

# Handling and Combating the COVID-19 Pandemic in the Baltic Sea Countries

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Åland

## Åland Islands

### Situation regarding the COVID-19 pandemic (as of 18 June 2020)

When it comes to the pandemic itself there has been only a few cases of Covid-19 in Åland. Since the borders were partially reopened the number of cases has increased a bit with a few cases of young people that unknowingly of their infection have returned to the Island for the summer. However, people have been very good at respecting restrictions and recommended quarantines and therefore uncontrolled spread of the virus in the society so far has been avoided. Not a single person over 70 years of age has been diagnosed.

A state of emergency has been declared in Finland during the period Mars 16<sup>th</sup> - June 16<sup>th</sup>. Measures taken in accordance with the Emergency Powers Act is national authority and Åland has therefor been either subject to national restrictions or when applicable adopted own decisions to implement measures in accordance with the Emergency Powers Act. During this period schools, restaurants public buildings etc have been closed and people have been advised to work from home etc.

Finnish borders have been closed which has had a huge impact on transportation to and from the Island. Both ship and plane traffic has been very limited, and the Island has therefore been very isolated. Since the Åland economy and labour market is highly dependent on shipping industry and tourism the economy has been suffering hard and Åland is now experiencing an all-time high unemployment rate. The summer season is always the most profitable for the ferries. As borders to Sweden, with some exceptions, remain closed until further notice and as people can be expected to change their travel habits there is a significant risk for long term economic challenges. On the other hand, there are also examples of people finding new business ideas and developing new companies in the new situation. Initiatives to take advantage of the crisis as a platform for a conversion to green economy and to a more sustainable lifestyle are being taken.

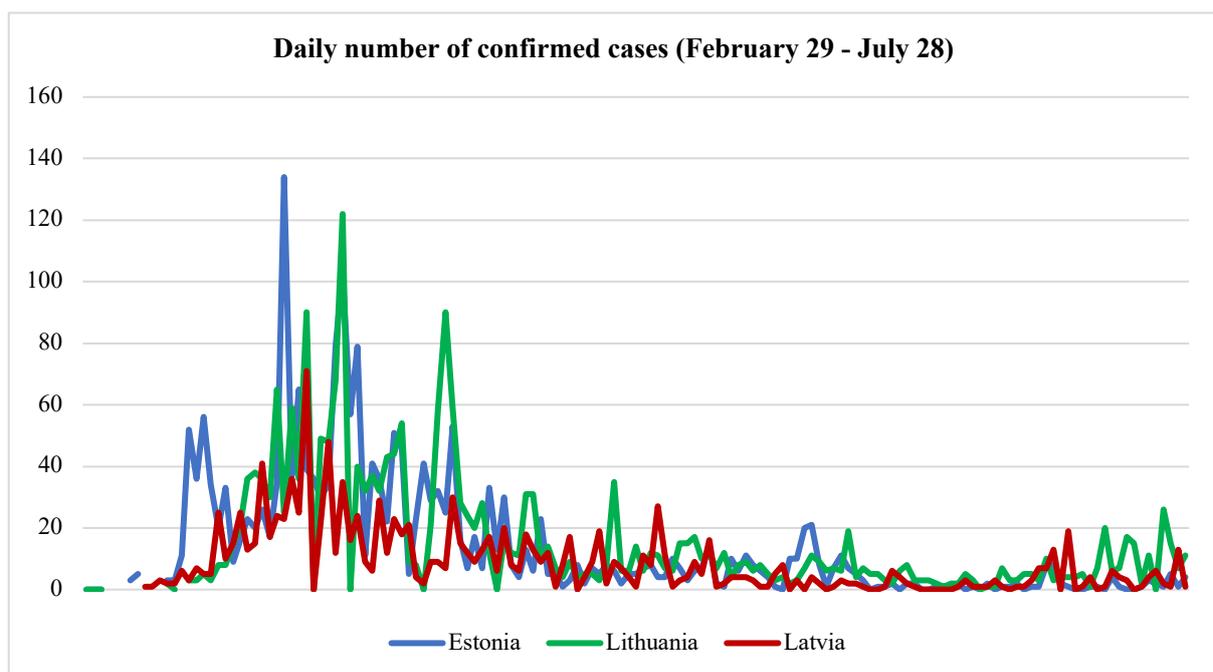
Baltic Assembly,  
Estonia, Latvia and  
Lithuania



## Written Statement of the Baltic Assembly Regarding the COVID-19 Pandemic in 2020

### SPREAD AND MANAGING OF THE PANDEMIC

As statistics show (see the chart below<sup>1</sup>), situation regarding the COVID-19 in the Baltic states has been quite similar throughout the pandemic. Similarities in the spread of the virus as well as previously established neighbourly relations allowed the region to implement some joint measures.



**Estonia.** In Estonia, from Feb 27 to July 27, there have been 2034 confirmed cases of COVID-19 with 69 deaths. Until July 27, 116 913 coronavirus tests have been administered. The most affected counties in Estonia are Saaremaa, Võrumaa, Pärnumaa, and Harjumaa.

<sup>1</sup> Our World in Data COVID-19 Dataset

**Lithuania.** In Lithuania, from Feb 28 to July 27, there have been 2008 confirmed cases of COVID-19 with 80 deaths. Until July 27, 502 690 coronavirus tests have been administered. The most affected areas in Lithuania are Vilnius city municipality, Kaunas city municipality, and Klaipėda city municipality.

**Latvia.** In Latvia, from Mar 2 to July 27, there have been 1219 confirmed cases of COVID-19 with 31 death. Until July 27, 191 070 coronavirus tests have been administered. The most affected areas in Latvia are Riga city, Priekuļi municipality un Jelgava city.

Baltic states were one of the first in the European Union that have lifted the restrictions on free movement. On May 15, Foreign Ministers of the Baltic states signed a memorandum of understanding on the free movement between the Baltic states. Starting from May 15, the borders of Estonia, Latvia and Lithuania can be crossed by individuals who display no symptoms and: 1) who hold the citizenship of one of the countries; 2) have a residence permit; 3) right of residence; or 4) whose permanent place of residence is in one of the Baltic States according to the population registry. Anyone that complies with the rules no longer has to self-isolate for 14 days.

In the Baltic states, the main measures to stop the spread of coronavirus have been similar:

- declaring a state of emergency;
- people-to-people distance in public space;
- restrictions on the crossing of the Schengen internal and external border;
- extensive testing;
- self-isolation at home for 14 days after returning from abroad;
- the banning of sporting, cultural, recreational and entertainment events, etc.

