcohol and disinfectants have been launched.

3. At present, no medical services been suspended during the outbreak.

4. The Resolution of AR Cabinet of Ministers on Prevention of coronavirus infection wide spreading on the territory of AR of 30 March 2020 (updated on April 2 – Resolution №124 and April 3 – Resolution № 125) established a special quarantine regime (social isolation). The documents define special SMS permission to leave the place of residence, guidelines for those required to continue to work, such as medical personnel, at state importance and life-sustaining facilities, as well as uninterrupted operating enterprises, the ban on the work of public institutions such as museums etc.

AR Cabinet of Ministers Resolution № 122 on the regulation of the work regime during the period of special quarantine in the territory of AR of 31 March provided to keep the salaries of employees employed in state bodies and institutions. If possible, employees were advised to work at home, as well as in the form of remote work or telework. According to the resolution employers of other fields were strongly recommended to keep salaries of employees not engaged in the work.

International auto, railway and air communication as well as between regions of the country were temporarily suspended. The borders with neighbouring countries were temporarily closed.

According to Article 211 of the Code of Administrative Offenses, administrative sanctions may be imposed for violation of quarantine rules. A penalty may be imposed on a citizen in the form of fine from 100 to 200 manats for individuals, from 1,500 to 2,000 manats on officials, and from 2,000 to 5,000 manats legal entities. In case of violation of social isolation regime, which entailed the spread of diseases or creates a real threat of its spread, a fine of 2,500 to 5,000 manats will be applied, or imprisonment for up to 3 years. The same acts that entailed the death of a person or other grave consequences will be punished by imprisonment from 3 to 5 years.

5. Up to 20 April 2020, no specific guidelines on the use of e-health technologies/applications processing personal data have been adopted.

6. According to the Order of the President of the Azerbaijan Republic of 18 March 2020 On strengthening social protection of medical workers participating in events on fighting a new type of coronavirus (COVID-19) infection the salary of health workers involved in the fight against the epidemic was increased 3-5 times.

A bonus of 250 manats per month is paid to volunteers involved in measures to combat a new type of coronavirus (COVID-19) infection from April 1, 2020.

7. There have been no cases before the courts relating to health law due to the coronavirus outbreak.

8. Sources:

- The official website of the President of the Azerbaijan Republic: https://en.president.az/
- The Republic of Azerbaijan Cabinet of Ministers: https://cabmin.gov.az/en/
- The State Agency on Mandatory Health Insurance: https://its.gov.az/
- Official website of the Coronavirus Response Fund: http://covid19fund.gov.az/en/about
- Website on Corona virus outbreak in Azerbaijan Republic (in Aze.): https://koronavirusinfo.az/az
- The official Facebook page of the the State Agency on Mandatory Health Insurance and Administration of the Regional Medical Divisions (TABIB): https://m.facebook.com/tabib.gov.az/ (in Aze.)
- Trend News Agency: https://en.trend.az/

23.04.2020

National report – Czech Republic

Michal Koscik,
NCP for Czech Republic

26. April 2020

1. A short description of the major legislative framework concerning communicable diseases

Public health system.

Preventive measures against communicable diseases are routinely dealt with under the regulatory framework of the Law on public health (*zákon č. 258/2000 Sb., o ochraně veřejného zdraví*), which serves as an umbrella for dozens of rather technical regulations.

The responsibility for the public health at the central level is divided between several ministries (Ministries of Healthcare, Defence, Internal affairs, Environment, Local development and Transit). On the regional level, the responsibility is divided between the political representation of Regions and so-called "Regional Hygiene Stations" (RHS), which are expert based institutions, largely independent on regional governments. The activities of RHS are coordinated by the Ministry of Healthcare. The competence matrix between abovementioned authorities (i.e. ministries, regions and RHS) is quite complex, but the primary responsibility for public health lies on the Ministry of Healthcare and RHS.

Most activities of RHS are **preventive by nature** and revolve around enforcement of workplace safety rules and hygienic standards and in public and business premises (including schools, restaurants, healthcare facilities).

I**n the case of the outbreak of a disease**, the Ministry of Healthcare and RHS have broad competences to take necessary measures to prevent and fight the epidemy, such as:

- the competence to shut down production, trade, or imports of any goods,
- the competence to ban travel from specific destinations
- the competence to shut down public events
- the general competence to issue orders to ban any activity, or even general competence to "order activities" to prevent epidemy.

The abovementioned measures can be taken on both regional (adopted by RHS), and national level(adopted by the Ministry).

National emergency rules.

The government has the competence to declare „the state of emergency", which can last for up to 30 days or to be extended by the lower chamber of the parliament. During the state of emergency, the government receives power to restrict individual freedoms (including the freedom of movement and right to property), and issue individual orders and general rules. The process of passing new laws under emergency is also much faster.

To address the epidemy, the **government tried to combine legal instruments based on the law on public health and instruments reserved for the national emergency**[1]. Both systems provide similar instruments (for example it is possible to close shops under both "public health" and "national emergency" grounds), however, they both operate with different restrictions of state power and compensation mechanisms. This

[1] which was declared on 12th of March 2020

approach was met with opposition and government was accused obeing arbitrary in its approach. On the 23rd of April 2020, the Administrative Court in Prague ruled, that the government cannot arbitrarily cherry-pick the instruments from both systems and needs to be consistent (see section 7. for details).

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.
The first set of guidelines, which was introduced in early March, was focused on exposed persons, i.e. people arriving from risk locations (for example Italy and Spain) and people in contact with infected patients. These people were automatically quarantined for 14 days by their general practitioners. This system was in place one week before the state of emergency was declared[2].

The second set of measures was introduced after the declaration of national emergency (in Czech "nouzový stav") after the 12th of March 2020. Shortly after the National emergency was declared, the government issued approximately 20 partial "emergency measures", few of them directly involved healthcare. At that time, there were no reported deaths (first death was reported 10 days later) and 116 known cases of infection.

The government was focused on the closure of border crossings, limiting transit and travel within the republic, closure of schools, public facilities, non-essential shops and restaurants. The perceived lack of discipline among citizens[3] quickly escalated to the eventual the general ban on "free movement of persons" on 14th of March. This general ban was basically a curfew (see section 4). As a part of these measures Students in the fields of healthcare and social work have been put on emergency and were obliged to work in healthcare and social-care facilities if called. As a specific measure taken under the public health framework, the Ministry of Healthcare suspended the visits in healthcare facilities and social-care facilities. The ban on visits was at no point in time absolute and contained exceptions, for example to visit terminally ill patients or underage patients. The scope of exceptions was later both extended and reduced as the situation required.

The third set of guidelines (from April) focused on easing the lockdown and extending the exceptions. The lockdown (ie. ban on free movement of persons) ended on 24rd of April (see section 4). The lockdown was unprecedented in its extensivity, however, it managed to protect the capacity of healthcare system. Therefore there has been **no need to introduce rules on priority of patients due to scarcity of resources.**

The scarcity of resources was publicly discussed in regards to protective gear for healthcare staff. As a result, the government shut down the free market in protective gear. The protective gear for healthcare workers could be sold only to the government, which distributed the protective equipment according to set priorities (large hospitals first).

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?
Most of the non-essential healthcare was rescheduled in all segments of healthcare. The order of Ministry of Healthcare to suspend and to reschedule non-essential healthcare applied to facilities that also provide emergency care[4]. However, the remaining facilities also rescheduled healthcare due to general hygienical recommendations and on-site managerial decisions, even if they were not obliged to do so.

The lack of protective measures for healthcare workers forced many providers of primary care to temporarily suspend their activity (especially in March). It is yet to be evaluated, whether the shutdown of free market of

[2] See. The „Emergency measure of Ministry of Healthcare from the 8th of March, 2020, no. MZDR 10386/2020-1/MIN/KAN.
[3] Some citizens used the unexpected holiday for mass leisure activities
[4] General Measure of Ministry of Healthcare MZDR 12066/2020-1/MIN/KAN from 16.th of March.

protective gear and distribution via state-controlled channels made the shortage worse, or whether it indeed helped providers to receive protective equipment within weeks.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

As was described above, plenty[5] or legally binding rules were introduced, but few of them were laws. The "emergency measures" issued by the government and the Ministry are legally binding, but are temporary in nature. AS to the **Restrictions concerning movement in public spaces,** the government took the strategy of full and immediate curfew and ban of all non-essential activities. The government also shut down all non-essential shops, and services. At the strictest point (16th of March), it was only possible to:

- commute to and from employment, in case the premises were not shut down by separate decree
- shop for essentials goods, which were - food, drugs, personal hygiene, pet food, but also flowers and tobacco
- necessary visits to family (in case they needed help)
- hikes in nature and parks (whilst respecting social distancing)
- travel to receive or provide care
- attend funerals

The curfew was gradually and rather slowly eased, by extending the list of premises that are allowed to open. The social distancing rules were also gradually eased. First, the outdoor sport activities could be performed in couples (group of 2) and since the 24th of April in groups of 10. For the full list of measures see section 8.

The curfew is currently being lifted in waves. The freedom of movement is not restricted, but may premises and activites remain strongly regulated. Most of the shops will reopen on Monday 27th of April. It is expected, that most services will reopen by the end of May, however under strict hygienical measures. It can be expected, that new public health rules will be introduced in the near future to offset the lifting of the curfew.

As of today, citizens have to wear face masks in public, schools and restaurants remain closed. Borders are *de iure* opened, but *de facto* closed for most citizens due to many public health restrictions on both sides of the state border.

The obligation to wear face masks in public has been in place since the 19th of March (with very few exceptions).

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

The government is in the testing phase of so-called **"smart quarantine**" which involves tracking of cell phone movement. The purpose of tracking is to create a "memory map" which will help an infected individual to remember all his physical contacts with other people. These people will be then invited for tests. The tracking is based on the consent of an individual and performed by the operator of the mobile phone network.

A voluntary smartphone application was made available for download that would allow individual cellphones to remember (anonymously) their proximity to other cellphones (via Bluetooth). Once the owner of the cellphone is diagnosed with the disease, owners of the cellphones that appeared in close proximity in recent past are notified.

Both technologies are based on voluntary participation and their effect is yet to be evaluated.

[5] By quick counting the author of the report managed to identify 61 legally binding measures adopted after the 12th of March.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

Intentional spreading of COVID 19 became a criminal offence. Other than that, the occupational injury schemes were not reviewed. Being infected by COVID 19 at work would, however, allow employee to claim compensation under existing rules.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?
So far, there have been two cases before the court with an outcome. Neither of them relates directly to health law.

In the first case, the Supreme administrative court addressed the question, **whether a by-election** for the deceased member of parliament's upper chamber (senate) **could be postponed** by the government on the grounds of national emergency (Pst 19/2019 – 12). The court reached a conclusion, that the government has no authority to postpone parliament's by-election, however, the decision came three days after the by-election was supposed to take place, and had no tangible effect.

In the second case, the individual citizen challenged the very nature of the curfew. The motion challenged several emergency measures of the Ministry of Healthcare (including **ban free movement of persons and ban on non-essential retail sale**). The Administrative Court in Prague[6] did not question the need for emergency measures. However, it cancelled some key pieces of regulation on formal grounds, because they were adopted by the Ministry of Healthcare under the Law on public health (see section 1). The court was of the opinion that they should have been adopted by the whole government under the legal framework for a national emergency. It is important to note that the measures were at first adopted by the government as a national emergency measure. However they were later cancelled and immediately adopted by Ministry of Health as a public health measure. This was because the public health measures have different compensation mechanisms than national emergency measures. The government tried to avoid legal disputes with owners of closed businesses. Even if the court ultimately acknowledged that the curfew is possible in these circumstances, the ruling influenced the government's decision to lift the curfew earlier than expected, for the sake of legal clarity. The large parts of curfew were lifted the next day. The shops were allowed to re-open within 5 days after the ruling.

The third case, that never materialised, but was being threatened by civil rights activists involved the presence of fathers at childbirth. This complaint never materialised, because it was questionable, whether the presence of a father at childbirth is really forbidden and legal uncertainty lasted less then month. The presence of a father is now allowed but conditional upon strict hygienical measures.

8. A link to legal sources of your country (preferably in English)
The most comprehensive source in English is a press release that summarises the measures taken in the course of an epidemy:

https://www.vlada.cz/en/media-centrum/aktualne/measures-adopted-by-the-czech-government-against-coronavirus-180545/

[6] ruling from the 23rd. of April 2020 (case no. 14A 41/2020)

Estonia

Tiina Titma
NCP for Estonia

Description and timeline

In Estonia, the government declared an emergency situation in connection with the pandemic spread of the coronavirus causing the COVID-19 disease throughout the world on March 12 based on the Emergency Act.[7]

The first case of the coronavirus disease was diagnosed in Estonia on February 27. On March 4 and 5 two matches in the CEV Challenge series with the participation of the visiting Italian volleyball team from Milano was taken place in the biggest Estonian island of Saaremaa resulted with diagnose of two cases of coronavirus on March 11 and many cases following. Now the highest number of patients in Estonia are found on the island of Saaremaa.

The borders were closed for foreign nationals from March 16 unless they have a residence permit. Anyone returning from abroad has to self-quarantine for 14 days not leaving home during that period. The movement restrictions for western islands of Estonia were established from March 16 allowing the access only for local residents. The strict stay-at-home rules had placed for those who have confirmed or suspected to have the virus.

Schools, colleges and universities across the country were closed from March 16 using onwards the online teaching. From March 24 all public gatherings were banned, playgrounds and sports areas were closed.

From March 27 new restrictions were introduced allowing only groups of two people or fewer meet in public and leave a gap of two meters from others, which did not apply to families. Police took to drones to enforce 2+2 coronavirus rule and in extreme cases fines of up to €2,000 can now be issued.

Figure 1. The Estonian Police and Border Guard Board (PPA) demonstrate the 2+2 rule in force during the emergency situation. Source: PPA

[7] All the consolidated texts of English translations of Estonian legislation could be found on the website of Riigi Teataja https://www.riigiteataja.ee/en/
All the legislation concerning the emergency situation could be found listed on https://www.riigiteataja.ee/viitedLeht.html?id=7

Changes concerning health care

Even the Estonian Communicable Diseases Prevention and Control Act provides conditions and procedure for the application of involuntary treatment in the case of communicable diseases, such an approach have not implemented.

There are several restrictions concerning every-day healthcare as the most vulnerable frontline.

- Women are no longer allowed to have birthing partners during the emergency situation.
- Visiting patients in the hospital is prohibited.
- Care home residents are not allowed to leave the premises until the emergency situation has ended and it is no longer possible to visit relatives in care or nursing homes.
- The generated new guidelines for hospitals do not set the new triage rules but the priority is given for those who work in the health care sector.

The arrangements concerning the deficiency of medical supply due to the new border controls in EU, the ban of export of medical goods (personal protective equipment, medicines etc.) by some states and the higher consumption by consumers. For example

- Prescription of medicinal products for chronic diseases for no more than two months at a time.
- Pharmacies may dispense over-the-counter medicinal products no more than two packagings per proprietary medicinal product and per customer.
- Pharmacies may dispense medicinal products subject to repeat prescription no more than one prescription's worth for no more than two months.

Protection of human rights under Universal International Law

The most controversial is probably the fact that Estonia informed the Council of Europe about activating Article 15 of the ECHR, which can in effect partly restrict freedoms, including religious freedoms and freedom of expression, on March 20. Article 15 states that, in a time of war or other public emergency threatening a nation's well-being, any ECHR contracting party can take measures in proportion to an emergency situation, provided measures these do not infringe other obligations under international law. The notification had attracted much attention. The public statement referred that *"It is the unequivocal position of the Ministry of Foreign Affairs that all restrictions that have been currently imposed in Estonia in the interest of public health would be disproportionate under normal circumstances"*.