Despite the similarities in the overall situation of the Baltic states, there are also differences regarding the managing of the pandemic and overcoming the crisis in each of the countries. For example, a state of emergency in the Baltic states was introduced with a time difference. Lithuania declared a national-level emergency on 26 February that is earlier than Estonia (March 13) and Latvia (March 12). Lithuania has also created a COVID-19 response strategy to contain, over the short term, the risk of the spread of the coronavirus and to equip for an effective response to a potential outbreak of the virus in the future.

## **EFFECTS ON THE WORK OF PARLIAMENTS AND ORGANISATIONS**

In the parliaments of the Baltic states work was organized in different ways, however, some similarities can be observed.

### **Riigikogu (Estonian parliament)**

During the emergency in Estonia, the Riigikogu was working in a reduced capacity. The work of the plenary and the committees focused only on time-critical issues. Members of the Riigikogu were in the parliament building only on three days a week – Monday, Tuesday, and Wednesday – when plenary sittings and Question Time are scheduled. After the end of the emergency on 18 May, the Riigikogu resumed the work as usual, holding physical sittings on Monday, Tuesday, Wednesday, and Thursday.

The committees had the right to assemble at other times in the case of unavoidable necessity, but at the same time they could also hold digital (telework) sittings, i.e. members did not necessarily need to be physically present in the room and could attend sittings remotely via video conference.

Cloud software was used for video meetings, other teleworking was arranged with on-premise solutions, which were administered in-house. MS Teams application was widely used to carry out telework in the committees, other backup options were also considered. Documents were prepared with MS Office software. Digital signing takes place in a document management system, and notifications are sent by e-mail.

### **Seimas (Lithuanian parliament)**

Parliament of Lithuania meetings have been limited during the pandemic, however, there have been remote meetings to deal with urgent matters.

### **Saeima (Latvian Parliament)**

At the beginning of the pandemic, the Latvian parliament mostly worked by considering social distancing principles and restrictive measures on the national level. Sittings were held in eight separate parliamentary premises to ensure social distancing.

However, a new solution has been found – e-Saeima. Currently, Saeima is one of the first parliaments in the world that can fully shift to remote work. There is a new e-Saeima platform,

where plenary sittings can be held remotely, with MPs participating from outside the parliament premises. The new platform is developed specifically for the needs of the Saeima. It ensures the most important functions of parliamentary sittings, namely, the opportunity to debate and vote on items included in the plenary agenda. Both functions work live in real-time. The e-Saeima platform was developed as a matter of urgency over only a few weeks as a response to the restrictions on assembly introduced during the COVID-19 crisis and the necessity to work remotely. The work of the Saeima remains open to the public, and anyone interested may follow the remote sitting live on the Saeima website and the Parliament's Facebook account.

### **Baltic Assembly**

Baltic Assembly mostly works remotely. There have been several digital meetings in smaller and larger formats. The digital solution of the Baltic Assembly so far has proven to be able to ensure effectively the work of the organisation. Also, despite the organisational changes that had to be implemented due to the COVID-19 pandemic, the Baltic Assembly adopted a Communiqué on Baltic solidarity and cooperation in times of crisis and recovery, urging the governments to cooperate more. The Baltic Assembly so far has organized several meetings that had the COVID-19 situation on the agenda.

During the pandemic, work of the Baltic Assembly in different formats continue, as the Members and Secretariat of the Baltic Assembly have remotely participated in the meeting of BSPPC Standing Committee on 17 June, digital 7th Plenary Session of the South-East European Cooperation Process Parliamentary Assembly on 24 June and listened to the digital seminar "COVID-19 and Border Closures: How are Vulnerable Migrants Affected?".

Work of the Baltic Assembly seems to be efficient and fruitful also during the time of crisis when traveling is problematic and the face-to-face contact has to be reduced. Members of the organization are interested and motivated to continue the work of the Baltic Assembly and maintain the discussion about the mitigation of the crisis.

### **LEGISLATIVE MEASURES TO DEAL WITH THE CONSEQUENCES**

There are numerous ways of how the Baltic states have decided to deal with the consequences of the COVID-19. Some of the measures are similar, but mostly they differ from country to

country. However, the Baltic states have repeatedly noted that they will cooperate to mitigate the consequences.

### **Main measures to deal with the consequences<sup>2</sup>**

**Estonia.** Estonia has launched a 2 billion euro support programme. The support programme includes the following economic stimulus measures: 1) Loan collateral amounting to 1 billion euros for bank loans already issued to allow for repayment schedule adjustments (maximum EUR 600 million for the surety collection) through the KredEx Foundation; 2) the ETCB closed down the public debt inquiry tool and the provision of mass information about debtors via the X-tee services since currently available information does not give an adequate picture of companies' economic situation.

The Estonian Unemployment Insurance Fund paid subsidies to compensate employees' wages for up to two months during the period March-May 2020. The amount of the subsidy was 70% of the average monthly wage of the employee but no more than 1000 euro. The employer must pay a wage of at least €150 to the employee.

**Lithuania.** The government launched a 5 billion euro support plan in the week of 16 March, which includes 500 million euros for maintaining business liquidity and 1 billion euros for speeding up investment. The Economic and Financial Action Plan provides for accelerating investment programmes by accelerating payments and increasing the intensity of funding. It plans to reallocate EU investment funds to health, employment and business, accelerate the use of public budget funds for running costs, to use all funds from the Climate Change and Road Maintenance and Development Programs, and to accelerate the renovation of apartment buildings.

The Lithuanian government also foresees subsidies totaling 500 million euro to ensure laid-off workers or workers with reduced working time (+salaries) still receive the minimum wage. It also includes in the 500 million euros for workers fixed payments to the self-employed who have previously contributed to the social security system.

**Latvia.** The government has announced coverage of 75% of the costs of outbreak-induced sick leaves or workers' downtime, or up to 700 euros per month. There is also support for "employee downtime" whereby the government made monthly payments of 75% of their salaries, capped

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<sup>2</sup> <https://home.kpmg/xx/en/home.html>

at 700 euros (not subject to payroll taxes), from 14 March to 14 May 2020 if the employer is not able to secure work for the employee because of COVID-19.

A Latvian bank launched an initiative to support SMEs and Fintech in Baltic states. ALTUM, the national development finance institution, will provide loan guarantees and loans for crisis solutions to businesses affected by the Covid-19 crisis. Interest rates on loans for tourism sector businesses will be cut by 50% for small and medium enterprises and by 15% for large enterprises in tourism and related sectors.