No restrictions are exceeding the proportion to an emergency situation in Estonia. Residents of Estonia are increasingly in support of measures imposed by the government during an emergency situation according to a survey conducted on April 11 by market research firm Turu-uuringute AS. Only 7 % said they wanted the restrictions to be eased, and 37 % said they should be intensified, according to the survey. 54 % of residents polled, said that they support the current measures.

And it is widely argued whether monitoring adherence to quarantine restrictions including police surveillance of phone calls and restrictions of movement in general etc. might be considered as of restrictions of freedoms. However, all the restrictive arrangements will be evaluated in respect of the Estonian Constitution after the end of the emergency situation.

Report on the legal measures adopted by the Italian Government to combat COVID-19 (updated 20 April 2020)

Prof. Stefania Negri,
University of Salerno, EAHL NCP for Italy

A. Legal background

In Italy public health protection and the relevant limitations on civil rights are regulated at constitutional level. Article 32, paragraph 1, of the Italian Constitution states that "[t]he Republic protects health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent"; Article 16 states that "[e]very citizen has the right to reside and travel freely in any part of the country, except for such general limitations as may be established by law for reasons of health or security"; Article 17 states that "[c]itizens have the right to assemble … In case of meetings held in public places, previous notice shall be given to the authorities, who may prohibit them only for proven reason of security or public safety".

Legislative and administrative competences in the field of health protection are shared between the State and the Regions. Pursuant to article 117 of the Constitution, the State and the Regions have concurring legislation, with "legislative powers [being] vested in the Regions, except for the determination of the fundamental principles, which are laid down in State legislation". However, para. 2, al. q) of art. 117 confers on the State exclusive competence in matter of international prophylaxis.

As far as infectious disease control is concerned, all relevant information on State legislation (vaccinations, influenza, HIV/AIDS, Ebola, new coronavirus, etc.) can be retrieved (in Italian) from the Ministry of Health's website. Regional laws and orders are available in each Region's website.

By Law no. 106/1982 the Parliament approved and executed the WHO International Health Regulations (IHR) of 1969 as amended in 1973.[8]

On 9 February 2006 the national pandemic plan (National Plan for Preparedness and Response to an Influenza Pandemic) was adopted, drawn up according to the WHO indications of 2005. It updated and replaced the previous Italian multiphase plan for a flu pandemic, adopted in 2002. The Plan is developed according to the 6 pandemic phases declared by WHO, providing for each phase and level, objectives and actions. It represents the national reference on the basis of which the regional pandemic plans have been approved.

The website of the *Gazzetta Ufficiale della Repubblica Italiana* has set a special section dedicated to the measures of containment and management of the Covid-19 epidemic, where it is possible to access to a collection of all the acts adopted by the Government (22 decrees and laws), the Department of Civil Protection (24 orders), the Ministry of Health (18 orders), the Ministry of Economics and Finance (2 decrees) and the Ministry of Economic Development (1 decree).

B. Declaration of the state of emergency and public health measures adopted by the Italian Government

Immediately after the WHO declared that the new Coronavirus outbreak represented a "public health emergency of international concern" under art. 12 of the WHO International Health Regulations (2005), by decision of 31 January 2020 the Italian Council of Ministers declared the state of emergency for a period of six months.[9]

[8] Law 9 February 1982, n. 106, Approval and execution of the international health regulation, adopted in Boston on 25 July 1969, modified by the additional regulation, adopted in Geneva on 23 May 1973, in *Gazzetta Ufficiale*, no. 87 of 30 March 1982.
[9] Decision of the Council of Ministers of 31 January 2020, Declaration of the state of emergency as a consequence of the health risk associated with the onset of diseases deriving from transmissible viral agents, in *Gazzetta Ufficiale*, no. 26 of 1 February 2020.

Since the Italian Constitution does not regulate any "state of emergency" different from the "state of war", the legal basis of this declaration is the Code of Civil Protection, in particular art. 7, para. 1.c) ("emergencies of national relevance connected with calamitous events of natural origin or deriving from human activity which, due to their intensity or extent, must be immediately faced with extraordinary means and powers to be used during limited and predefined periods of time in accordance with article 24) and art. 24, para. 1 ("upon the occurrence of events which, following an expeditious assessment carried out by the Department of Civil Protection on the basis of the data and information available and in conjunction with the Regions and autonomous Provinces concerned, present the requirements referred to in Article 7, paragraph 1, letter c), or in the imminence of such events, the Council of Ministers, acting on a proposal from the President of the Council of Ministers, formulated also at the request of the President of the Region or autonomous Province concerned, and in any case with their agreement, declares the state of emergency of relief national, setting the duration and determining the territorial extension with reference to the nature and quality of the events and authorizing the issue of the civil protection orders referred to in article 25").[10]

Earlier than 31 January, the Italian Ministry of Health had already adopted a number of decisions and orders based on art. 32, art. 117 para. 2.q) and art. 118 (distribution of administrative functions and subsidiarity) of the Italian Constitution, imposing public health measures applicable to the whole Italian territory for a max. period of 90 days.

In fact, by circular letter of 24 January 2020, the Director-general of the Ministry of Health gave instructions to the regional Maritime, Air and Border Health Offices (*Uffici di sanità marittima, aerea e di frontiera*, USMAF-SASN) to apply to all flights from China the procedure regulated by art. 38 of the IHR (2005) concerning the Health Part of the Aircraft General Declaration and the "public health passenger locator cards" (as approved by WHO, ICAO, IATA and the US CDC).

By order of 25 January,[11] the Ministry disposed that all passengers disembarking in Italy with direct flight from countries affected by the new Coronavirus (2019 - nCoV) – as well as airlines, companies and public and private entities managing airports – were required to comply with the health surveillance measures put in place pursuant to the IHR (2005), as well as any further measure adopted by the competent offices of the Ministry of Health. The order referred explicitly to the health procedure activated by the Ministry of Health and managed by the USMAF-SASN in order to verify: 1) the presence of suspected symptomatic cases on board the aircraft; 2) arrangements for their possible transfer to bio-containment; 3) the strengthening of the health surveillance of passengers on direct flights from China (and any other flights from countries with reported suspected cases of 2019 - nCoV). It also clarified that the personal health data gathered through surveillance of passengers in the interests of public health would be treated according to the EU General Data Protection Regulation and would be destroyed after 60 days if no new case of coronavirus developed in relation to that specific flight.

On 27 January the Ministry decided that all direct flights from China which had to land at the airports of Rome Ciampino, Rome Urbe, Perugia, Pescara and Ancona should instead be diverted to Rome Fiumicino airport, which was better equipped for the necessary health controls. By order of 30 January[12] the Ministry established a total ban on flights from China and imposed on all airlines, companies and public and private entities which manage the airports the respect of this order and of any implementing measures adopted by the National

[10] Legislative decree no. 1 of 2 January 2018, in *Gazzetta Ufficiale*, no. 17 of 22 January 2018.
[11] Order 25 January 2020, Prophylactic measures against the new Coronavirus (2019 - nCoV), in *Gazzetta Ufficiale*, no. 21 of 27 January 2020.
[12] Order 30 January 2020, Prophylactic measures against the new Coronavirus (2019 - nCoV), in *Gazzetta Ufficiale*, no. 26 of 1 February 2020.

Aviation Authority (ENAC) and other competent authorities. This order expressly mentioned art. 43 of the IHR (2005) as the legal basis for the adoption of additional public health measures, more restrictive than those suggested by the WHO (which in fact did not recommend any restriction on international travel and trade).[13] A later order of 21 February[14] disposed that the health authority should impose a 14-day quarantine (with fiduciary home confinement and active health surveillance) to anybody returning to Italy after travel to the affected areas in China and to the contacts of confirmed cases of Covid-19.

The first major governmental decree-law was adopted on 23 February[15] and was later converted with amendments into Law no. 13 of 5 March 2020.[16] This act imposed urgent measures to avoid the spread of Covid-19 in the Regions of Northern Italy, including: a total prohibition to access or leave the municipality or the affected area; the imposition of quarantine with active health surveillance for all contacts of confirmed case of Covid-19; the obligation for anyone returning to Italy from infected areas to report their arrival to health authority and undergo a voluntary home confinement with active health surveillance; the suspension of all manifestations, events, meetings; the closure of schools and universities and suspension of all educational services with the exception of online teaching; the closure of all museums and cultural institutions; the suspension of educational trips; the closure of all commercial activities and shops with the exception of those selling primary needs goods; the suspension or limitation of public transports; the suspension of all non-essential working activities and introduction of smart working. The enforcement of these rules was guaranteed by the police and their violation was considered a criminal offence under art. 650 of the Criminal Code (breach of administrative provisions), punished with a fine of up to € 206 and detention up to 3 months.

Six orders adopted on 23-24 February by the Ministry of Health together with the Regions Lombardy, Piedmont, Veneto, Liguria, Friuli-Venezia Giulia and Emilia Romagna and the decree of the Prime Minister of 25 February adopted implementing measures applicable in the territories of these Regions until 1 March.

On 1 March 2020,[17] the Prime Minister adopted a new decree instituting the so-called "red zones" and "yellow zones", imposing additional measures of social distancing and new rules for restaurants, cafeterias, places of worship, museums, ski facilities and shops, etc., requiring a minimum distance of 1 metre. For the whole territory of the State the decree introduced distance education and smart working measures.

By decrees of 4 and 8 March some measures adopted for the Northern Regions were extended to the national territory until 3 April 2020, and on 9 March a total lockdown was imposed in the whole country, allowing people to leave their house only to buy food, medicines and other primary needs goods, or for urgent health needs or certified work reasons.[18] By decrees of the Prime Minister of 11 and 22 March 2020 further restrictions were introduced concerning productive and industrial activities and the general prohibition to leave the territory of the municipality of residence.[19]

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[13] See Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV), 30 January 2020.
[14] Order 21 February 2020, Further prophylactic measures against the spread of the Covid-19 infectious disease, in *Gazzetta Ufficiale*, no. 44 of 22 February 2020.
[15] Decree-law no. 6 of 23 February 2020, Urgent measures for the containment and management of the epidemiological emergency from COVID-19, in *Gazzetta Ufficiale*, no. 43 of 23 February 2020. See also the decree of the Prime Minister of the same date, in *Gazzetta Ufficiale Extraordinary Edition*, no. 45 of 23 February 2020, which added that anyone having been in transit in the areas affected by Covid-19 had to report this to the public health authorities and undergo voluntary quarantine at home with active surveillance.
[16] In *Gazzetta Ufficiale*, no. 61 of 9 March 2020.
[17] DPCM 1 March 2020, Additional implementing provisions of DL 23 February 2020, no. 6, containing urgent measures regarding the containment and management of the epidemiological emergency from COVID-19, in *Gazzetta Ufficiale Extraordinary Edition*, no. 52 of 1 March 2020.
[18] DPCMs of 4, 8 and 9 March 2020, respectively in *Gazzetta Ufficiale*, no. 55 of 4 March 2020, no. 59 of 8 March 2020; no. 62 of 9 March 2020.
[19] DPCMs of 11 and 22 March 2020, Additional implementing provisions of DL 23 February 2020, no. 6, containing urgent measures regarding the containment and management of the epidemiological emergency from COVID-19, applicable on the whole national territory, respectively in *Gazzetta Ufficiale*, no. 64 of 11 March 2020 and *Gazzetta Ufficiale Extraordinary Edition*, no. 76 of 22 March 2020

With the adoption of decree-law of 25 March,[20] based on art. 16 of the Italian Constitution, the Government provided for the possibility to adopt targeted and proportionate measures to contrast the spread of Covid-19 for periods of max. 30 days and until 31 July 2020 (the date of termination of the state of emergency). Such measures could encompass: limitations on the freedom of movement, including restrictions to leave home only for short periods of time and for necessary and urgent reasons related to work or health; the closure of public places including parks, gardens, playing grounds, streets; the prohibition to enter or leave the territory of municipalities, provinces, regions and the whole national territory; quarantine for individuals returning from affected areas and for contacts of confirmed cases; absolute prohibition for quarantined individuals to leave home; limitations or total ban on meetings and gatherings; limitations or suspension of all public events (cultural, religious, sports, recreational, etc.); suspension of civil and religious celebrations and limitations on the access to places of worship; limitations or suspension of sports events and competitions; limitations or suspension of outdoor sports and recreational activities; limitations or suspension of all working and commercial activities with the exception of essential ones; the closure of restaurants, cafeterias, cinemas, museums, etc. This decree also raised the fine to a minimum of € 400 up to a maximum of € 3000. By effect of this decree, law no. 13 of 5 March 2020 was repealed.

By decrees of the Prime Minister of 1 and 10 April, the validity of the measures in place was extended first until 13 April and then until 3 May.[21]

C. Treatment and clinical management of COVID-19 patients

On 4 and 14 April 2020 the Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) issued Indications for anesthesiological-resuscitation management of patients with suspected or ascertained SARS-CoV-2 (COVID-19) peripartum infection, the recommendations VASCOVID: vascular approach to the positive COVID-19 patient and the Recommendations for the nutritional treatment of patients with Covid-19 and hospitalized in the Intensive and Sub-Intensive Care units (Level III-II Care).

On 16 March 2020, the SIAARTI issued the Clinical Ethics Recommendations for the Allocation of Intensive Care Treatments in Exceptional, Resource-Limited Circumstances. This set of 15 recommendations sets out the principles and criteria for a medical scenario that the SIAARTI assimilates to the field of "disaster medicine". According to the Society, the Covid-19 pandemics has set a scenario where criteria for access to intensive care and discharge are needed, not only in strictly clinical appropriateness and proportionality of care, but also in distributive justice and appropriate allocation of limited healthcare resources. The document reads: "As an extension of the principle of proportionality of care, allocation in a context of serious shortage of healthcare resources, we must aim at guaranteeing intensive treatments to patients with greater chances of therapeutic success. Therefore, it is a matter of favoring the "greatest life expectancy". The need for intensive care must be integrated with other elements of "clinical suitability", thus including: the type and severity of the disease, the presence of comorbidities, the impairment of other organs and systems, and their reversibility. This means, not necessarily having to follow a criterion for access to intensive care like 'first come, first served'."

On 26 March 2020 the SIAARTI published the *Covid-19 Patient Healthcare Pathway*, divided into Section I: Critical Area Procedure – which includes the definition of cases, the description of syndromes associated to the various stages of Covid-19 (from mild to severe), triage procedures, advanced airway management (see also Airway Management), invasive mechanical ventilation, admission of patients to ICU, procedures for

[20] DL no. 19 of 25 March 2020, Urgent measures to deal with the epidemiological emergency from COVID-19, in *Gazzetta Ufficiale*, no. 79 of 25 March 2020.
[21] DPCM 1 April 2020, in *Gazzetta Ufficiale*, no. 88 of 2 April 2020; 10 April 2020, in *Gazzetta Ufficiale*, no. 97 of 11 April 2020.

dressing and undressing of health workers – and Section II: Recommendations for the Local Management of Critical Patients – which is an adaptation of the WHO's guidelines on "Clinical management of severe acute respiratory infection when COVID-19 disease is suspected"[22] of 13 March 2020 and addresses screening and triage procedures, the immediate implementation of appropriate measures for the prevention and control of infections, the management of critical Covid-19 patients, the collection of biological samples for laboratory diagnosis, specific anti-SARS-CoV-2 treatments and clinical research.

With regard to specific categories of patients, a number of recommendations and guidelines were adopted by different specialized bodies: on 27 February 2020 the Italian Society of Nephrology published a Protocol on Coronavirus and Dialysis; on 9 March 2020 the National Blood Center issued an Update of the prevention measures of the transmission of the new Coronavirus infection (SARS-CoV-2) through the transfusion of labile blood components based on the recommendations of ECDC and WHO; on 10 March 2020 the Technical-Scientific Committee of the Civil Protection issued Recommendations for the management of cancer and onco-hematology patients during the COVID-19 emergency; on 16 March 2020 the National Transplant Center issued its Indications on performing the swab for the detection of SARS-CoV-2 in organ transplant recipients from living donor and deceased donor; by Circular note of 31 March 2020 the Ministry of Health provided Indications for pregnant women, women in labor, new mothers, newborn and breastfeeding during COVID-19.

As far as the elderly population is concerned, on 17 March 2020 the ISS issued the Interim indications for the prevention and control of SARS-COV-2 infection in residential social and health facilities. The indications in this document mainly concern the areas of prevention and preparation of the structure for the management of any suspected/probable/confirmed cases of COVID-19. The general measures foresee a strengthening of the programs and the fundamental principles of prevention and control of infections related to assistance (ICA) including adequate training of operators. The strengthening must provide for a robust preparation of the structure to prevent the entry of COVID-19 cases, and to manage any suspected/probable/confirmed cases that may occur among residents. This document concerns the need for adequate active surveillance between residents and operators for the early identification of cases. Facilities must be able to temporarily isolate suspect cases and, if effective isolation is impossible for the clinical management of the confirmed case, transfer to a hospital or other appropriate facility for isolation for further clinical evaluation and the necessary care, such as in a facility dedicated to COVID-19 patients.

However, in consideration of the high percentage of elderly persons who died in such facilities, starting from 24 March 2020, the ISS has launched, in collaboration with the National Guarantor of the rights of persons detained or deprived of personal liberty, a "National Survey on COVID 19 contagion in residential and social-health facilities" in order to monitor the situation and adopt any strategies for strengthening programs and the fundamental principles of prevention and control of healthcare-related infections (ICA).

D. Protection of healthcare personnel

By Ministerial Circular Note no. 5443 of 22 February 2020, the Ministry of Health transposed the ECDC guidelines and accordingly established the minimum protection requirements for COVID-19 emergency personnel.

On 18 March 2020 the Ministry of Health issued the COVID-19 operational recommendations for verifying technicians, which set the general measures concerning sanitation and social distancing, the recommendations on the correct use and disposal of PPE, and the methods of dressing and undressing.

[22] WHO, Clinical management of severe acute respiratory infection when COVID-19 disease is suspected. Interim guidance, 13 March 2020.

The Istituto Superiore di Sanità (ISS) also issued the report *Ad interim indications for a rational use of protections for SARS-COV-2 infection in sanitary and socio-sanitary activities (assistance to subjects affected by Covid-19) in the current SARS-COV-2 emergency scenario* (updated 28 March 2020). This report provides indications on the use of personal protective equipment during patient care. The indications contained in the document have been approved by the Technical Scientific Committee active at the Civil Protection and implemented by the Ministry. The document indicates which protective devices (gloves, masks, gowns or goggles) are appropriate in the main contexts in which healthcare workers who come into contact with patients with Covid-19 find themselves, recommending the use of masks with facial filters (FFP2 and FFP3) on all risky occasions.

E. The situation of detainees

By decree of the Prime Minister of 8 March 2020 all visits to prisoners have been suspended until 31 May 2020 and replaced by phone and Skype calls. In exceptional circumstances, the visit can be authorized provided that it is possible to guarantee a physical distance of at least 2 metres.

Some health measures have been adopted in detention facilities:

1. tensile structures placed at the entrances of the facilities where the staff (equipped with PPE) carries out pre-triage and procedures for checking newly arrived prisoners;
2. during the first visit, the medical staff assesses the state of health of the prisoner and, in case of suspected COVID-19, the prisoner is placed in a single cell with an internal bathroom. All personnel working in that area must wear PPE;
3. every time the prisoner leaves the prison, he must be tested undergoing a swab;
4. at the entrance of each section, dispensers of disinfectant solutions must be placed;
5. thermo-scanner procedure to all people who have access to the facilities (including employees);
6. supply of PPE to personnel;
7. if a prisoner shows symptoms compatible with COVID-19, the doctor must visit him in the cell (not transferred to the infirmary). Inmates who share the cell with the sick prisoner or those who have had contact with him must undergo medical screening and swab;
8. in the case of a positive subject, the doctor assesses the need to transfer to a health facility or to stay in prison rooms in conditions of isolation.

Since these measures are deemed to be insufficient, the non-profit organization Cittadinanzattiva issued a call for the immediate adoption of stronger measures of protection, including: testing of all detainees and police and civil personnel; adequate supply of personal protective equipment for prisoners and staff; the timely identification of accommodations, including unused hotel facilities, where detainees who can access home detention but do not have the immediate availability of a suitable home can be hosted; the allocation of detained mothers and children in facilities outside prison.

The decree-law no. 18 of 17 March 2020 (known as "Decreto Cura Italia")[23] introduced additional extraordinary measures aimed at preventing the spread of the disease in prison through resort to home confinement. In this respect, art. 123 provides that the detainees whose remaining sentence to be served does not exceed 18 months – with the exclusion of detainees convicted of mafia criminal association crimes,

[23] Decree-law no. 18 of 17 March 2020, Enhancement measures of the National Health Service and economic support for families, workers and companies in relation to the epidemiological emergency from COVID-19, published in *Gazzetta Ufficiale*, no. 70 of 17 March 2020.

national and international terrorism, kidnapping for ransom, international drug trafficking; people convicted of domestic violence and harassment crimes; habitual criminals; detainees who participated in recent prison riots – may be allowed to serve their sentence at home or in a public or private care or reception facility until 30 June 2020. The detainee has to consent to the employ of electronic devises or other available technical instruments of control, which are not used only if the detainee is a minor or the remaining sentence is below 6 months. So far, these measures have affected more than 4 thousand detainees.

F. Telemedicine and use of specific apps for the management of Phase2

On 20 April 2020 the ISS issued its Interim provisions on telemedicine healthcare services during COVID-19 health emergency (version of April 13, 2020). The document provides support for the realization of services in Telemedicine during a COVID-19 emergency, offering indications, identifying operational problems and proposing solutions supported by evidence, but also easily dispensable in practice. The indications are collected for simplicity in a single reference model but can be used in various combinations to provide health services and psychological support, to proactively monitor the health conditions of people in quarantine, in isolation or after discharge from the hospital, or isolated at home from the rules of social distancing but in need of continuity of care, even if they are not COVID-19 infected.

As far as the development of specific apps for monitoring and control is concerned, a number of proposals have been submitted to the call to action "Innova per l'Italia", issued by the Ministry of Technological Innovation and Digitalization. Among the hundreds of proposals submitted, the Ministry has chosen the app "IMMUNI", proposed by Bending Spoons and the Santagostino Medical Centre.[24] The app allows users to keep a strong control on their data. Contacts with other people are tracked but remain "blocked" in the user's smartphone. Tracking takes place via Bluetooth and the app retains the data until it is certain that the person who installed it on their mobile phone tested positive for the Covid-19 test. At that point the person can give consent to the processing of their data stored on the mobile phone, thus allowing to trace the people with whom he came into contact in the previous days and reconstructing the history of his movements. The app, from what has been learned so far, consists of two parts: a register on the state of health of the person and his possible symptoms if affected by coronavirus and a tracking of contacts that will allow the software to recognize and keep memory of the devices with which the patient's smartphone came into contact. None of the collected data will be collected or disseminated before the patient, if affected by covid-19, has decided to consent to their use. To be effective, it is recommended that at least 60% of the population download and use this application.

[24] Arcangelo Rociola, Ecco l'app scelta dal governo per il tracciamento dei contagi da coronavirus, AGI, 17 April 2020.

Latvia

Santa Slokenberga,
NCP for Latvia

1. A short description of the major legislative framework concerning communicable diseases

Key national legal act to ensure eopidemiological safety is "Epidemiological Safety Law (official translation)"[25] or "Epidemioloģiskās drošības likums" in Latvian.[26] This law covers communicable diseases. The purpose of this Law is to regulate epidemiological safety and specify the rights and duties of State authorities, local governments, and natural persons and legal persons in the field of epidemiological safety, as well as to determine liability for the violation of this Law.
Key state authorities in the field are: Ministry of Health (relevant competences are set forth in Section 5 of the Law), Health Inspectorate (relevant competences are set forth in Section 6 of the Law), as well as Centre for Disease Prevention and Control (relevant competences are set forth in Section 7 of the Law), State Emergency Medical Service (relevant competences are set forth in Section 7^1 of the Law), and finally, local governments (relevant competences are set forth in Section 8 of the Law).
Rights and obligations of medical practitioners in cases of infectious diseases are defined in this law, including specific confidentiality clauses, likewise, counter-epidemic measures, vaccination and work with infectious disease-causing agents, conditions for occupational activities to guarantee epidemiological safety, quarantine and public health protection measures, suspension of the operation of a heightened risk subject or the service provided thereby are among key areas the law covers. The law also includes administrative offences in the field of epidemiological safety, and competence in administrative offence proceedings, however, the respective chapter is not applicable now. It comes into force on July 1, 2020. Meanwhile, administrative liability is set forth in Latvian Administrative Violations Code, where:

- Section 42 regulates violation of hygienic and counter-epidemic provisions and norms and envisages that in the case of violation of hygienic and counter-epidemic provisions and norms (except for environmental protection provisions and norms) natural persons can be fined from ten to two thousand euros, legal persons - from one hundred forty to five thousand euros.
- Section 176^2 regulates violation of restrictions and prohibitions imposed during the emergency and state of emergency, and for violation of restrictions or prohibitions imposed during an emergency or state of emergency permits fining natural persons from ten to two thousand euros, legal persons - from one hundred forty to five thousand euros.

The State Operational Medical Commission (unofficial translation)[27] is a consultative and coordinating institution, the purpose of which is to ensure the coordinated operation of health sector institutions in an emergency medical situation and in an emergency public health situation. It is works on tackling Covid-19, and protocols of the meetings of this commission are publicly available, see http://www.vm.gov.lv/lv/aktualitates/sabiedribas_lidzdaliba/valsts_operativa_mediciniska_komisija/.

A number of matters are further regulated by the Cabinet. The rules adopted in the field include:

[25] Epidemiological Safety Law, Latvijas Vēstnesis, 342/345, 30.12.1997., https://likumi.lv/ta/en/en/id/52951-epidemiological-safety-law
[26] Epidemioloģiskās drošības likums, Latvijas Vēstnesis, 342/345, 30.12.1997., https://likumi.lv/ta/id/52951-epidemiologiskas-drosibas-likums
[27] It operates under the Cabinet Regulation No.956 of 13 December 2011 Valsts operatīvās medicīniskās komisijas nolikums (official translation is not available), Latvijas Vēstnesis, 201, 22.12.2011. https://likumi.lv/ta/id/241746-valsts-operativas-mediciniskas-komisijas-nolikums

- Cabinet Regulation No. 7, adopted 5 January 1999 **Procedures for Registration of Infectious Diseases**, Latvijas Vēstnesis, 5/6, 08.01.1999. (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/20667-procedures-for-registration-of-infectious-diseases, please consult the LV version instead https://likumi.lv/ta/id/20667-infekcijas-slimibu-registracijas-kartiba)
- Cabinet Regulation No. 413, adopted 14 June 2005 **Procedures by which the Mandatory Medical and Laboratory Examination of Persons, Mandatory and Forced Isolation and Treatment Thereof shall be Carried out in Cases of Infectious Diseases** (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/110743-procedures-by-which-the-mandatory-medical-and-laboratory-examination-of-persons-mandatory-and-forced-isolation-and-treatment-thereof-shall-be-carried-out-in-cases-of-infectious-diseases, please consult the LV version instead https://likumi.lv/ta/id/110743-kartiba-kada-veicama-personu-obligata-mediciniska-un-laboratoriska-parbaude-obligata-un-piespiedu-izolesana-un-arstesana-infekcijas-slimibu-gadijumos)
- Cabinet Regulation No. 774, adopted 19 September 2006 **Procedures for the Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation**, Latvijas Vēstnesis, 153, 26.09.2006. (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/144279-procedures-for-the-determination-of-exposed-persons-initial-medical-examination-laboratory-examination-and-medical-observation, please consult the LV version instead https://likumi.lv/ta/id/144279-kontaktpersonu-noteiksanas-primaras-mediciniskas-parbaudes-laboratoriskas-parbaudes-un-mediciniskas-noverosanas-kartiba)
- Cabinet Regulation No. 1050, adopted 16 November 2010, Procedures for the Implementation of Public Health Measures, Latvijas Vēstnesis, 185, 23.11.2010 (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/221565-procedures-for-the-implementation-of-public-health-measures, please consult the LV version instead https://likumi.lv/ta/id/221565-sabiedribas-veselibas-aizsardzibas-pasakumu-veiksanas-kartiba)
- Cabinet Regulation No. 104, adopted 16 February 2016, Regulations Regarding the Basic Requirements for a Hygienic and Counter-epidemic Regimen in a Medical Treatment Institution, Latvijas Vēstnesis, 34, 18.02.2016 (ENG translation https://likumi.lv/ta/en/en/id/280360-regulations-regarding-the-basic-requirements-for-a-hygienic-and-counter-epidemic-regimen-in-a-medical-treatment-institution, LV version https://likumi.lv/ta/id/280360-noteikumi-par-higieniska-un-pretepidemiska-rezima-pamatprasibam-arstniecibas-iestade)

2. **Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.**

To the best of my knowledge and as of 17 April 2020, such guidelines does not exist (at least are not made public). There are, however, rules applicable to testing, http://www.vm.gov.lv/images/userfiles/Testi_Covid_090420_final.pdf, and recommendations for diagnostics http://www.vm.gov.lv/images/userfiles/VOMKpiel_060320_SARI_laboratora_diagnostika_SARS-Cov-2%281%29.pdf.

3. **Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?**

Yes. Pursuant to Sub-paragraph 2.11 of Cabinet Order No. 103 of 12 March 2020, Regarding the Declaration of Emergency Situation, Minister for Health on 25 March 2020 adopted Order No. 59 "Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation"[28] restrictions have been placed.