Germany

## Impacts of Covid-19 in Germany

### 1. Spread and managing of the pandemic

#### Development of the situation

The first case was confirmed on 27 January 2020 in Bavaria.

The numbers gradually increased by the end of February, reaching the highest number of new infections in one week on 30 March with 39.167 cases. Since then, the infection rate gradually decreases; in the week of 25 July 3.348 new cases were confirmed.

As of 25 July, 204.964 cases were officially reported, about 9,118 people died until now.

Infection rates were significantly higher in states closer to Italy, such as Bavaria and Baden-Württemberg. In the very beginning of the pandemic, a part of North Rhine-Westphalia was considered a hotspot with very high new infection rates.

More rural states, especially states in the east of Germany, had remarkably low infection rates.

#### Main measures and gradual reduction

- Borders were closed on 17 March and were gradually reopened by 15 May. Temporary entry restrictions for travelers from other EU countries have been removed entirely since 21 June. As of 2 July, unrestricted entry from eleven countries outside the EU is allowed as well.
- A 14-day-quarantine is only mandatory for people with symptoms who are entering from risk areas.

A complete shutdown, like in France or Italy, was, due to the low percentage of infections, not necessary. Due to the federal structure of Germany, certain measures could only be taken by each state separately because health legislation is the competence of the states. Therefore measures and restrictions varied a bit throughout the country.

- Wearing a face mask in public transport and shops is still mandatory in all states.
- Contact restrictions applied in the beginning, by the end of July they are partly reduced (e.g. to max 10 people), partly entirely cancelled.
- Major events (the maximum number of people varies) are not allowed until 31 October.
- All schools and child day care centres were closed by the end of March. A soft reopening started in early May. Currently a full reopening is planned after the summer holidays.

The tendency of the states is to shift their actions from a statewide lockdown to individual reactions on new infection rates in certain areas.

## 2. Some legislative measures to deal with the consequences of the pandemic

### Health sector

The public health sector never faced any problems regarding capacities for the treatment of Covid-19-patients. In the beginning, hospitals were only allowed to treat urgent patients in order to keep hospital beds free for Covid-19-patients.

### Financial instruments

- Economic Stabilisation Fund  
Volume: 600 billion / passed end of March  
It addresses mainly larger companies and consists of state guarantees for obligations, direct state holdings and refinancing of large loans.  
Businesses can easier apply for loans.
  
- Immediate Assistance for small enterprises  
Volume: 50 billion / passed end of March  
It gives immediate assistance for small enterprises and own-account workers.  
Access was easy and payments were handled very fast.
  
- Short-time work  
The regular working time can be temporarily reduced, which allows companies to reduce their personnel costs while at the same time maintaining their workforce and avoiding layoffs. The gap in remuneration, that the employees suffer, is partially compensated by the Federal Employment Agency. About 12 million employees were enrolled for short-time work.
  
- Economic Stimulus Package  
Volume: 130 billion euro / passed in June  
Measures are e.g.:
  - reduced VAT from 3 (respectively 2) percent for 6 months from 1 July to 31 December 2020
  - Program for the future with a volume of 50 billion euros to foster innovation in the fields of climate change and digitization

### Repatriation operation

More than 240.000 people were able to return to Germany because of repatriation efforts by the Federal Foreign Office, implemented partly by air charter, partly by scheduled flights.

### 3. Effects on the work of the parliament

Plenary sessions of the German Bundestag were still held, but with reduced items on the agenda and in the beginning mainly Covid-19-related topics.

Also the number of parliamentarians in the Chamber is reduced, distance regulations apply, the lectern gets disinfected after each speaker.

To ensure the quorum, the Rules of Procedure of the German Bundestag are changed until 30 September. A quorum of the Parliament now exists if more than a quarter (normally half) of its members is present in the Chamber.

In the Committees, electronic communication media can also be used for sittings and hearings.

### 4. Other aspects

#### Corona-Warn-App

The Corona-App, released by the German federal government on June 16th, is a free and mandatory application for mobile phones based on the Bluetooth-technology.

Until 23 July it was downloaded 16,2 million times. The development and release was discussed in the public, mainly focusing on data protection concerns.

#### Recognition of the situation in other countries

The first reaction was to solve the pandemic in a national approach. After a few weeks, it became more obvious to the society, that European solutions are necessary.

There was a huge sympathy, especially with our European neighbors and in particular with badly hit countries such as Italy, Spain and France. The admission of patients, for example from the Italian region of Bergamo, in German hospitals was widely communicated in the news.

There were also discussions about different approaches to deal with the pandemic situation, especially the Swedish, British and American approach.

Hamburg

### **Spread and management of the pandemic**

Hamburg's population is around 1,845 million. 5748 persons were/are infected, of which approximately 5100 convalesced and 262 died according to the Robert Koch Institute report. Currently, 19 Covid-19 infected patients from Hamburg and its vicinity are treated in Hamburg hospitals of which ten are in intensive care (as of August 11, 2020).

In Hamburg, the Senate (executive) informs the public about the latest Covid-19 pandemic containment rulings via link [www.hamburg.de/coroonavirus](http://www.hamburg.de/coroonavirus).

One key measure implemented and still in place among others is mandatory facemasks in shops, public transport, and where the minimum distance cannot be kept, and everyone is instructed to follow hygiene rules.

Currently, some easements of lockdown measures have been introduced such as

- Visits of relatives in care homes;
- Allowing to meet relatives and friends with parties of 10 from 10 different households;
- Schools and children's daycare facilities are now open again following the regular schedule. (The education authority introduced the so-called *Hamburger Lernferien* during the summer break, a voluntary program to catch up following the regular school schedule.)

### **Effects on the work of the parliament**

Since the election of the new Hamburgische Bürgerschaft at 23<sup>rd</sup> of February 2020, all scheduled sessions took place – the constituting session of the parliament on March 18, 2020 with a reduced number of parliamentarians.

All following sessions took place in the large Ceremonial Hall (Großer Festsaal) – initially with a reduced number of parliamentarians, and since June 2020, all 123 parliamentarians due to the implementation of partitions and seating arrangements in compliance with the social distancing regulations.

Plenary sessions are not open to the public yet but the sessions are livestreamed or can be accessed via the Bürgerschaft *Mediathek*.

Alterations of parliamentary rules were passed to enable committee meetings during pandemic times for example via a telephone- or videoconference and with special balloting procedures. Upon request, livestreaming of committee meetings is possible.