Order of the Minister for Health No. 59, adopted 25 March 2020 Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation, Latvijas Vēstnesis, 61A, 26.03.2020 (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/313481-regarding-the-restriction-of-the-provision-of-health-care-services-during-the-emergency-situation; please consult the LV version instead https://likumi.lv/ta/id/313481-par-veselibas-aprupes-pakalpojumu-sniegsanas-ierobezosanu-arkartejas-situacijas-laika)

First, all health care except for the ones explicitly listed in the Order is suspended pursuant to Paragraph 1. Exceptions as of April 18 are:
1.1. emergency medical assistance and acute assistance, including the necessary examinations and consultations;
1.2. the health care services provided by a general practitioner;
1.3. vaccination services by creating different flows for children and adults;
1.4. health care services at home;
1.5. dental services in acute and emergency cases;
1.6. services to ensure continuity of treatment - chemotherapy, biological medicinal products, organ replacement therapy, radiation therapy, day hospital services in hematology, methadone and buprenorphine replacement therapy, must continue or complete the treatment started as a matter of urgency on inpatient basis ((In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
1.7. oncological and life-saving surgeries, and such surgeries as a result of cancellation of which the person could become disabled;
1.8. services within the scope of the Green Corridor; [the Green Corridor is for fast-tracked diagnosis and medical care for oncological diseases]
1.9. health care services in relation to the treatment of the following groups of diseases - oncology; HIV/AIDS; tuberculosis; psychiatry; contagious skin diseases and sexually transmitted diseases; traumatology;
1.10. care for pregnant women;
1.11. acute and subacute rehabilitation services to person for whom the postponement of this service can cause risk of disability or loss of capacity for work, including to children for whom the postponement of the rehabilitation services is connected with a substantial deterioration of functional disorders.
1.12. health examinations performed by a seafarer's doctor recognized by the Seamen's Register of the State Joint Stock Company "Latvian Maritime Administration", using the medical devices at the disposal of the said medical practitioner and, if necessary, remote consultations with other specialists;
(In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
1.13. medical examinations to determine the effects of alcohol, narcotic, psychotropic or toxic substances and chemical-toxicological examinations to ensure the medical process; (In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
1.14. urgent outpatient forensic psychiatric and forensic psychological examinations for adults. (In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)

[28] Order of the Minister for Health No. 59, Adopted 25 March 2020, Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation, Latvijas Vēstnesis, 61A, 26.03.2020.

1.15. from 20 April 2020, the following planned health care services:

1.15.1. in secondary health care:

1.15.1.1. state-organized breast cancer screening examinations (mammography);

1.15.1.2. performing echocardiography, ultrasonography, radiology, computed tomography, dopplerography, nuclear magnetic resonance, electrocardiography (including Holter monitoring), bicycle ergometry and electroencephalography examinations with a referral from a family doctor or medical specialist;

1.15.1.3. initial consultations with an endocrinologist, cardiologist, rheumatologist, pneumonologist, ophthalmologist and neurologist;

1.15.1.4. diabetic foot care;

1.15.2. in dentistry:

1.15.2.1. the completion of the initiated dental disease treatment process and the initiated prosthetic work;

1.15.2.2. orthodontic treatment.

(In the wording of Order No. 87 of the Minister of Health of 17.04.2020; unofficial translation)

The health care services specified in this subparagraph (1.15) shall be provided by medical treatment institutions from 9:00 to 16:00, and they have a duty to manage the flow of individual patients, as well as limit the number of patients that are staying on the premises of the medical institution at the same time, and they have a duty to determine the exact time of arrival to receive the planned health care services (Paragraph 4^1 of the Order, in the wording of Order No. 87 of the Minister of Health of 17.04.2020; unofficial translation).

Following Paragraph 2 of the Order, health care to patients with chronic illnesses shall, to the extent possible, be provided remotely.

Following Paragraph 3 of the Order, outpatient councils shall be organised without the participation of a patient. If the council cannot take a decision without the participation of a patient, then the head of the council shall be responsible for organising the council with the participation of the patient by complying with the necessary epidemiological safety measures.

Following Paragraph 4 of the Order, where possible, the health care services specified in Sub-paragraphs 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13 and 1.15 of the Order (see numbering above) shall not be provided to patients having symptoms of respiratory tract diseases. (In the wording of Order No. 85 of the Minister of Health of 17.04.2020; unofficial translation)

Following Paragraph 5, medical treatment institutions shall not register patients for the receipt of planned health care services until 22 April 2020. (In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)

Following Paragraph 6, the Health Inspectorate shall monitor the compliance with the requirements laid down in this Order.

Finally, following Paragraph 7, once per week, the Ministry of Health shall, in cooperation with the National Health Service, Emergency Medical Service and the Centre for Disease Prevention and Control and considering the epidemiological situation and possible epidemiological risks, evaluate the specified restrictions on the provision of health care services.

4. **Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:**

There are a number of restrictions in place. Due to time and space constraints, and for illustrative purposes only, key restrictions are indicated:

- As of April 13 (last amended 7 April 2020) It is prohibited to hold
    - 4.5.1. any public event (in accordance with the definition specified in the Law on Safety of Public Entertainment and Festivity Events);
    - 4.5.2. meetings, processions, and pickets (in accordance with the definition specified in the law On Meetings, Processions, and Pickets);
    - 4.5.3. religious activities which are performed by gathering;
    - 4.5.4. operation of indoor sports venues;
    - 4.5.5. any private event, except for funerals held outdoors and christening ceremonies held in urgent cases, provided that a two-metre distance between persons is maintained and other epidemiological safety measures are complied with;
- As of April 13 (last amended 29 March 2020) 4.5.^{1} the cultural, entertainment, outdoor sports, and other recreational sites shall start work not earlier than at 8.00 and end work not later than at 22.00;
- As of day of writing (April 17), (last amended 29 March 2020) 4.5.^{2} the following restrictions are imposed on persons in public places:
    - 4.5.^{2}1. the persons must maintain a two-metre distance from others (this refers both to indoor public spaces and public open spaces);
    - 4.5.^{2}2. the persons must comply with other social (physical) distancing and epidemiological safety measures determined (this refers to indoor public spaces, public open spaces, and common-use premises);
    - 4.5.^{2}3. such number of persons may be present at the same time in a sales location and public catering facilities which corresponds to the respective requirements determined by the Minister for Economics according to the procedures referred to in Sub-paragraphs 4.22 and 4.22.^{1} of this Order, ensuring at the same time the fulfilment of the requirements specified in Sub-paragraphs 4.5.^{2}1 and 4.5.^{2}2 of this Order;
    - 4.5.^{2}4. the following may gather at the same time in indoor public spaces and public open spaces without maintaining a two-metre distance:
        - 4.5.^{2}4.1. not more than two persons;
        - 4.5.^{2}4.2. persons living in one household;
        - 4.5.^{2}4.3. a parent and his or her minors if they do not live in one household;
        - 4.5.^{2}4.4. persons performing work or service duties;

Key restrictions can be found in Cabinet Order No. 103 adopted 12 March 2020, Regarding Declaration of the Emergency Situation, Latvijas Vēstnesis, 51A, 12.03.2020 (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/313191-regarding-declaration-of-the-emergency-situation, please consult the LV version instead https://likumi.lv/ta/id/313191-par-arkartejas-situacijas-izsludinasanu).

As of day of writing (April 17), medical treatment institutions, social care institutions, and places of imprisonment shall restrict visits to the institution for third persons, except for ensuring of basic functions with the permission of the head of the institution. In practice, this means curtailing a number of patient rights

set forth in the Law On the Rights of Patients, key being the right to the support of his or her family and other persons during the medical treatment (Section 5, Paragraph 3 Law On the Rights of Patients, Latvijas Vēstnesis, 205, 30.12.2009, ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/203008-law-on-the-rights-of-patients, please consult the LV version instead https://likumi.lv/ta/id/203008-pacientu-tiesibu-likums).

5. **Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?**

No.

6. **Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?**

No. However, it has been determined that contracting COVID-19 is not considered an accident at work and the employer need not perform the investigation and registration of such case. See Paragraph 4.45 of Cabinet Order No. 103 adopted 12 March 2020, Regarding Declaration of the Emergency Situation, Latvijas Vēstnesis, 51A, 12.03.2020 (ENG translation is available but is outdated https://likumi.lv/ta/en/en/id/313191-regarding-declaration-of-the-emergency-situation, please consult the LV version instead https://likumi.lv/ta/id/313191-par-arkartejas-situacijas-izsludinasanu).

7. **Have there been cases before the courts relating to health law due to the coronavirus outbreak?**

As of April 17 such information has not been made public yet.

8. **A link to legal sources of your country (preferably in English)**

Links are provided as footnotes.
Here you can access a collection of sources of law indexed for Covid-19:

- https://likumi.lv/ta/tema/covid-19

Here you can access a collection of sources of law adopted by municipalities indexed for Covid-19:
https://likumi.lv/ta/tema/covid-19-pasvaldibas

English translations are available for many of the legal instruments. They can be accessed once the instrument of interest is accessed, at the right hand side, or following the links that have been provided. Please note that it could also be that the instrument of interest is not translated or the recent amendments are not translated. Therefore, it is always important to check when the respective instrument has last been amended and compare that with the date of translation. There is a date indicated at the end of the amended provisions, which allow easier tracing of the amendments.

EAHL COVID-19 Country report for Luxembourg

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NCP for Luxemburg
Luxembourg, 13 April 2020.

Q1. General legislative framework concerning communicable diseases.

Luxembourg does not currently have an extensive modern legal framework. One may however mention:

1.) Law of 25 March 1885 concerning measures to be taken to prevent the invasion and spread of contagious diseases[29], which allows the Minister of Health to order measures deemed necessary to avoid the spreading of communicable diseases, such as quarantine, border controls etc.
2.) Article 10 of the law of 11 November 1980 organizing the directorate of health[30], which confers to the medical officers of directorate of health the right to enact, in the form of an order, such emergency measures deemed necessary to avoid the spreading of communicable diseases. Article 11 of the law allows hospitalizing a patient without his consent through an urgent Court procedure.

Those two texts are very concise and confer very broad powers. Their conformity to constitutional requirements and international standards protecting fundamental rights is questionable.

3.) Article 96 of the law of 27 March 2018 on the organization of civil security and the creation of a Grand-Ducal Fire and Rescue Corps, allows to impose trough urgent grand-ducal decrees obligations to inhabitants, public or private entities, called upon to carry out relief missions.

The three texts mentioned were used in past sanitary crises and during the current crisis to enact specific decrees. It was however judged necessary to declare the state of crises to cover the current crisis (-> Q4).

Q2. Guidelines concerning the treatment of patients.

A large set of medical guidelines have been adopted. They concern notably the therapeutic strategy for COVID-19 patients or suspected cases, the national testing strategy, isolation at home, preventive measure and instructions to nursing homes and for home based care providers. Specific measures were taken, however there are no publicly available guideline for prison and asylum centers.

Regarding the ethically difficult question of triage in case of scarcity of available resources, the National Ethical Committee has issued a statement[31] on 31 March 2020, underlining that human dignity requests that decisions should be nondiscriminatory and based on an individual assessment of the patients state of health, as well as on the patients known will. Operational guidelines have been established at the hospital level.

Q3. Adaptation of the healthcare system.

There has been a large organizational shift of the healthcare system with the aim to reduce the spreading of the virus and free resources to be able to face COVID-19.

Thus, some measures reduce access to certain healthcare activities:

[29] Loi du 25 mars 1885 concernant les mesures à prendre pour parer à l'invasion et à la propagation des maladies contagieuses. Online : http://www.legilux.lu/eli/etat/leg/loi/1885/03/25/n2/jo
[30] Loi modifiée du 11 novembre 1980 portant organisation de la direction de la santé. Online : http://legilux.public.lu/eli/etat/leg/code/sante
[31] Prise de position de la C.N.E. du quant aux Repères éthiques essentiels lors de l'orientation des patients dans un contexte de limitation des ressources thérapeutiques disponibles due à la crise pandémique du COVID-19. (https://cne.public.lu/fr.html)

- Physical access to GPs and other out of hospital healthcare providers is by prior appointment only and generally limited to follow-up of chronically ill and treatment of the most severe and/or urgent medical conditions. Phone or teleconsultation are privileged.
- Dental practices are closed, only urgent care being available.
- Hospitals focus on urgent and acute care. Planned activities, which are not short-term indispensable, have been cancelled. Hospital emergency departments remain at the disposal of patients with serious health issues.
- Visits to patients in hospital and visits in elderly care facilities are prohibited. Exceptions may be granted, depending on the circumstances, for instance in end-of life situations.

To be able to guarantee access and continuity of care, the following services have been newly deployed:

- Advanced care centers (Centres de soins avancés) were created per region. 4 such centers are at the disposal of patients and are free of charge. They operate with a separated admission line for patients with symptoms related to COVID-19 and patients with other health issues.
- Urgent dental care is provided through a regionally organized on-call service.
- A national teleconsultation platform has been deployed to facilitate teleconsultations. Patients may freely choose amongst the HCPs that are available online.

Q4. New regulatory framework.

The state of crises was declared on 17 March 2020 and was confirmed for a duration of 3 months by the Luxembourg Parliament on 24 March 2020[32]. Pursuant to article 32 § 4 of the Constitution, this permits the adoption of regulations that have the same legal value than ordinary laws and may derogate to the existing legal framework. The core measures are contained in a Grand-Ducal Regulation of 18 March 2020 introducing a series of measures as part of the fight against Covid-19[33]. Other Regulations concern mainly sectorial adaptations.

These measures concern all fields of economic and social life and concern notably and limit fundamental rights:

- Schools are closed since 16 March 2020
- Freedom of movement in public areas and roads is limited to movements necessary for due reasons. Gathering of people in the public is no longer permitted.
- Individuals must respect a distance of two meters between people. This does not apply to persons living under a same roof (typically families).
- Activities of a cultural, social, festive, sporting and recreational nature are suspended. Playgrounds are closed.
- There is a general closure of economic activities receiving the public, unless they qualify as essential activities. Hotels may receive guest, however hotel restaurants and bars are closed. Room service, take-out, drive-in and home delivery is open.
- Healthcare and social care related services, shops selling food and essential goods, repair services, security services, telecom service and other essential activities remain open.
- Borders were not closured, however borders were unilaterally closed by neighboring countries.

[32] Loi du 24 mars 2020 portant prorogation de l'état de crise déclaré par le règlement grand-ducal du 18 mars 2020 portant introduction d'une série de mesures dans le cadre de la lutte contre le Covid-19. Online : http://www.legilux.lu/eli/etat/leg/loi/2020/03/24/a178/jo

[33] Règlement grand-ducal modifié du 18 mars 2020 portant introduction d'une série de mesures dans le cadre de la lutte contre le Covid-19. Online: http://www.legilux.lu/eli/etat/leg/rgd/2020/03/18/a165/consolide/20200320

Restrictions are legally binding. A specific summary offence ("peine de police") is enforced trough Police controls.

Q5. Screening and eHealth technologies.

A national teleconsultation platform, as well as a tele-monitoring software that allows remote follow-up of COVID-19 patients were launched. Luxembourg is about to launch a program to screen antibodies within a representative sample of the population. Details are not yet publically accessible.

Luxembourg Prime Minister and Health Minister publicly stated that they were currently not favoring mobile apps processing personal data on a large scale.

Q6. / Q7. Liability issues and cases before the courts

No new provision have been introduced concerning liability. The author has not knowledge of any cases before the national courts linked to COVID-19 or linked to the measures taken.