A special temporarily limited *Corona committee* was installed on April 22 to support the newly constituted Parliament addressing the challenges of the Covid-19 pandemic.

### **Legislative measures to deal with the consequences of the pandemic**

The Bürgerschaft decided to accelerate the public announcement of general rulings in urgent cases – like the Covid-19 pandemic – via a web page of the respective governing authorities instead of in an official printed journal.

The Bürgerschaft approved further several urgent motions of the Senate (Federal State Government Hamburg) declaring the Covid-19 pandemic an exceptional

emergency and revising certain budgetary regulations during the current crisis. This includes – additionally to the respective instruments by the federal state – a set of measures of the *Hamburger Schutzschirm* (protective umbrella/shield) with *Hamburger Corona Soforthilfe* (Hamburg Corona Emergency Aid), which provide among others support for small and medium-sized enterprises and freelance professionals (especially in the cultural sector) as well as funding for personal protective equipment.

# Mecklenburg- Vorpommern

**Landtag Mecklenburg-Vorpommern (24<sup>th</sup> of June 2020)**

Mecklenburg-Vorpommern is the German state with the lowest infection rates since March 2020. Our population is around 1.61 million. On 24<sup>th</sup> June we have below 800 infections, whereas 117 people had been treated in hospital, 20 persons died, 758 were recovered. In the moment, we have 36 people with an active COVID-19 infection.

In March, Mecklenburg-Vorpommern, like the whole of Germany, has restricted a large part of public life by closing shops, schools, retirement homes and day-care facilities as well as cultural facilities such as theatres, swimming pools or banning events. Protective masks belong to the everyday life. A form of prohibition of close contact gradually decreases so that we – in the moment – can meet up to 10 people.

Tourism is also strongly affected by restrictions. Since 25<sup>th</sup> May tourists nevertheless have been able to travel to the country again with an overnight stay, first of all restricted to 60 % of the hotel capacities. No day trippers are accepted.

Whereas the parliament was at first not involved in the juridical and political management of the crises, the prime minister used a conference call to inform chairmen and executive secretaries of all parliamentary groups.

The parliament adopted hygienic measures including minimum distance. Around 20 conference calls and video conferences took place. Since April meetings with physical presence reoccurred. In the plenary week in the month of May the Landtag took two tests from all members of Parliament, the administration and all employees and media staff who are often in the parliament. As a result, we got 321 negative infections and 348 with a negative antibody testing.

On April 1<sup>st</sup> 2020, the Landtag Mecklenburg-Vorpommern adopted an addendum to its budget to establish the “MV Schutzfonds” – a protection fund. This has a volume of EUR 1.1 billion and provides, among other things, for the granting of emergency aid to secure liquidity, loan and guarantee programs and measures in the social and cultural sectors. The restrictions are gradually relaxed, always taking into account the general occurrence of infection.

Poland

## **POLAND – situation regarding the COVID-19 pandemic (as of July 23)**

### **Spread and managing of the pandemic**

#### **Developments COVID-19 situation in Poland**

In Poland first case of COVID-19 was reported on 4 March 2020. Since then, the number of infections in the country has slowly increased. Currently, the situation in Poland is stable and contained. We are seeing a decrease in the number of COVID-19 infections in Poland. There are enough places for patients with SARS-CoV-2 infection in facilities designated to diagnose and treat the coronavirus. In Poland, the number of infections has never reached critical levels.

Information about data regarding infection you can find on website (only in Polish):

<https://www.gov.pl/web/koronawirus/wykaz-zarazen-koronawirusem-sars-cov-2>

Poland has a low total incidence rate of 107 cases per 100 000 inhabitants and a death rate of 4,3 per 100 000 inhabitants. The number of infections for the last 14 days is 11,5 per 100 000 inhabitants. Additionally, the recovery rate is better than in other countries.

The voivodeships with the highest number of cases are Śląskie, Mazowieckie and Łódzkie. The lowest incidence rate is in Lubuskie, Warmińsko-Mazurskie and Zachodniopomorskie.

The pandemic is currently developing in single outbreaks, while in the rest of the country there are relatively small numbers of new infections. Places where new outbreaks are observed are workplaces / specific groups, e. g. companies and celebrations, such as weddings or funerals. During these events, even a few dozen people get infected. Lately, the highest number of cases in Poland was recorded in the Śląskie Voivodeship - 323/100 000 inhabitants. The highest morbidity rate was among miners (due to this, screening tests were carried out among the families of these miners). On the other side is Warmińsko-Mazurskie Voivodship – 23/100 000 inhabitants.

#### **Measures undertook to prevent the spread of COVID-19**

Since the beginning of the epidemic appropriate measures/restrictions have been implemented to prevent the further spread of COVID-19.

These include:

- Restriction on public transport: currently vehicles may transport at the same time not more persons than:
  - ✓ 100% of the number of seats or
  - ✓ 50% of the number of all seating and standing places specified in the technical documentation or the technical and propulsor documentation for a given type of means of transport or vehicle, while leaving at least 50% of the seats unoccupied in the means of transport or vehicleCovering the mouth and nose is mandatory on public transport.
- Restrictions on functioning of specific institutions or workplaces;

- Restrictions to cover mouth and nose - currently it is mandatory to cover mouth and nose in an open space when it is not possible to keep 2 meters distance from others, as well as in a closed space – e.g. in shops or public transport;
- Restrictions of public gatherings;
- Restrictions and guidelines have been issued for the operation of inter alia hotels/resorts, cinemas, cultural and entertainment events, gastronomy, beauty salons;
- Restriction on border crossing – mainly for passengers from other countries than EU/EFTA;
- School classes – to be held online / if it is possible - adults work remotely.

The maintenance of sanitary discipline by Polish people and the lack of a sudden increase in the number of people infected with COVID-19 allowed some restrictions to be gradually lifted.

The stages of the removal of restrictions were announced on a bi-weekly basis, indicating that some elements may be accelerated or introduced at a later date. The three key criteria for triggering the successive stages of lifting restrictions are: the first is the ratio of those who have recovered to the new diseases; the second is social distancing; and the third is health care efficiency.

Currently, measures and restrictions are continuously adapted to the changing situation (based e.g. on WHO recommendations).

#### Laboratories/hospitals

We have now 168 laboratories in Poland, which use tests detecting genetic material of the virus and can carry out to 40 000 tests a day. The basic technique is RT-PCR. Laboratories also use serological tests. The use of rapid tests mainly serves to identify / screen for urgent cases of infection or to carry examinations among medical personnel.