Malta: Country report regarding legislative measures adopted in order to combat the coronavirus outbreak[34]

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While there are different measures in Maltese law that could be used or amended to combat coronavirus or COVID-19, legislative measures in Malta addressing COVID-19 have chiefly been adopted in terms of the Public Health Act (PHA). These are divided into four types of measures. First, in accordance with Article 27 (c) of the PHA, the Superintendent of Public Health (SPH) has made and/or varied orders "prescribing measures to guard against or to control dangerous epidemics or infectious diseases".[35] The PHA was also amended on the 25th March 2020 *inter alia* to provide that the power of the SPH to prescribe matters as she may deem expedient for the prevention or mitigation of disease "shall include and shall be deemed to have always included the power to provide for any matter which is ancillary or consequential to an order issued under"[36] Article 27 (c). Second, Article 29 (1) of the PHA empowers the SPH to order that a person suffering from a notifiable disease (a) be isolated in a place as the SPH determines; (b) be placed under the supervision of a specified person; (c) submits to further medical examination, medical testing, immunisation, medical treatment or counselling; (d) discloses to an authorised officer the name and address of any other person with whom contact may result or may have resulted in the transmission of the disease; and (e) refrains from doing anything which may cause the spread of the disease. Furthermore, Article 31 of the PHA binds certain parties to report cases of notifiable diseases to the SPH and, in accordance with Article 33 of the PHA, a person who is aware of having a notifiable disease "shall take all reasonable measures and precautions to prevent the transmission of the disease". Third, in accordance with Article 26 of the PHA, the Minister responsible for public health, after consulting the SPH, "may make regulations in general to regulate matters related to public

[34] Information contained herein is correct up to the 18th April 2020. No part of this report purports to provide legal advice.
[35] Public Health Act, Chapter 465 of the Laws of Malta, Art. 27 (c).
[36] Act X of 2020 – Public Health (Amendment) Act, 2020 [Government Gazette of Malta No. 20, 374 – 25/03/2020], Art 2.

health". Fourth, on the basis of Article 14 of the PHA, a public health emergency was declared on the 1st April 2020, with effect from the 7th March 2020.[37] In accordance with Article 15 of the PHA, the declaration of a public health emergency empowers the SPH to take measures as she considers necessary in order to reduce, remove or eliminate the threat to public health as follows: (a) segregate or isolate any person in any area; or (b) evacuate any persons from any area; or (c) prevent access to any area; or (d) control the movement of any vehicle; or (e) order that any person undergo a medical examination; or (f) order that any substance or object be seized, destroyed or disposed of; or (g) order that such other action be taken as the SPH may consider appropriate.

Article 27 (c) of the PHA has been utilised to *inter alia* adopt the under-listed legal measures. Particularly where these measures are to be strictly adhered to, they are accompanied by directions and enforcement measures adopted under the authority of Articles 26 and 29 (1) of the PHA, while also accompanied by the Article 15 public health emergency powers, as described above. The legal measures adopted consequent to Article 27 (c) of the PHA include: (a) A fourteen day period of quarantine for any person arriving to Malta from countries indicated in the Order,[38] which was extended to all countries on the 13th March 2020;[39] (b) A fourteen day period of quarantine, immediately upon receiving an order from the SPH, for any person coming into contact with a person diagnosed as suffering from COVID-19;[40] (c) Persons subject to either of the latter two types of orders who request a service that requires entry into the premises where quarantine is being effected, shall inform "the public servant or public officer or person employed with a government department or government entity or the private individual or private entity that he is subject to quarantine"[41] when s/he requests that service; (d) Other than as provided for by the SPH, a travel ban to and from any countries specified by the SPH on the 12th March 2020, which, subject to some exceptions including repatriation flights, was then extended to all countries as of the 21st March 2020;[42] (e) Schools and other educational facilities have been closed since the 13th March 2020,[43] the courts of justice and the registry have been largely closed since the 16th March 2020,[44] places open to the public as specified by the SPH have been closed since the 18th March 2020,[45] and organised events have been suspended whereas non-essential retail outlets and outlets providing non-essential services as specified by the SPH have been closed since the 23rd March 2020;[46] (f) immediately upon receiving an order from the SPH, any person who is diagnosed as suffering from COVID-19, as well as persons living in the same residence as the affected person, shall submit themselves to self-isolation until the order is revoked;[47] (g) Categories of vulnerable persons specified by the SPH, including all persons sixty-five years of age or over and pregnant women, are to remain segregated in their residence, unless pertaining to some exceptions mentioned in the Order, except where those same persons choose to remain segregated in their residence, or where otherwise exempted by the SPH.[48] While this measure *inter alia* relates to the applicability of the newly introduced "quarantine

[37] S.L. 465.36, Declaration of a Public Health Emergency Order.
[38] S.L. 465.13, Period of Quarantine Order.
[39] S.L. 465.18, Period of Quarantine (Extension of countries) Order.
[40] S.L. 465.23, Period of Quarantine (Contact with other persons) Order, [2].
[41] *Ibid.*, [3].
[42] S.L. 465.15, Travel Ban Order; S.L. 465.26, Travel Ban (Extension to all countries) Order.
[43] S.L. 465.14, Closure of Schools Order.
[44] S.L. 465.19, Closure of the Courts of Justice Order.
[45] S.L. 465.21, Closure of places open to the public Order, [1 (2)]; S.L. 465.24, Enforcement of the order relating to closure of public places open to the public Regulations.
[46] S.L. 465.27, Closure of non-essential retail outlets and outlets providing non-essential services Order; S.L. 465.28, Enforcement of the order relating to the closure of non-essential retail outlets and outlets providing non-essential services Regulations; S.L. 465.32, Suspension of organised events Order; S.L. 465.31, Enforcement of the order relating to suspension of organised events Regulations.
[47] S.L. 465.30, Self-isolation of diagnosed persons Order; S.L. 465.29, Enforcement of the Order relating to self-isolation of diagnosed persons Regulations.
[48] S.L. 465.33, Protection of vulnerable persons Order.

leave",[49] the Order still clarifies that it shall not apply if the vulnerable person needs to leave his/her residence "to attend medical appointments, obtain medical care or treatment, acquire food, medicine, other daily necessities, or to attend to any other essential or urgent personal matter";[50] (h) Groups of more than three persons are prohibited in public spaces unless they live in the same residence and, where persons are waiting in queues or on bus stops, they must maintain a distance of two metres between them;[51] (i) As of the 3rd April 2020, travel between the two main inhabited islands of Malta is limited to purposes of work, persons who need to visit members of the family, for medical reasons, or to return to one's ordinary residence.[52]

The Department of Primacy Care advised on the 15th March 2020 that a number of services would be temporarily suspended, including cervical screening and minor orthopaedic operations, whereas some other services, including nutritionists and the medical results clinic, would increase telemedicine.[53] A new online system, which is subject to the law regarding processing of personal data, was also introduced at the main hospital in Malta so that information can immediately be passed from the laboratories to medical practitioners in order to maximize resources and enable strategic decisions.[54]

With few exceptions, visiting hours have been temporarily suspended at the main hospitals and State homes for the elderly,[55] as well as at correctional facilities where staff are also working and living for one week in order to decrease contact with premises outside prison.[56] Furthermore, regulations have been introduced to grant an emergency licence in exceptional circumstances, which justify the suspension of procedures that otherwise would have been followed, in order to obtain an emergency license to provide a social welfare service.[57] It should also be noted that an immigration open-centre has been placed under a quarantine order.[58]

The laws of Malta may be accessed on the following: https://legislation.mt/. In addition to legislative measures, information, protocols and guidance is provided, often by the Health Promotion and Disease Prevention Directorate within the Ministry for Health. This ranges from general information regarding COVID-19 to more specific guidance including, for instance, guidance for dental practices broaching aspects before, during and after treatment,[59] as well as guidance to stay physically active during self-quarantine,[60] guidance to supermarkets, which includes mechanisms to ensure distancing between persons,[61] and protocols regarding the use of personal protective equipment.

[49] S.L. 452.101, Minimum Special Leave Entitlement Regulations, r. 2.
[50] S.L. 465.33 (n 15). While not included in the Legal Notice *per se*, it has been declared that persons "who live in the same households as vulnerable persons are only permitted to go to work, do the necessary shopping, attend medical appointments, and exercise their children visitation rights in accordance with the orders of the competent court". See: PR200568, *Covid Bulletin Issue No 16* (27/03/2020).
[51] S.L. 465.34, Number of persons in public spaces Order; S.L. 465.35, Enforcement of the order relating to the number of persons in public spaces Regulations.
[52] S.L. 465.37, Mandatory non-essential travel between Malta and Gozo Order.
[53] PR200494, *Stqarrija mid-Dipartiment tal-Kura Primarja* (15/03/2020); PR200672, *Covid-19 Bulletin – Issue 35* (15/04/2020).
[54] PR200584, *Covid-19 Bulletin – Issue 20* (31/03/2020).
[55] PR200647, *Covid-19 Bulletin – Issue 29* (09/04/2020).
[56] PR200641, *Covid-19 Bulletin – Issue 28* (08/04/2020).
[57] S.L. 582.10, Granting of an emergency licence in exceptional circumstances Regulations.
[58] PR200615, *Covid-19 Bulletin – Issue 25* (05/04/2020).
[59] Health Promotion and Disease Prevention Directorate, *Guidance for Dental Practices in Malta – COVID-19* (18/03/2020).
[60] Health Promotion and Disease Prevention Directorate, *Staying physically active during self-quarantine* (15/04/2020).
[61] Health Promotion and Disease Prevention Directorate, *Guidance for supermarkets, food businesses* (03/042020).

Norway

Harald Platou
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1. A short description of the major legislative framework concerning communicable Diseases

The major legislative framework in this field is the Communicable Diseases Act (5 August 1994 No. 55), which underwent a major revision in 2019. The Communicable Diseases regulates e.g. division of competence between the municipality and the central level, information to infected patients, remedies for closing certain sectors, etc. Many of the decisions during the corona outbreak has been made according to the Communicable Diseases Act.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.

The Norwegian Directorate of Health issued a Guideline for both the hospital sector, but also for the part of the healthcare given outside hospitals. This Guideline clarify how the patients should be treated in the different part of the healthcare sector, and also how the hospitals should prioritize between patients in need of intensive care if such care is a scarcity. The Guideline instructed for instance the hospitals to reallocate resources from non-urgent care to intensive-care units and other departments who would be receiving Covid19-patients.

https://www.helsedirektoratet.no/veiledere/koronavirus/kapasitet-i-helsetjenesten/prioritering-av-helsehjelp-i-norge-under-covid-19-pandemien

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

In the earlier stages of the outbreak most of the non-urgent healthcare was suspended for a short period of time. However, since the outbreak was "controlled" very early, the hospitals started to increase the activity of also non-urgent healthcare. The Guideline previously mentioned instructs the hospitals to quickly reduce this activity if the need for resource-reallocation occurs.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

The Storting (parliament) passed a temporary legislation on March 21st that allowed the Government for carry out necessary and proportionate adaptive measures to address the effects of the coronavirus. https://www.regjeringen.no/en/aktuelt/storting-adopts-coronavirus-act/id2694462/

Before this legislation the Government had introduced several measures pursuant to the Control of communicable diseases act

(Smittevernloven: https://lovdata.no/dokument/NL/lov/1994-08-05-55)

a. Restrictions concerning movement in public spaces (curfew, limitations regarding how many members in a group, closing of parks etc.)

b. Restrictions concerning "social distancing" concerning number of meters between people, inside and outside. Please specify whether the restrictions are in form of guidelines or legal binding instruments (and date for latest amendment)

The Norwegian Directorate of Health, pursuant the Control of Communicable diseases act, have issued several provisions such as, but not limited to:

- No more than 5 persons can be in a group
- All should keep a distance of at least 2 meters between individuals (not applicable for persons in the same household). In premises where keeping a distance of 2 metres is difficult but that should remain open (e.g shops and pharmacies) a minimum distance of 1 meter should be kept.
- All schools and kindergarten were closed for several weeks. From April 20th kindergarten and lower primary schools will open.
- A ban on overnight stay at holiday properties was imposed. This ban will be lifted from April 20th.
- All cultural and sports events that cannot meet the requirement of keeping a distance of 2 meters was banned.
- Quarantine rules was imposed to anyone arriving from abroad travels
- Ban on international travels for healthcare personnel professionals who work in patient care.
- Businesses who cannot maintain the requirements of sufficient distance was ordered to close (e.g. hairdressers, optician).

Please see detailed information on:

https://helsenorge.no/coronavirus/events-and-activities

In addition to these provisions, local authority, pursuant to the Control of Communicable diseases act, have issued several local bans and provision such as:

- In Oslo all bars and restaurants was ordered to close
- Some of the northern regions imposed a quarantine period for Norwegian citizens travelling from the southern regions of Norway.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

The guidelines on testing for COVID19 is updated by the Norwegian Institute of Public Health

https://www.fhi.no/en/

The guidelines have changed several times over the last weeks, and will keep changing in accordance with the general situation and also test-capacity.

https://www.fhi.no/nettpub/coronavirus/helsepersonell/testkriterier/

The Norwegian Institute of Public Health has introduced (17 April) an application. For those downloading the application, information from their smartphones about their movements patterns in society from the app are used to develop effective infection control measures. https://helsenorge.no/coronavirus/smittestopp

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

No.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

No.

8. A link to legal sources of your country (preferably in English)

For translation of legislation and regulations, see

https://app.uio.no/ub/ujur/oversatte-lover/english.shtml

https://lovdata.no/info/information_in_english

Note that only a selection of legislation and regulations are translated and that translations are unofficial and may not have been updated since.

An overview in English about the measures, as well as general information about the virus is available at https://helsenorge.no/coronavirus

Brief overview of the COVID-19 mitigation measures being undertaken in Russia

Alexey Goryainov,
NCP for Russia

Surprisingly, but federal government has started to adopt measures for COVID-19 prevention already in January 2020 when there was not so much information on how serious the problem in the country and in the world would be. On Jan. 24, 2020 the head sanitary doctor of the Russian Federation has issued an order indicating to prepare medical facilities for admittance of infectious patients and several other measures: to set an informational communication with population about COVID-19; to set a storage for antiviral drugs, disinfection products and products for personal protection; to increase sanitary-quarantine control on the boarders; to control abidance of disinfection regime at the transportation hubs and places of mass gathering of people; to hold advanced molecular-genetic and virological examinations of biomaterial from sick persons suspected to have new infection.

On Jan. 30 the federal government has temporarily restricted the flow of people through certain checkpoints on the state boarder with China. Chinees residents in Russian Federation after arrival from China were supposed to maintain 14 days of medical surveillance. If coronavirus symptoms were revealed such persons were subjects for isolation and treatment. At the same time head sanitary doctor (the head of the federal service for sanitary and epidemiological control) issued several guidelines for prevention of COVID-19 in medical organizations, temporary procedure in cases of COVID-19 patient identification and some other.
All these measures are in line with the main federal law “About sanitary epidemiological welfare of the population of the Russian Federation”. This federal law sets the main frame work for control of spread of the communicable diseases in the country. The guidelines for treatment of COVID-19 are free for access on the web site of the Ministry of health of the Russian Federation. Sanitary-epidemiological guidelines are available at the web site of the sanitary-epidemiological federal service of the Russian Federation. During the raise of the outbreak they are regularly updated.

By the Feb. 3rd, 2020 federal government has closed boarders for foreign citizens from the territory of China. Almost a month later the same measures were applied for foreign citizens and people with no citizenship from the territory of Italy, Iran, South Korea and China.

In the beginning of the epidemia people were very reckless and irresponsible. The legal framework was also not ready enough for compulsory measures. In Feb. 2020 happened an interesting situation with "mandatory" isolation of Russian citizen arrived from China. The patient voluntary agreed to stay in the hospital since she was in the endemic region for COVID-19. But while in the ward during the incubation period isolation she decided to escape. She escaped from the hospital in a manner of agent 007. She used her knowledge to crack the electro-magnetic lock and disappeared. Few days later she was found and the regional service for sanitary and epidemiological control (part of the federal system) submitted a claim to the court in order to force the patient to stay at the hospital for all 14 days (incubation period of COVID-19) and until the negative lab results for COVID-19 are received.
Hence there was a major legal and mass media debate of the possibility to isolate such patients. The struggle between individual and public rights, the right for isolate and the absence of the procedure for compulsory treatment and hospitalization of CODIV patients (such procedures existed only for patients with psychiatric disorders and tuberculosis). However, since the federal government for the first time in almost eight years has updated in January 2020 the list of especially dangerous for society diseases (COVID-19 was added on Jan 31, 2020) and the provision of the federal law on sanitary-epidemiological welfare with the right for isolation of dangerous for public patients the court has ruled out to hospitalize the patient using the analogy of law, existed for patients with psychiatric disorders and tuberculosis. The form of the trial was quite outrageous since in the small court hall there were dozens of journalists, representatives of sanitary services, judge, prosecutor and the patient with her lawyer. All of them did not have any type of self protection wear as masks and etc.