We have also established the network of hospitals focused only on the treatment of coronavirus patients.

#### Protective clothes

In Poland protective clothing is provided for relevant services and inspections, as well as for medicinal entities with an infectious profile. Transportation equipment and protective clothing are also in strategic reserves. In the case of an increase coronavirus infection, this range may be available to relevant services and inspections.

#### Daily information

Recommendations for preventive actions and daily information on the number of infections, the number of people tested, the number of people quarantined, etc. are communicated to the general public through information on the website of the Ministry of Health or on social media (Twitter).

**Effects on the work of parliaments and interparliamentary organisations**

*Have parliaments or interparliamentary organisations met continuously or cancelled meetings/ plenary sessions?*

Both the sittings of the Senate and its Committees are taking place during the epidemic, however, it is clear that compared to previous years there are fewer meetings. This is especially true for those Committees that have largely limited their activity to considering the acts on the Senate's agenda. The Health, Family, Senior and Social Policy and Human Rights, the Rule of Law and Petitions Committees also considered at their sittings information from the Minister of Health on the following matters:

- the situation in Poland in relation to the coronavirus threat;
- the situation of residents and workers in care homes during the COVID-19 pandemic;
- purchases of medical and personal protective equipment in connection with the COVID-19 epidemic.

Foreign visits of the Marshal of the Senate and senators and receiving foreign delegations have been suspended.

Until the beginning of June no conferences or exhibitions were held in the Senate.

*Under what conditions were physical meetings/ plenary sessions held (reduction in the number of Members present in a Chamber at the same time, keeping minimum distances, disinfection of lecterns, establishment of special committees, for example a corona committee and/or use of digital facilities, temporary modifications of rules of procedure)?*

The Plenary Hall, where the Senate sits, offers 100 seats for senators as well as seats for government and state body representatives. Due to COVID-19 and the need to keep a distance, Senate sittings are currently held in 3 halls. Additionally, some senators participate in the sittings remotely. Prior to each sitting, seating is arranged in the halls so that all senators know which seat they are to take and, at the same time, so that it is known which seats they took.

Senate Committees comprise of 8–26 senators. Usually, all Committee members can meet in one hall while keeping the required distance. Also, as is the case with the Senate's plenary, some senators may participate in Committee meetings remotely.

Senators are not required to be wearing face masks and gloves at the meetings, but some apply these safeguards. The Chancellery of the Senate has provided senators with packages containing face masks, face shields, gloves and sanitizers.

The sittings of the Senate and of its Committees are serviced by the staff necessary to ensure the proper conduct of those meetings. Only experts whose presence is necessary are allowed to participate in Committee sittings. However, all such situations require adhering to social distancing rules.

Rooms and halls are disinfected before and after each Senate or Committee sitting. There are no regular breaks in the sittings and the rules do not limit the time spent in meetings.

The rules on the remote working of senators during the Senate and Committee sittings were regulated on 4 June by an amendment to the Rules and Regulations of the Senate.

### **Legislative measures to deal with the consequences of the pandemic**

*What main legislative measures have been adopted*

*- for immediate response to the pandemic*

*- in the health sector,*

*- to financially compensate the consequences of the pandemic and to cope with them, especially in the economic, labour, social, educational and cultural sectors?*

On 2 March 2020 the *Act on special measures taken to prevent, counteract and combat COVID-19, other infectious diseases and crisis situations caused by such diseases* was adopted. Based on this Act, on 14 March, by Ordinance of the Minister of Health, a state of epidemic emergency was declared, followed by the announcement of the state of epidemic on 20 March.

On 31 March, the Council of Ministers tabled an Ordinance *on establishing the epidemic area in the territory of the Republic of Poland*.

The Council of Ministers and individual ministers presented a number of ordinances aiming to curb the spread of the coronavirus:

- border controls were introduced and the possibility to cross the border was limited;
- air and rail traffic was suspended;
- movement possibilities were limited to a necessary minimum;
- remote work was organised;
- nurseries, kindergartens, schools and universities were temporarily closed;
- certain businesses, trade, cultural and sports institutions were temporarily closed.

Changes have been made with regard to the organisation of healthcare. The Chief Sanitary Inspectorate has developed guidelines for conduct during the pandemic. Mandatory quarantine has been introduced for people at risk. Rules have been laid down for placing people under quarantine and stipulating how it should be implemented.

Single-specialty hospitals were established by a decision of the Health Minister.

Poland is currently in the process of phasing out the introduced restrictions.

To counteract the effects of the pandemic, acts known as the Anti-Crisis Shield 1, 2, 3, 4, respectively, were adopted. The 'Shield' is a package of solutions prepared by the government to protect the Polish state and citizens from the effects of the crisis caused by the COVID-19 pandemic.

It is founded on the following five pillars:

- protecting jobs and workers' safety,
- providing funds for entrepreneurs,
- health protection,
- strengthening the financial system,
- public investments.

Additional support was provided to non-governmental organisations and local governments, as well as for culture, sports, tourism and agriculture sectors.

Within its remit, the Senate submitted to the Sejm two draft acts amending the acts included in the 'Shield', and submitted two drafts of its own acts aimed to counteract the crisis caused by the pandemic.

*This document is based on information provided by The Ministry of Health of the Republic of Poland and Chancellery of the Senate of the Republic of Poland*

Russia

*Unofficial translation*

Letter of Ms Valentina Pivnenko, Deputy of the State Duma, Head of the Delegation of the Federal Assembly of the Russian Federation to BSPC

July 23, 2020

**Information to 29<sup>th</sup> BSPC  
concerning measures on combating COVID-19**

The work of the Parliament of the Russian Federation was carried out as usual in compliance with the rules of the Federal service for healthcare supervision (Roszdravnadzor), namely: restricting visits to the State Duma and the Federation Council by deputies 'and senators' assistants on a voluntary basis and experts, conducting remote parliamentary hearings, conferences and other mass events, restricting visits to plenary sessions for deputies aged 65 and older, and staff members-senior civil servants, use of personal protective equipment (masks and gloves), weekly medical examination (tests for detection of COVID-19).

President of the Russian Federation Vladimir Putin and the Government of the Russian Federation took operational organizational measures to combat the spread of the corona virus. Federal and regional headquarters have been established, including heads of Federal and regional levels, the Federal service for supervision of consumer protection (Rospotrebnadzor), members of the Government, leading research centers, and heads of medical institutions throughout Russia.