In the beginning of March head sanitary doctor issued next order № 5 «About additional measures for decrease the risk of import and spread of new coronavirus infection». The order indicated for regional authorities the following provisions, related to health care: to strengthen timely detection and isolation of persons with signs of COVID-19 and optimization of hospitals conversion for hospitalization of patients with pneumonia (not nosocomial); to maintain storage of antiviral drugs; to provide for ambulance teams, admission departments pulse oximeters, and for inpatient departments – ventilators and other measures, such as priority for outpatient medical services delivery at home for aged patients 60+; organization of on-line delivery of "sick lists" and etc.

On Mar. 20th, 2020 the regime of "advanced preparedness" was applied on the territory of Russia. Since than all educational organizations switched to on-line education. All arriving tourists from endemic countries were supposed to stay at home for 14 days isolation. Social gathering of people 1000+ were limited and later on cancelled. Foreign citizens arrival to Russia was temporarily prohibited. Ministry of health suspended prophylactic medical examinations for adults.
Eurasian economic commission prohibited export of the products of self protection from the territory of Eurasian economic commission. On March 28th all hotels and other recreational organizations were closed. E.g. parks in St.Petersburg were closed on March 27.

On March 30th the President proclaimed the "vacation period" for all employees besides the employees in several spheres. Health care facilities were not closed. However, in the beginning of April Government

indicated the forms of medical care under the mandatory health insurance act which are available during the COVID-19 epidemic outbreak. For instance, all planned preventive medicine services (examinations) were suspended. All planned hospitalization and assignment of planned examinations (CT, MRI and etc) were limited. Patients now are able to receive such medical services only upon the decision of local public health authority or medical practitioner. Interesting to mention that all planned forms of control of medical insurance companies were suspended.

The federal sanitary epidemiological service of the Russian Federation seriously influenced public and private medical organizations. For example, now neither public nor private medical organizations in St.Petersburg and in Moscow are allowed to deliver regular medical services. The federal service suspended them. So millions of people lost the possibility to visit a dentist, gynecologist or other doctors with current problems. Only acute health conditions which may lead to damage for health or life of a patient may be treated in the medical organizations. Consequently thousands of medical organizations lost 40-90 percent of income. But the federal government did not include them (besides dentists) into the list of most suffering types of businesses, which may receive tax and other benefits and state support.

The courts stopped to work and only urgent hearings may happen until April 30th so its even almost impossible to enforce the law or appeal against violation of law if it happens. Due to the mass of fake news about COVID-19 state parliament adopted serious fines for fake news publication. As well new fines were incorporated into the code of administrative offences for violation of rules of behavior during the period of "advanced preparedness" regime, the regime of special preparedness before the emergency situation. Before only violation during the emergency situation or quarantine were the matter for administrative liability. Besides the criminal code art. 236 on criminal responsibility for mandatory sanitary rules violation was modified and the amount of fines and duration of imprisonment were raised significantly.

So far we are experiencing "vacation period" until April 30th. Movement of people on the territory of the country on the federal level is not prohibited. However some regions like Moscow issued local regional orders according to free movement. Since April 15, it is forbidden to move in Moscow without the special pass. All pupils and elder population lost their free of charge passes for public transportation to motivate them to stay home.

Besides new fines the state government declared to increase salaries for medical practitioners during the outbreak. The COVID-19 infection illness at the work place is the subject for occupational social security protection.

So far on the major part of the country we have so called "self isolation" regime. It means that people are not mandatory pushed to stay at home, but it is highly recommended.

Country report on legislative measures undertaken in Serbia for the purpose of combating the Corona virus outbreak

Marta Sjenicic,
NCP for Serbia

1. A short description of the major legislative framework concerning communicable diseases

Law regulating issue of communicable diseases in Serbia is *Law on the protection of population from communicable diseases* (Official Gazette RS, no. 15/2016) (hereinafter: Law). In general, Law regulates protection of population from communicable diseases and special health conditions, determines communicable diseases jeopardizing health of population of Republic of Serbia, which prevention and suppression is from general interest for Serbia, conduction of epidemiological surveillance and measures, the manner of their implementation and provision of resources for the implementation, conduction of surveillance for implementation of the Law, and other issues relevant for protection of population from communicable diseases. Law prescribes different measures in the area of communicable diseases, among which also extraordinary measures for the protection of population from communicable diseases: pronouncing of epidemic of communicable diseases of considerable epidemiological significance (Article 50); different measures in extraordinary situations (Article 51 and 52); prevention of importing of communicable diseases into the country and their transmission into other countries (Article 53). These provisions contain specific measures, most of which have been implemented during COVID 19 pandemia.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.

One of the hospitals allocated for COVID 19 patients, Clinical – hospital center "Dr Dragisa Misovic", a tertiary level health institution in Beograd, adopted "Internal guidelines and procedures for treatment of the patients with COVID-19", on March 22nd, 2020.

"The Handbook on COVID 19 Prevention and Treatment", drafted by The First Affiliated Hospital, Zhejiang University School of Medicine, on the basis of China clinical experience, was translated to Serbian language.

Republic Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" has prepared the "Expert-methodological instruction on control of import and prevention of spreading of the new CORONA virus SARS-CoV-2 in the Republic of Serbia".

Government adopted the Decree on organization of work of residential social care institutions and organizations during extraordinary conditions.

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

Not officially. However, one might assume that the offer of "regular" medical services have decreased in time, due to the entering of CORONA 19 into healthcare institutions and, thus, the lack of medical staff, that is in isolation and on treatment.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws: a. Restrictions concerning movement in public spaces (curfew, limitations regarding how many members in a group, closing of parks etc.)

b. Restrictions concerning "social distancing" concerning number of meters between people, inside and outside. Please specify whether the restrictions are in form of guidelines or legal binding instruments (and date for latest amendment)

New regulations have been introduced as the decisions of health bodies or interior.

Social distancing measures are all prescribed in binding documents, and introduced gradually, from the moment of proclaiming the extraordinary situation. Extraordinary conditions/situation was proclaimed on March 16th, 2020.

On March 10, it was recommended to the employees in the social and care system not to travel into the countries with intensive transmission of COVID-19, i.e. into the centers of epidemic. The same day, for the protection from COVID 19, entering into Serbia was temporarily banned, or entering and movement limited, for people coming from the areas with intensive transmission (in that moment): Italy, China, South Korea, Switzerland, Iran.

The general ban of grouping in the closed spaces was enacted on March 11th, 2020. There are prescribed necessary exceptions. On March 12, the road, rail and river traffic and border crossings were closed with neighboring countries.

On March 16th, the control for travelers through airports and other border crossings, and the measures of quarantine, were introduced. For the persons that were treated from COVID 19, and after two negative tests released home, 14 more days of quarantine were prescribed as obligatory. The Commission allowing transits, as the exceptions from entering Serbia and moving within it, was formed.

From pronouncing of epidemic in Serbia (March 16th, 2020), due to their vulnerability, persons of 65 and above (in the places with more than 5000 inhabitants) and persons of 70 and above (in the places with less than 5000 inhabitants), have prohibition of leaving the apartments; the services for delivering them necessities for life are provided.

Amendments of the Code of behavior of public officials – social distancing measures in crisis and extraordinary situations.

On March 16th all levels of schools were closed and the e-learning was introduced. The same day, all inhabitants of asylum centers were limited in moving.

For the purpose of social distancing, the decisions were adopted on limitation of movement in public spaces. They were more strict as the number of infected people grew and warm weather suitable for walking and enjoying the nature was coming (max. 5 persons, than 2 persons in the groups; in the peak of epidemic, 60 hours of quarantine (prolonged weekend) for the whole population, with the necessary exceptions; ban of moving after 5 P.M.; closed theaters, cinemas, restaurants and cafes, malls, green markets, shops – except grocery stores and pharmacies; closing parks and public places for recreation and sports; distance of two meters between two persons); minimizing the city and intercity local transportation.

On March 28, the decision was made to treat infected people with weaker symptoms in the adapted hospitals. This isolation is obligatory for such patients. Corona Centers on the primary health care level in Belgrade, were defined, as the triage centers.

5. Are there specific policies/guidelines concerning the screening of COVID 19 and/or the use of e-health technologies/applications processing personal data?

Not published, so far, till the moment when Corona Centers (ambulates) will be able to overtake mass screening.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

Not, so far.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

There have been cases related to breaching of provisions regulating measures against the spreading of COVID 19. However, the decisions are not yet final.

8. A link to legal sources of your country (preferably in English)

None of the acts containing listed decisions is available in English at the moment.

SLOVAK REPUBLIC

***Michal Koscik**, NCP for Slovak Republic*
30th of April 2020

1. A short description of the major legislative framework concerning communicable diseases

Public health system.
Preventive measures against communicable diseases are routinely dealt with under the regulatory framework of the Law on the protection and support of the public health (Act. no 355/2007 Z. z.), which serves as an umbrella for approximately 20 directives issued by the Ministry of Healthcare.
The responsibility for the public health at the central level is divided between several ministries (Ministries of Healthcare, Defence, Internal affairs, and Transit) and one central authority named Public Health Authority of the Slovak Republic (PHA SR). PHA SR has 36 regional branches. This is quite a dense network of public health offices, considering the small area and relatively small population of Slovakia. One of the bodies of PHA SR is a national anti-epidemic committee and several regional anti-epidemic committees. The committees are expert based, and their task is to propose (but not to implement or to enforce) preventive and anti-epidemic measures. In case of epidemy, the Slovak law distinguishes between two tiers of public threat. The lower tier of threat is dealt by the public health system, the higher tier is dealt with by the government under the national emergency system.

The national emergency system

The government has the competence to declare „the state of emergency" under the law on the state security (Act no. 227/2002 Z. z.) which can last for up to 90 days. During the state of emergency, the government receives power to restrict individual freedoms (including the freedom of movement and right to property) and has competence to issue temporary legal norms (decrees) that are effective even without the consent of the parliament.

To address the epidemy, the **government quickly decided to act in accordance with the national emergency system** declared the state of national emergency on 15th of March 2020. The response to coronavirus was dealt with the governmental decrees.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centres) are also of interest.

The complex guidelines for providers of the Healthcare were issued under the name "clinical protocol for rational patient management" The clinical protocol advises to postpone any scheduled treatment, if there is not a significant risk of adverse effects in the next three months. In case postponement is not possible, the patient should be quarantined for 14 days before admitted to the hospital. The question, whether the scheduled treatment can be postponed has to be decided by interdisciplinary consilium of physicians.

In case the of rapid spread of COVID-19 (which had not materialized), the hospitals are advised to accept only patients, if there is a significant risk of adverse events in the next 14 days. The question, whether the scheduled treatment can be postponed has to be decided by interdisciplinary consilium of physicians. All patients admitted for treatment should be tested for COVID-19.

The protocol also contains general epidemiological recommendations for treatment urgent (non-elective). All patients admitted for treatment should be tested for COVID-19.

There are no guidelines on the "priority" of patients outside traditional "urgent" and "scheduled" scheme.

Special regulations have been put in place to protect vulnerable group of oncological patients. The regulations were put in place, so that the routine and periodical treatment of the oncological patients is not disrupted or postponed. Instead the epidemiological and preventive measures were reinforced.

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

Most of the non-essential healthcare was rescheduled in all segments of healthcare as a precaution measure. However, the authorities tried to avoid disruption of necessary healthcare provided to vulnerable patients.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

The response was based on temporary government decrees and not by the new laws. The governmental decrees contained, among others these measures:

- Obligation to wear face masks in public
- Restrictions of cross-border movement with certain exceptions (the extent of exceptions was adapting to the changing situation)
- Mandatory quarantine of all persons who arrived from abroad. This was applicable to both citizens and non-citizens. The quarantine was not in homecare, but in dedicated public facilities.
- Restrictions of non-essential shopping
- Dedicated opening hours of shops when only elderly patients can shop
- Strict isolation of small geographical areas (most often villages) with increased presence of COVID 19
- Restriction of intercity movement in the days of Easter (when intercity travel is very usual)

- Restriction of all public events (both indoors and outdoors)
- Restriction of leisure facilities, such as theatres, sports facilities, restaurants

The restrictions will be lifted in 4 waves. The government did not set the dates but set the conditions under which the next wave of easing can proceed. At the time of writing it appears, that the measures were successful in preventing uncontrolled spread of the disease.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

A voluntary smartphone application was made available for download that would allow individual cell phones to remember (anonymously) their proximity to other cell phones (via Bluetooth). Once the owner of the cell phone is diagnosed with the disease, owners of the cell phones that appeared in close proximity in recent past are notified.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

Not yet.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

Not yet.

8. A link to legal sources of your country (preferably in English)

The resource gate is the dedicated governmental website korona.gov.sk. Even though the main page is in English it links mainly to the documents in Slovak language.

SLOVENIA: Country Report regarding legislative measures in order to combat the coronavirus outbreak

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1. Introduction

Due to the rapidly increasing number of Covid-19 infections, Slovenia declared an epidemic at 6 pm on March 12, 2020 on the basis of the Article 7 of the **Communicable Diseases Act**. There were 96 confirmed cases of infection in Slovenia that day, but no deaths. The first death was recorded on March 14, 2020. To date (April 16, 2020) in Slovenia we have:

Total cases	Death	Recovered	Active cases	Serious, Critical	Tot Cases / 1 mio	Death/ 1 mio	Total Tests	Tests/ 1 mio
1,268	61	174	1,033	31	610	29	38,137	18,344

Source: Worldometer[62]

[62] See Worldometer, accessed April 16, 2020: https://www.worldometers.info/coronavirus/? & https://www.worldometers.info/coronavirus/country/slovenia/.

On March 13, 2020 the National Plan on the Protection and Relief in the Event of Epidemic or Pandemic Infectious Diseases in Humans[63] came into use.

2. Short description of the major legislative framework concerning communicable diseases

A. Constitution of the Republic of Slovenia[64]

Article 16 (Temporary Suspension and Restriction of Rights): *»Human rights and fundamental freedoms provided by this Constitution may exceptionally be temporarily suspended or restricted during a war and state of emergency…«*
Article. 92 (War and State of Emergency): »*A state of emergency shall be declared whenever a great and general danger threatens the existence of the state. The declaration of war or state of emergency, urgent measures, and their repeal shall be decided upon by the National Assembly on the proposal of the Government. The National Assembly decides on the use of the defence forces.«*
Article 32 (Freedom of Movement): »*Everyone has the right to freedom of movement, to choose his place of residence, to leave the country and to return at any time. This right may be limited by law, but only where this is necessary to ensure the course of criminal proceedings, to prevent the spread of infectious diseases, to protect public order, or if the defence of the state so demands.«*

B. **Communicable Disease Act**[65] is the basic regulatory legal act in the field of communicable diseases. It provides general and specific measures to prevent and control them.