A big and powerfull analytical center has been established and works nowadays. Taking into account the new challenges, methodological recommendations were promptly brought to all regions and medical institutions, which were adjusted in the process of practical struggle with a severe virus.

President of the Russian Federation Vladimir Putin focused on the priority goal of protecting the life and health of Russian citizens by the state, providing effective assistance to families (primarily older people and children), as well as measures to support citizens who lost their jobs due to the quarantine downtime of enterprises. In this connection, the appeals of the President of the Russian Federation V.Putin to the citizens of Russia were constantly broadcast.

On January 30, 2020, transport links with the people's Republic of China and the possibility of crossing the state border in the far East were restricted. By this time, the all-Russian audit of the bed fund in medical institutions, stocks of personal protective equipment and necessary medical equipment was conducted.

A regime of non-working days and self-isolation was established from March 30 to may 11 throughout the country.

By April 28 this year, the task for the minimum number of beds in the network was determined and subsequently completed – 1 bed per 1 thousand residents in large cities, for cities with low population density – 2 beds, as well as 35% of resuscitation places.

In fact, the number of beds in medical institutions has increased 5 times in the regions of Russia in two months. 17 inpatient, easily constructed new hospitals and 184,000 infectious places have been built and used.

Medical care is provided by more than 400 thousand medical workers, more than 110 thousand doctors, 240 thousand nurses, ambulance drivers, and students of medical schools. More than 1.5 thousand medical workers of various specialties have been professionally retrained to work with infectious patients, as well as to prevent the spread of a new corona virus infection.

NGOs and volunteer organizations in all regions of the country are actively involved in the work.

There is a monthly supplement to the current salary of medical workers: doctors-80 thousand rubles, nurses-50 thousand rubles, junior medical staff and ambulance drivers-25 thousand rubles, the payment period is until September 15, 2020.

To support the regions in the fight against the corona virus, an additional 66 billion rubles were allocated from the budget of the Russian Federation.

Taking into account the decline in economic development, decisions were quickly made to support citizens and businesses. Within 24 hours, full financial resources were sent to the applicants. Families with children received assistance in the amount of 600 billion rubles, including families with children under 3 years of age-5 thousand rubles per child per month, from 3 to 16 years of age-10 thousand rubles, respectively, unemployment benefits-in the amount of the minimum wage and other measures.

The following decisions were taken to support businesses, especially in those areas that were most affected by the pandemic: small businesses, individual entrepreneurs, air carriers, tourism, non-food trade, and the media. Deferrals on mandatory payments were established, insurance premiums were reduced from 30 to 15 percent, taxes and insurance premiums for the second quarter of this year were written off, and the paid tax for 2019 was returned to the business. Presidential grants, credit deferrals, and zero-rate payday loans have been established if wages are higher than the minimum level, and the regional guarantee Fund and microfinance organizations have been recapitalized.

Businesses are exempt from lease payments for state and municipal property, and unilateral termination of lease agreements is provided without penalties.

More than 70 types of licenses were automatically renewed, a moratorium on bankruptcy and other measures were introduced.

Subsidies are provided from the budget to small and medium-sized businesses. The amount of subsidies is from 15 to 100 thousand rubles. Citizens looking for work can get up to 50 thousand rubles free of charge to start their own business. In May-June, businesses are allocated funds free of charge based on the minimum wage per employee.

Regions have the right and opportunity to establish additional measures to support businesses and citizens.

Students of schools, colleges, and Universities were transferred to distance learning, and a special scheme was defined for passing the Unified state exam and entrance exams to secondary and higher educational institutions of the country for the next academic year.

The Baltic sea regions (Saint Petersburg, Leningrad region, Kaliningrad region, and the Republic of Karelia) took additional measures to combat coronavirus infection. A particularly difficult situation with morbidity was identified in St. Petersburg, taking into account the specifics of a multi-million megalopolis, an international and interregional logistics and transport center.

For compliance with the regime of self-isolation of older people, the city authorities additionally paid a monetary allowance, provided free medicines according to doctors' prescriptions, provided food packages to those in need, etc.

In the Republic of Karelia, a two-week quarantine regime was established for citizens arriving in the region from Russia, from Moscow, Saint Petersburg and other countries. Limited time for the sale of alcoholic beverages was established as well the restrictions for the elderly visiting shopping centers, etc., measures have been taken to support entrepreneurs.

In the Leningrad region, a government reserve fund was created to combat coronavirus infection and support the population and businesses. Additional regional payments have been established for doctors and other medical professionals who work directly with infected patients.

In the Kaliningrad region, an additional regional payment was introduced for unemployed citizens, families with children from 3 to 7 years old, free home delivery of food, medicines, essential goods, medical devices, etc.

Various measures of business support – loans in the field of industry, enterprises affected by coronavirus, subsidies for legal entities and individual entrepreneurs with up to 15 employees, subsidies for starting their own businesses, etc.

Combining efforts to combat the coronavirus of the President, Government, Parliament, research centers, NGOs, volunteers helped to minimize human and financial losses, to give a powerful impetus to support the health and development of national pharmaceutical industry that has proven the effectiveness of the public health industry and research centers.

At the final session of the State Duma on July 22, 2020, Russian Prime Minister Mr Mikhail Mishustin announced the end of clinical trials of 2 types of vaccine developed by Russian scientists and the completion of clinical trials of 2 more types of vaccine, as well as the launch of their production in the near future to receive a Russian antiviral vaccine in the fall of this year.

The rapid work of the Parliament of the Russian Federation on the adoption of 29 Federal laws directly related to overcoming the challenges of the pandemic was noted.

At the Plenary session of the State Duma, deputies were presented with additional measures of state support for the economy, social sphere, and especially for Russian citizens, which requires more active work of all branches of government.

Sweden

2020-07-28

## WRITTEN STATEMENT ON THE DEVELOPMENT OF THE COVID-19 PANDEMIC AND ITS CONSEQUENCES IN SWEDEN

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### 1. Introduction

At the BSPC Standing Committee meeting on 17 June 2020, the members discussed the current situation in regard to the COVID-19 pandemic in each and every country and parliament. In connection with the discussions, the BSPC Standing Committee decided that the BSPC members should submit a detailed statement on the national development of the COVID-19 pandemic, the reactions to it and its consequences in the country, and on how it has affected the work of parliament.