C. **Patients' Rights Act**[66] (e.g. article 4(4): »*Patients' rights may be restricted by laws in the field of public safety and public health and where the rights of other persons would be jeopardized.«)*

D. Criminal Code[67]

Article 177 (Spreading of Contagious Diseases): *»(1) Whoever does not comply with regulations or orders, by which a competent authority has ordered a medical examination, disinfection, quarantine or other measures for the suppression or prevention of contagious diseases in human beings and thereby causes the spread of a contagious disease, shall be punished by a fine or sentenced to imprisonment for not more than one year. (2) The same punishment shall be imposed on anyone who does not comply with regulations or orders, by which a competent authority has ordered measures for the suppression or prevention of contagious diseases in animals and thereby causes the spread of a contagious disease to human beings. (3) Whoever commits the offence under paragraphs 1 or 2 of this Article by negligence shall be punished by a fine or sentenced to imprisonment for not more than six months. (4) If the act under paragraphs 1, 2 or 3 of this Article results in death of one or more persons, the perpetrator shall be sentenced to imprisonment for not more than eight years for the offence under paragraphs 1 or 2 and for not more than five years for the offences under paragraph 3.«*

E. **Employment Relationships Act**[68] (e.g. article 148 (additional labor in cases of natural or other disaster) or article 169 (change of labor due to natural or other disasters))

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[63] Državni načrt zaščite in reševanja ob pojavu epidemije oziroma pandemije nalezljive bolezni pri ljudeh. Available: http://www.sos112.si/slo/tdocs/epidemija_pandemija.pdf .
[64] Ustava Republike Slovenije (URS - Constitution of the Republic of Slovenia): Uradni list RS (Official Gazette), št. 33/91-I; 42/97 – UZS68; 66/00 – UZ80; 24/03 – UZ3a, 47, 68; 69/04 – UZ14; 69/04 – UZ43; 69/04 – UZ50; 68/06 – UZ121, 140, 143; 47/13 – UZ148; 47/13 – UZ90, 97, 99; 75/16 – UZ70a.
[65] Zakon o nalezljivih boleznih (ZNB - Communicable Diseases Act): Uradni list RS, št. 33/06 – official consolidated version (hereinafter: OCV), 49/20 – ZIUZEOP.
[66] Zakon o pacientovih pravicah (ZPacP – Patients' Rights act): Uradni list RS, št. 15/08; 55/17.
[67] Kazenski zakonik (KZ-1 – Criminal Code): Uradni list RS, št. 50/12 – OCV; 6/16 – popr.; 54/15; 38/16; 27/17; 23/20.
[68] Zakon o delovnih razmerjih (ZDR-1 - Employment Relationships Act): Uradni list RS, št. 21/13, 78/13 – popr., 47/15 – ZZSDT, 33/16 – PZ-F, 52/16, 15/17 – odl. US, 22/19 – ZPosS, 81/19.

F. **Health Services Act**[69] **(e.g. article 23a provides** provides that the **National Institute of Public Health** (Nacionalni inštitut za javno zdravje - NIJZ) also performs communicable disease monitoring and response to events that pose a threat to public health and the plan measures to control communicable and other diseases

3. Guidelines concerning the treatment of patients suffering from coronavirus

In cooperation between Ministry of Health, the Association of Psychiatrists of the Slovenian Medical Association and the Extended Professional College of Psychiatry, were prepared the **guidelines for the provision of psychiatric services** in outpatient activities, in hospitals, at the Forensic Psychiatry Unit, as well as for treatment in institutions (for example: institution for elder persons, asylum homes, prisons).

The director of a **prison** facility may, of his own motion, where necessary to prevent the spread of the Covid-19 epidemic, move a convicted person from one institution to another or to another department (art. 11 ZZUSUDJZ). It is also possible, under certain conditions, for early release and suspension of imprisonment (art. 13 ZZUSUDJZ).

NIJZ prepared:
- Instructions for prevention acute respiratory infections for employees of homes for the elderly and in other social welfare institutions;[70]
- Recommendations for the treatment of the deceased with COVID-19 (but suspected COVID-19).[71]
- New viral epidemic COVID-19 diseases and elder.[72]

4. Suspension of certain medical services during the outbreak

Decree on interim measures for the safety of activities incident to the control of the COVID-19 epidemic[73] provides that the prevention activities, dental services, except emergency and those whose omission would lead to permanent damage to general and dental health, and home births should be suspended. It further stipulates that all specialist examinations and surgeries, except those indicated by the urgent and very urgent, oncology services and treatment of pregnant women, shall be cancelled. The decree also provides for the redeployment of health-care professionals in the public health service network to perform tasks related to curbing and managing the COVID-19 epidemic, integrating concessionaires, and ensuring that health care is provided in nursing homes (long-term care homes).

5. New regulations introduced within the field of health law due to the coronavirus outbreak

On March 20, 2020, due to the Covid-19 situation two acts have been adopted and all entered into force on March 29, 2020:

A) **Act on Emergency Measures in the Field of Wages and Contributions**[74] in art. 1 provides that in order to preserve jobs due to the effects of the COVID-19 communicable disease epidemic, the partial reimbursement of wages paid to workers from employers who are temporarily unable to provide work due to the epidemic's consequences shall be regulated and shall meet the requirements of this Act (so-called temporary waiting to work). The ZIUPPP also regulates the reimbursement of wages to workers who cannot work because of a quarantine due to an epidemic situation. The ZIUPP also regulates the

[69] Zakon o zdravstveni dejavnosti (ZZDej – Health Services Act): Uradni list RS, št. 23/05 – OCV; 15/08 – ZPacP; 23/08; 58/08 – ZZdrS-E; 77/08 – ZDZdr; 40/12 – ZUJF; 14/13; 88/16 – ZdZPZD; 64/17; 1/19 – odl. US; 73/19.
[70] Available at: https://www.nijz.si/sites/www.nijz.si/files/uploaded/navodila_zaposleni_dso.pdf
[71] Available at: https://www.nijz.si/sites/www.nijz.si/files/uploaded/priporocila_postopanje_z_umrlimi_.pdf
[72] Available: https://www.nijz.si/sites/www.nijz.si/files/uploaded/epidemija_nove_virusne_bolezni_covid19_in_starejsi.pdf
[73] Odlok o začasnih ukrepih za varnost dejavnosti, ki so nastale pri obvladovanju epidemije COVID-19 (Ordinance on interim measures for the safety of activities incident to the control of the COVID-19 epidemic): Uradni list RS, št. 40/20; 49/20.
[74] Zakon o interventnih ukrepih na področju plač in prispevkov (ZIUPPP - Act on the Interim Measure of Partial Reimbursement of Wage Compensation): Uradni list RS, št. 36/20; 49/20 – ZIUZEOP.

deferral of payment of social security contributions by the self-employed as a measure to reduce the negative consequences of the outbreak.

B) **Act on provisional measures for judicial, administrative and other public matters to cope with the spread of infectious disease SARS-CoV-2 (COVID-19)**[75]

On April 2, 2020 was adopted **Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy**,[76] which entered into force on April 11, 2020, which brought changes also to ZNB.

In connection with the COVID-19 pandemic situation, a number of by-laws have also been adopted in Slovenia (for more see http://www.pisrs.si/Pis.web/aktualno).

5.1.Restrictions concerning movement in public spaces

Ordinance on the temporary prohibition of the gathering of people at public meetings at public events and other events in public places in the Republic of Slovenia and prohibition of movement outside the municipalities[77] (it was valid from March 30, 2020 to April 18, 2020) was replaced with **Ordinance on the temporary prohibition of the gathering of people at public meetings at public events and other events in public places in the Republic of Slovenia and prohibition of movement outside the municipalities**[78] - valid from April 18, 2020.

Restrictions following from the latest ordinance (see above), as legal binding instrument, which concerning movement in public spaces are:

- temporary prohibition of the movement and gathering of people in public places and areas in the Republic of Slovenia;
- temporary prohibition to access to public places and areas in the Republic of Slovenia;
- temporary prohibition of movement outside the municipality of permanent or temporary residence;
- people should maintain safe distance to other;
- access to public parks and other walking areas is only allowed in the municipality of residence;
- it is allowed to carry out sports and recreational activities of an individual character (eg running, cycling, golf, yoga) or to perform such sports and recreational activities in which, in the ordinary course, it is impossible to contact other individuals (eg tennis, badminton, bowling);
- groups of persons, in the case of immediate family members or members of a common household, and if it is possible to provide a safe distance to the movement of similar groups or individuals in the course of this movement, may also access to public parcs or carry out sports;
- gathering of associates of up to five persons as allowed if they use shared personal transport for transport to or from work.

Ordinance on the prohibition of the recruitment of people in educational establishments and universities and independent higher educatiin institution[79] temporary prohibits the gathering of people in educational institutions and universities and independent higher education institutions.

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[75] Zakon o začasnih ukrepih v zvezi s sodnimi, upravnimi in drugimi javnopravnimi zadevami za obvladovanje širjenja nalezljive bolezni SARS-CoV-2 (COVID-19) (ZZUSUDJZ - the Act on provisional measures for judicial, administrative and other public matters to cope with the spread of infectious disease SARS-CoV-2 (COVID-19)): Uradni list RS, št. 36/20.

[76] Zakon o interventnih ukrepih za zajezitev epidemije COVID-19 in omilitev njenih posledic za državljane in gospodarstvo (ZIUZEOP - Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy): Uradni list RS, št. 49/20.

[77] Odlok o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih mestih in površinah v Republiki Sloveniji ter prepovedi gibanja izven občin (Ordinance on the temporary prohibition of the gathering of people at public meetings at public events and other events in public places in the Republic of Slovenia and prohibition of movement outside the municipalities): Uradni list RS, št. 38/20; 52/20.

[78] Odlok o začasni splošni prepovedi gibanja in zbiranja ljudi na javnih krajih, površinah in mestih v Republiki Sloveniji ter prepovedi gibanja izven občin (Ordinance on the temporary prohibition of the gathering of people at public meetings at public events and other events in public places in the Republic of Slovenia and prohibition of movement outside the municipalities): Uradni list RS, št. 52/20.

[79] Odlok o začasni prepovedi zbiranja ljudi v zavodih s področja vzgoje in izobraževanja ter univerzah in samostojnih visokošolskih zavodih (Ordinance on the prohibition of the recruitment of people in educational establishments and universities and independent higher education institution): Uradni list RS, št. 25/20; 29/20.

6. Specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

Mild respiratory infections are tested for persons over 60 years of age, subjects with co-morbidities (high blood pressure, diabetes, cardiovascular, pulmonary, renal, severe liver disease), and for all persons with immunodeficiency according to age.

7. New provision concerning liability (e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals)

NO.

8. Cases before the courts relating to health law due to the coronavirus outbreak

NO.

9. A link to legal sources of your country (preferably in English)

Constitution (eng): https://www.us-rs.si/en/about-the-court/legal-basis/constitution/
Criminal Code (eng): https://www.wipo.int/edocs/lexdocs/laws/en/si/si045en.pdf
Communicable Diseases Act (slo): http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO433
Patients' Rights Act (slo): http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO4281
Act Determining the Intervention Measures to Contain the COVID-19 Epidemic and Mitigate its Consequences for Citizens and the Economy (also called Mega Covid-19 Act) (slo): http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8190
By-laws on Covid-19 (slo): http://www.pisrs.si/Pis.web/aktualno)

Sweden
Legislative framework, guidelines and restrictions

Titti Mattsson and Amelie Kraft,
Lund University

Swedish Communicable Diseases Act (2004:168), 'Smittskyddslagen'[80], is the major legislative framework concerning communicable diseases in Sweden. Broadly, the framework covers general principles regarding the medical care of communicable diseases, possible measures for the prevention of a spread of it and the approach to examinations of diseases cases. Hence, the regulation stipulates a wide range of methods and interventions that can be used, both by the health care as well as the Swedish authorities, to meet the population's need for protection against the spread of infectious diseases. The framework further classifies different communicable diseases after the nature of the disease and its effects on society, and the categories permit different measures corresponding to the seriousness of a disease class.
In 1th of February this year, the Swedish government classified COVID-19 as a communicable disease 'dangerous to public health and to society'[81], which previously only belonged to the diseases Ebola, SARS and smallpox. This qualification enables the most extensive interventions, 'extraordinary measures', which

[80]Smittskyddslag (2004:168); https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/smittskyddslag-2004168_sfs-2004-168.
[81] They did this in a press release from the Swedish government: https://www.regeringen.se/pressmeddelanden/2020/02/regeringen-har-fattat-beslut-med-anledning-av-folkhalsomyndighetens-hemstallan-gallande-infektion-med-coronavirus-2019-ncov/

for example include possibilities for the government to make decisions concerning 'quarantines' and areas being 'locked down'. 'Extraordinary measures' is a fairly new method of controlling infectious diseases in a Swedish context. It was first prescribed by law in the entering of the current Communicable Diseases Act (2004:168) from 2004. Nor yet, as the preparatory work acknowledges, are these measures supposed to have a prominent role in the protection against a spread of communicable diseases. A decision concerning a lockdown is mainly intended to be applied to an area corresponding to a few blocks. Further, a lockdown mainly has the aim to identify the source of the contagion, not to isolate large areas of people in the country. A decision concerning a quarantine is always individual for someone that has been, or is suspected to have been, exposed to the disease. It should also be emphasised that a breach to any of these measures are not in itself penalised.

Lockdowns in larger geographical areas or a more general quarantine, as we may see in various form in many countries today, are not in theory entirely incompatible with the legal framework. However, the provisions in the Swedish Communicable Diseases Act are characterised by the importance of strong scientific results of each measure and respect for personal integrity for the legitimate use. An excessive application of the measures would therefore be difficult to find proportionate to the aim of such a decision. This careful approach to extraordinary measures has also been reflected in the Swedish authorities' strategy during the COVID-19 pandemic. Instead, they have instead relied on voluntary measures. The Swedish way of handling the situation, so far, has been to repeatedly *recommend* social distancing and to reduce longer or unnecessary travels, along with other recommendations which all stress the personal responsibility.[82]

Legislative amendments due to the COVID-19 outbreak are, so far, limited to general restraining orders in residential homes and a limitation of psychical, public gatherings or events with more than 50 people.[83] Establishments affected by the regulation of public gatherings are restaurants, bars, cafés, school canteens, nightclubs or any other venue or similar serving food or drinks to their guests. Schools, public transportation, private functions, and visits to supermarkets do not fall under this legislation. However, higher education, high schools and many private workplaces have still adopted home-based work and studies. Private events are not covered by the prohibition but the restrictions apply for these types of events as a recommendation. Apart from mentioned legislative restrictions, the Swedish strategy is still signified by reliance on voluntarism, personal liability and shielding those who are specifically vulnerable.

Sweden is currently adopting new legislation to make possible quick decisions on matters concerning the spreading of Covid-19. Revised provisions in aforementioned Communicable Diseases Act (2004:168) temporarily gives the government increased powers to quickly take measures to limit the spread of the virus.[84] No new provisions have so far been introduced concerning liability for health personnel, or civil or criminal liability immunity for healthcare professionals. However, Covid-19 will be added to the list of communicable diseases in the national legislation concerning occupational injury from the 25th of April.[85]

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[82] Folkhälsomyndighetens föreskrifter och allmänna råd om allas ansvar att förhindra smitta av covid-19 m.m.; https://www.folkhalsomyndigheten.se/contentassets/a1350246356042fb9ff3c515129e8baf/hslf-fs-2020-12-allmanna-rad-om-allas-ansvar-covid-19-tf.pdf; Folkhälsomyndighetens föreskrifter och allmänna råd om att förhindra smitta av covid-19 på restauranger och caféer m.m.; https://www.folkhalsomyndigheten.se/contentassets/419aae6d128c4f43ac87ea785ec9d7b3/hslf-fs-2020-9.pdf

[83] Förordning om tillfälligt förbud mot besök i särskilda boendeformer för äldre för att förhindra spridningen av sjukdomen covid-19; https://www.svenskforfattningssamling.se/sites/default/files/sfs/2020-03/SFS2020-163.pdf; Förordning om ändring i förordningen (2020:114) om förbud mot att hålla allmänna sammankomster och offentliga tillställningar; https://svenskforfattningssamling.se/sites/default/files/sfs/2020-03/SFS2020-162.pdf

[84] Prop. 2019/20:155 Förslag till ändring i smittskyddslagen (2004:168) (The changes concern Ch 9 sec 6a-6c §§).