Due to the rapid changes in the pandemic situation and continuous changes regarding preventive measures, the information gathered here is not to be seen as exhaustive or fully complete. It is an ongoing pandemic, which means that there remains a great deal of uncertainty regarding the gathered information. The statistics included in the report are based on the information available on 3 July 2020. The situation may change, new measures may be taken, and the statistics will be updated. The main sources of information are the webpages of: the Riksdag (the Swedish Parliament), the Swedish Government, the Public Health Agency of Sweden, the National Board of Health and Welfare and [krisinformation.se](http://krisinformation.se) (Emergency information from Swedish authorities).

## 2. The first confirmed case of COVID-19 in Sweden

On 31 January, it was confirmed that a woman in the county of Jönköping was infected with the coronavirus. The woman had recently visited the Wuhan region of China. The woman now showed symptoms when she arrived back in Sweden on 24 January. She contacted the healthcare services herself when she started to experience coughing. The woman was kept in isolation at the infection clinic at Ryhov County Hospital in Jönköping.

The Public Health Agency of Sweden made a statement in regard to the first confirmed case, saying that some cases were to be expected in Sweden, as Swedes generally travel a lot. Individual cases should not be regarded as the same as a general spread in society. Furthermore, the Agency stated that the healthcare services have routines to handle cases like this. On 17 January, the Public Health Agency of Sweden had established diagnostics for this virus in suspected cases. On 29 January, the Agency delivered a statement that it was monitoring the situation concerning COVID-19 closely, and that it was maintaining a close cooperation with several actors, such as the WHO, the healthcare services in Sweden and the regional units for infection control.<sup>1</sup>

On 1 February, the Swedish Government, following a recommendation from the Public Health Agency of Sweden, classified the coronavirus as a disease that constitutes a danger to society, opening the possibility of extraordinary communicable disease control measures. The regulation applied from 2 February 2020.

In late February, further cases of COVID-19 were confirmed in Sweden. The Public Health Agency of Sweden has carried out an analysis of the genetic makeup of Swedish tests of identified COVID-19<sup>2</sup> during the period 31 January–15 March. The results show that a large proportion of the positive test results came from people who had been in Italy and Austria. The Swedish winter sports break occurred during this period and many people travelled at this time, for example, for skiing trips in Italy and Austria. The Public Health Agency of Sweden writes that this is because the initial tests targeted people who had travelled to Italy, Austria, Iran, China and South Korea. The Public Health Agency of Sweden also writes that the cases of the disease at that time also came from people who had been in other countries (other European countries, the USA, China and Iran).<sup>3</sup>

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<sup>1</sup> <https://www.krisinformation.se/en/news/2020/january/who-classes-the-outbreak-of-the-coronavirus-as-an-international-threat-to-human-life2>

<sup>2</sup> Occurrence of SARS-CoV-2 in tests.

<sup>3</sup> Public Health Agency, [Whole genome sequencing of Swedish SARS-CoV-2 which causes COVID-19](#).

In early March, the Public Health Agency of Sweden started to hold daily press conferences informing the public about the current situation regarding COVID-19. On 10 March, the Public Health Agency announced that there were several signs of a general spread of the coronavirus in society in the Stockholm and Västra Götaland regions.

### 3. The mission of the Public Health Agency of Sweden and the Swedish model of government administration

Sweden has three levels of government: national, regional and local. At the national level the Government implements the decisions taken by the Riksdag. The Government is assisted in its work by the Government Offices, with several ministries, and some 400 central government agencies and public administrations. The ministries are relatively small and merely policy-making organizations that monitor the work of the agencies, whereas the role of the agencies is historically quite strong in Sweden.

Sweden has a long tradition of independent and impartial expert agencies that act to carry out the policies. This is found in the constitution where there is a division between political decision-making on one side and the independent executive implementation of decisions by independent agencies on the other. A strict law in the Swedish Constitution prohibits the government from meddling in the affairs of the administrative authorities. Where there in many other countries is common for an individual minister to have the power to intervene directly through a decision in an agency's day-to-day operation, this possibility does not exist in Sweden. The ban on instructing agencies on individual matters are expressions of the prohibition of "ministerial rule".

The government rules through collective government decisions. The government has the juridical mandate to make certain decisions and due to the long tradition of trust in the expert agencies these decisions are often based on recommendations from the agency with the specific knowledge and expertise in a certain question. The agency can give proposals to the government or urge the government to make a decision. Normally, the government acts according to these recommendations.

In Sweden, crisis management is built primarily on the principle of responsibility. This means that the actor responsible for an activity under normal circumstances is also responsible for it in a crisis. Two other principles are likewise central; the equality principle (to the extent possible, operations should be organised in the same way during emergencies as under normal conditions) and the proximity principle (emergencies should be handled at the lowest possible level in society).

The Public Health Agency of Sweden is a government agency accountable to the Government. It is an expert authority with responsibility for public health issues at a national level. The Public Health Agency of Sweden has the national responsibility for public health issues and works to ensure good public health. The agency also works to ensure that the population is protected against communicable diseases and other threats to public health.

The Agency has the overall national responsibility for public health issues, which include several aspects such as mental health, sexual health, lifestyle, suicide prevention, use of alcohol, tobacco and other drugs and the vaccination programme in Sweden. The mission of the Agency is to strengthen and develop public health, and the agency develops and supports activities to promote health, prevent illness and improve preparedness for threats to public health. The task of the Agency is to disseminate scientifically based knowledge in order to promote health and prevent disease and injury. The mission from the Government is also to monitor the health status of the population and the factors that affect this.<sup>4</sup>

The Public Health Agency of Sweden is also responsible for protecting the population against communicable diseases and coordinates communicable disease control at a national level by developing regulations, recommendations and guidance for healthcare professionals.<sup>5</sup>

#### 4. The Swedish strategy in response to the COVID-19 pandemic

As mentioned in chapter 2, on 1 February, the Swedish Government classified COVID-19 as a disease that constitutes a danger to society, opening the possibility of extraordinary communicable disease control measures.<sup>6</sup> Since then, the Swedish Government has presented a range of different measures.

The Swedish strategy in response to the COVID-19 pandemic has been published on the Swedish Government website. The Government's overarching goal is to safeguard people's lives and health, and to secure healthcare capacity. The overall objective is to reduce the pace of the virus' spread in order to "flatten the curve" so that large numbers of people do not become ill at the same time. The measures taken by the Government are reviewed constantly as the situation develops, and need to be weighed against their effects on society and public health in general.

##### **The efforts and decisions of the Government aim to:**

###### *1. Limit the spread of infection in the country*

By limiting the spread of the virus, the Government aims to relieve pressure on the healthcare system and protect people's lives, health and jobs.