[85] See the original Act, Förordningen om arbetsskadeförsäkring och statligt personskadeskydd, FASP, https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forordning-1977284-om-arbetsskadeforsakring_sfs-1977-284; and the proposed amendments; https://www.regeringen.se/49773e/contentassets/dd7ccbc2d5e74b948dade42b941ad509/arbetsskador-till-foljd-av-smittsamma-sjukdomar.pdf

The treatment of patients infected by COVID-19

The Public Health Authority regularly updates the recommendations on how preventive measures ought to be applied in the Swedish health care based on existing knowledge about covid-19.[86] The importance of basic hygiene practices in healthcare is highlighted along with the need for risk-based use of personal protective equipment. The same information regarding treatment of suspected and confirmed cases of covid-19 has been extended to include staff in residential homes and at other similar care facilities. There are also specific guidelines regarding the care of the elderly.[87]

A guideline concerning the priority of patients due to scarcity of resources in extraordinary circumstances has been developed on account of the COVID-19 pandemic.[88] The guidelines stress that before caregivers apply the principles for prioritizing intensive care resources given in the document, they should exhaust all opportunities to increase the intensive care resources involved. Secondarily, intensive care resources ought to be reserved for patients in whom intensive care is very likely to contribute to continued survival, which means a greater restriction on initiating or continuing intensive care than normally. The assessment should be defined by the legal and ethical principles of human dignity, i.e. the prioritization must not be based on the patient's social situation or position, any disability or on whether the patient himself has contributed to his or her condition, or the patient's chronological age itself. Finally, the Communicable Diseases Act (2004:168) applies to 'everyone', and this includes for example measures that cannot await treatment for illegal migrants and asylum seekers. During the pandemic, no medical services have been officially suspended. However, some healthcare, such as planned surgeries, tests to discover diseases and other types of health care that is not acute, has been postponed.

Links to legal sources concerning Sweden

In English
Website, the public health agency of Sweden
https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/
Recommendations and FAQ in English
https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/

Some applicable legal framework in Sweden in the treatment of patients infected by COVID-19

- Smittskyddslagen (2004:168) - Swedish Communicable Diseases Act (2004:168)
- Socialstyrelsens föreskrifter (SOSFS 2015:10) om basal hygien i vård och omsorg
- Socialstyrelsens föreskrifter och allmänna råd (SOSFS 2011:9) om ledningssystem för systematiskt kvalitetsarbete
- Socialstyrelsens föreskrifter och allmänna råd (SOSFS 2005:26) om hantering av smittförande avfall från hälso- och sjukvården
- Arbetsmiljöverkets föreskrifter och allmänna råd om smittrisker (AFS 2018:4)

[86] See all recommendations collected on webpage of the Public Health Agency of Sweden https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/foreskrifter-och-allmanna-rad/
[87] Rekommendationer vid besök i särskilda boendeformer för äldre under covid-19- pandemin; https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/r/rekommendationer-vid-besok-i-sarskilda-boendeformer-for-aldre-under-covid-19--pandemin-/?pub=70822
[88] Nationella principer för prioritering inom intensivvård under extraordinära förhållanden; https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/dokument-webb/ovrigt/nationella-prioriteringar-intensivarden.pdf

Report regarding legislative measures in order to combat the coronavirus outbreak in Ukraine

Khrystyna Tereshko,
NCP for Ukraine

1. A short description of the major legislative framework concerning communicable diseases.

On April 6, 2000, the Verkhovna Rada of Ukraine adopted the Law of Ukraine "On Protection of the People against Infectious Diseases", which defines the legal, organizational and financial principles of activities aimed at preventing the emergence and spread of infectious diseases, localization and elimination of their outbreaks and epidemics, together with rights, duties and liability of legal entities and natural persons in the field of protection of the population against infectious diseases.

Key Resolution of the Government which introduced the quarantine is the Resolution of the Cabinet of Ministers of Ukraine "On Prevention of the COVID-19 Acute Respiratory Disease Caused by the SARS-CoV-2 Coronavirus Spread on the Teritory of Ukraine" dated March 11, 2020.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest?

In Ukraine, the Order of the Ministry of Health of Ukraine "Organization of Healthcare to the Patients infected with Coronavirus Disease (COVID-19)" No. 722 dated March 28, 2020, with the amendments and additions developed and adopted "Standards of Healthcare 'Coronavirus Disease (COVID-19)'" and "Standard of Emergency Healthcare 'Coronavirus Disease (COVID-19)'". In addition, Ukraine has developed and approved by Order of the Ministry of Health of Ukraine No. 762 Dated April 2, 2020 "Protocol for the Provision of Healthcare for the Treatment of Coronavirus Disease (COVID-19)".

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

It should be noted that the Cabinet of Ministers Resolution "On Amendments to the Cabinet of Ministers of Ukraine Resolution No. 215 dated March 11, 2020" No. 215 dated March 16, 2020 was entrusted to the Ministry of Health to provide temporary suspension of planned measures on hospitalization and planned operations except for urgent ones, and to ensure maximum readiness and re-profile of healthcare facilities for the reception and treatment of infected patients in serious conditions. Ministry of Health Order No. 698 Dated March 23, 2020, implemented these restrictions. However, the said Resolution was amended and such restrictions on medical practice were cancelled on March 25, 3020.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

a. Restrictions concerning movement in public spaces (curfew, limitations regarding how many members in a group, closing of parks etc.)

b. Restrictions concerning "social distancing" concerning number of meters between people, inside and outside. Please specify whether the restrictions are in form of guidelines or legal binding instruments (and date for latest amendment)

Cabinet of Ministers of Ukraine Resolution No. 211 dated March 11, 2020 (last amended on April 8, 2020) introduced quarantine in Ukraine from March 12, 2020 to April 24, 2020. Also, it introduced certain prohibitions until April 24, 2020, in particular:

1) stay in public places without identity documents and personal protective equipment, including a respirator or protective mask (also, including self-made ones);

2) movement of more than two persons in a group, except in cases of official necessity and accompany of persons under 14 years of age, by parents, adoptive parents, guardians, foster parents, parents-caregivers, other persons according to law or adult relatives ;
3) stay in public places of persons under 14 years of age, unaccompanied by parents, adoptive parents, guardians, foster parents, caregivers, other persons in accordance with the law or adult relatives of the child;
4) attending educational institutions by their applicants;
5) visiting parks, squares, recreation areas, forest parks and coastal areas, except for walking the pets with one person and in case of business necessity;
6) visiting sports and children's playgrounds;
7) holding all mass (cultural, entertainment, sports, social, religious, advertising and other) events;
8) the work of business entities, which provides for the reception of visitors, in particular catering establishments (restaurants, cafes, etc.), shopping and entertainment centers, other entertainment establishments, fitness centers, cultural establishments, commercial and consumer services:
9) regular and irregular transportation of passengers by public transport (railway, subway);
10) visits to institutions and facilities providing palliative care, social protection, in which children, senior citizens, veterans of war and work, persons with disabilities, persons with persistent intellectual or mental disabilities permanently or temporarily reside; institutions and facilities providing social services to families / individuals in difficult circumstances, except for institutions and institutions providing emergency services (crisis);
11) visits to the places of temporary stay of foreigners and stateless persons illegally staying in Ukraine and places of temporary accommodation of refugees, except for persons providing legal assistance to persons staying in such points.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

- In accordance with the approved Standard of Healthcare Provision "Coronavirus Disease (COVID-19)", the healthcare professional who identified the person who meets the COVID-19 case definition shall:
- 1) register the case in the form of primary records No 060/o "Journal of infectious diseases cases registration" and fills in the form of primary documents No 058/o "Emergency notification of infectious disease, food, acute occupational poisoning, unusual response to vaccination" approved by the Ministry of Health of Ukraine on January 10, 2006 No 1, and inform the management of the healthcare institution for the organization of further clinical observation, timely medical care and anti-epidemic measures on individual and community level;
- 2) within 2 hours from the moment of establishing the COVID-19 case, inform the Laboratory Center of the Ministry of Health of Ukraine by administrative and territorial identity according to the established form No 058/o;
- 3) in case of admission of the person who meets the COVID-19 case definition, to the healthcare institutions providing round-the-clock inpatient health care, sampling of materials (Annex 3) is carried out and transportation with the appropriate direction (Annex 4) of the selected samples is ensured. Laboratory center of the Ministry of Health of Ukraine by administrative and territorial affiliation.
- In addition, it should be noted that on April 13, 2020, the Verkhovna Rada of Ukraine adopted a law amending the Law of Ukraine "On Protection of the Population from Infectious Diseases", which provided:

- "To establish, for a period of 30 days from the date of cancellation of the quarantine or restrictive measures related to the spread of coronavirus disease (COVID-19):
- personal data may be processed without the consent of the person, including data relating to health status, place of hospitalization or self-isolation, surname, first name, patronymic, date of birth, place of residence, work (study), in order to counteract the spread of coronavirus disease (COVID-19), in the manner specified in the quarantine decision, provided such data is used solely for the purpose of carrying out anti-epidemic measures.

Within 30 days after the end of the quarantine period, such data shall be subject to decontamination and, if impossible, it shall be destroyed."

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

The Ministry of Health Order No. 768 dated April 2, 2020 establishes a supplement for healthcare professionals who take measures to prevent the spread of acute respiratory illness COVID-19 in the amount of three salaries (tariff rates) for March 2020. According to the Art. 39 of the Law of Ukraine "On protection of the population from infectious diseases", infecting of healthcare and other professionals, connected with the performance of professional duties in the conditions of increased risk of infection (providing healthcare to patients with infectious diseases, work with live infectious agents and infectious disease centers, disinfection measures, etc.) shall be deemed as occupational diseases.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

There have been no judgments concerning this category of cases in the Uniform Register of Judgments of Ukraine yet.

8. A link to legal sources of your country (preferably in English).

All the official documents are in Ukrainian language.
https://iportal.rada.gov.ua/en
https://www.kmu.gov.ua/en
https://moz.gov.ua/nakazi-moz

Lessons learned: We need a permanent EU medical emergency unit

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By: **Victor NEGRESCU**
Member of the European Parliament

As national health policies remain a member state prerogative, in the medical area, the EU is simply powerless, lacking the legal basis or resources to coordinate the fight against the epidemic, writes MEP Victor Negrescu.

Victor Negrescu is a former Romanian Minister for EU Affairs and currently an MEP for the Romanian Social Democratic Party (S&D Group) in the European Parliament.

"What we are doing is almost war-time medicine, and we don't even know the enemy."
These are the words of a front-line combatant fighting to save lives – an Italian doctor from the intensive care unit in a Lombardy hospital.
"Experience taught us that solidarity and cooperation are the sheer force that drives us forward", adds his coworker, speaking of a very special form of cooperation: working together with a group of Romanian doctors and nurses helping their colleagues in their time of need.
The war terminology will – hopefully – soon disappear from our vocabulary, but the lesson of European cooperation should be used to transform the way we fight together in times of crisis.
Over the past weeks, Europe has had to deal with an unprecedented challenge, both in terms of size and intensity.
Despite the strong will to act together, coordinate actions and devise economic measures to protect the people and the economy, in the medical area the EU is simply powerless, lacking the legal basis or the resources to coordinate the fight against the epidemic, as national health policies remain a member state prerogative.
I believe that the main contribution the EU has brought to our countries and to the welfare of our citizens lies not only in its material resources, but mainly in its values put into action, in its capacity to build institutions whose reach and direct impact in people's lives are undeniable.
The web of European institutions, as well as the principles and proofs of friendship and solidarity, are a part of our daily lives; alongside millions of fellow citizens, I cannot imagine strong, stable and prosperous societies without them.
The true reality of the EU is best described by spontaneous demonstrations of solidarity happening these days: the sacrifices and efforts of Romanian doctors and nurses taking care of Italian patients, the Italian and French citizens treated in German hospitals.
These are acts of solidarity and kindness that can help us shape a stronger community in the years to come. Let's build on their foundation in order to be better prepared in the future!
The EU and the member states need to adapt to the new circumstances and create permanent mechanisms for fast intervention. I have brought forward to the European institutions the proposal of establishing an EU-wide medical emergency unit – EU Blue Medical Corps, which can be rapidly deployed where and when they are most needed, in crisis situations or in emergency cases.
The Corps can be provided with equipment via the RescEU stockpile mechanism and can be recruited on an EU-wide basis. A true European solution to European challenges.

In my view, the establishment of a coordinated crisis response institution will avoid the duplication of relief efforts, while increasing the degree of coordination and coherence of said actions and diminishing the immediate burden member states must carry on the short run.

An example of how such an emergency unit would function is the recent use of the EU Emergency Response Coordination Centre to dispatch the aforementioned medical team from Romania to Italy. But this existing mechanism is insufficient for the current necessities, it needs to become a permanent, flexible, well-funded instrument.
The creation of such an institution is not only a tool that can provide immediate needed help, but also a powerful signal of concrete European solidarity.
The future of the European Union depends on its capacity to adapt to the changing global environment, and problems of this scale and power of dissemination can only be further expected down the road.
As the current situation highlights, national capabilities – expertise, financial resources, medical supplies, medical personnel – are insufficient: no state can face these challenges alone. But the European Union can – and this is one tool it can develop to be better prepared. Our plan for a better future must be based on solidarity and cooperation.
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*Source: https://www.euractiv.com/section/coronavirus/opinion/lessons-learned-we-need-a-permanent-eu-medical-emergency-unit/

World Sustainability Forum news

The 8th World Sustainability Forum
15 – 17 September 2020, CIGG, Geneva, Switzerland
Part of The First World Sustainability Week, 14–19 September 2020, Geneva, Switzerland

September 2020 marks the 5th birthday of the 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals. Accordingly, ***the 8th World Sustainability Forum (WSF2020),*** which is an international scientific conference coordinated by **MDPI**, was supposed to be held on 15 - 17 September 2020, as part of the First World Sustainability Week. Since sustainability has gained considerable traction, many countries, business and research agendas have integrated sustainability and environmental protection in their development and aligned with sustainability goals. Thus, the purpose of the event is not only to celebrate a birthday of 2030 Agenda but also to take stock of where we are in relation to a more sustainable world.
Although a number of nations are cautiously lifting restrictions imposed to limit the transmission of COVID-19, our chairs have decided that it is best **to postpone *WSF2020* until September 2021** on account of the uncertainty of the attendees' ability to commit to participating physically in this forum,
Instead of a physical conference ***WSF2020***, we will explore a new modality for this event: a **reduced hybrid meeting** which will take place in a virtual environment with individuals or local hubs. The **Hybrid Meeting in September 2020** will particularly focus on three themes of proposals:

1. **Health and Medicine**
2. **Transport and Mobility**
3. **Food and Agriculture**

The deadline for abstract submissions has been extended to **31 July 2020**.
To keep up-to-date on the new initiative of ***WSF2020***, please regularly check our website, https://wsf-8.sciforum.net/.

EAHL

Membership of the EAHL is open to health lawyers in Europe and other countries.

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- Associate (for non-Europe resident only) – 38 EUR.

For more information, please, visit:

http://www.eahl.eu/membership

IMPORTANT NEWS!

NEXT EAHL Conference Venue in 2021 is Ghent University, Belgium!

More details to follow!

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