###### *2. Ensure that health and medical care resources are available*

The Government aims to ensure that the municipalities and regions, which provide the healthcare, have all necessary resources. For this reason, central

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<sup>4</sup> <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/about-us/our-mission/>

<sup>5</sup> <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/about-us/our-mission/>

<sup>6</sup> <https://www.government.se/articles/2020/04/strategy-in-response-to-the-covid-19-pandemic/>

government will cover all extraordinary costs arising as a result of the pandemic, e.g. higher costs for additional staff and protective equipment.

### *3. Limit the impact on critical services*

To ensure that society can continue to function, the Government monitors needs and takes the decisions required to ensure that the healthcare, police, energy supply, communications, transport and food supply systems, for example, can maintain their activities.

### *4. Alleviate the impact on people and businesses*

The Government has presented crisis packages to mitigate the financial impact of the pandemic on Swedish businesses, organisations and agencies, and to save people's jobs and livings.

### *5. Ease concern*

By continuously providing information, the Government aims to make it clear what measures are being taken, and why. The Government broadcasts important information live on its website, [regeringen.se](http://regeringen.se). Written information about the Government's efforts, measures and decisions is also available there

### *6. Implement the right measures at the right time*

The Government is monitoring developments in the COVID-19 pandemic closely. It is taking the decisions that are needed, when they are needed, to limit the spread of the virus and counter its impact on society.<sup>7</sup>

## **5. The main measures taken to reduce the spread of the virus and the gradual reduction of restrictions**

In Sweden, most of the measures for protection against COVID-19 have been implemented without coercion. This is based on the experience that a well-informed and motivated person understands and follows the given recommendations, and that personal responsibility is better than coercive measures. People in Sweden have a high level of trust in government agencies. This means that a large proportion of people follow government agencies' advice.

The Public Health Agency of Sweden, as well as the Government, have urged the public to take personal responsibility for slowing down the spread of COVID-19, by taking the following actions:

- Stay home if you feel unwell
- Maintain physical distance from other people, indoors and outdoors
- Watch for symptoms of COVID-19
- Wash your hands often with soap and hot water for at least 20 seconds

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<sup>7</sup> <https://www.government.se/articles/2020/04/strategy-in-response-to-the-covid-19-pandemic/>

- Cough and sneeze into your elbow
- Avoid touching your eyes, nose and mouth
- Avoid social gatherings
- Avoid public transport, do not travel at rush hour unless necessary

A number of recommendations, restrictions and measures have been taken to reduce the spread. Here follows a list of the main measures:

**1 February** – The Swedish Government classifies the coronavirus as a disease constituting a danger to society, opening the possibility of extraordinary communicable disease control measures.

**12 February** – The Swedish Ministry for Foreign Affairs warns against all travel to the Hubei Province, China.

**26 February** – The Public Health Agency of Sweden recommends travellers from South Korea, Iran, certain areas of China or Italy to look out for possible symptoms such as coughing, breathing difficulties and fever and to contact the public health advice service in order to be assessed.

**6 March** – The Swedish Ministry for Foreign Affairs advises against all unnecessary travel to parts of northern Italy and parts of South Korea.

**9 March** – The Public Health Agency of Sweden recommends testing of patients who have been to the Austrian state of Tyrol, China, Iran and parts of South Korea.

**10 March** – The Public Health Agency of Sweden urges people with symptoms to limit contact with other people so as not to infect others. This applies at both the professional and the personal level.

**11 March** – The Swedish Government abolishes the sick pay standard deduction. For individuals who fall ill, this means that the state will pay sick pay from the first day of absence due to illness. This measure is intended to help to reduce the spread of the virus, and thus the burden on the healthcare system, according to the Government.

**12 March** – Public gatherings and public events with more than 500 persons are banned. The Swedish Government makes this decision following a recommendation from the Public Health Agency of Sweden. The purpose is to limit the spread of the virus.

**14 March** – The Swedish Ministry for Foreign Affairs advises against any non-essential travel to all countries. The reason is the outbreak of the virus and the rapidly changing and uncertain situation when it comes to travel.

**15 March** – The Public Health Agency of Sweden, the Swedish Civil Contingencies Agency and the National Board of Health and Welfare now urge the public to stay at home if they are feeling ill, to avoid unnecessary visits to hospitals or homes for the elderly, and to wash their hands often.

**17 March** – The Public Health Agency of Sweden urges persons over the age of 70 to limit their social contacts with other people as far as possible for some time to come. The measure aims to slow down the spread and protect the most vulnerable.

**17 March** – The Public Health Agency of Sweden encourages employers to allow employees to work from home whenever possible, the recommendation applies especially in the Stockholm region.

**17 March** - The Public Health Agency of Sweden recommends Sweden's upper secondary schools, municipal adult education, university colleges and universities to implement remote learning due to the novel coronavirus. The recommendation aims to slow down the spread of the virus in society.

**17 March** – The Swedish Government decides to impose a temporary ban on travel to Sweden due to COVID-19 from countries outside Europe. The decision is made in response to the European Council's and Commission's recommendation. The aim is to mitigate the effects of the coronavirus outbreak and to reduce the spread of the virus.

**19 March** – The Public Health Agency recommends that everyone should consider whether planned trips within Sweden are necessary.

**19 March** – The Riksdag votes in favour of a new law regarding temporary closure of school activities in the event of extraordinary events in peacetime. The new act also gives the Government the opportunity to temporarily close pre-schools, schools, out-of-school centres or other educational activities at the national, regional or municipal level. The Government has not yet decided to use this possibility, on the grounds that this is not an efficient or effective measure for stopping the virus. Children and young people have not been a driving force in the pandemic.

**25 March** – The Public Health Agency of Sweden implements new regulations regarding a ban on crowding in restaurants, cafés and bars. This means that restaurants, bars and cafés throughout the country need to take special measures to reduce the risk of spreading COVID-19.

**29 March** – The Swedish Government decides to impose a ban on public gatherings and public events with more than 50 participants following a request from the Public Health Agency of Sweden, with the purpose of limiting the spread of the virus.

**1 April** – The Swedish Government decides to impose a ban on visits to all of the country's retirement homes in order to prevent the spread of COVID-19 and to protect the elderly who constitute a vulnerable group.

**18 April** – The Riksdag decides to introduce a provision in the Communicable Diseases Act, whereby the Government, will be entitled to issue certain provisions

on special measures. The provisions may, for example, concern the temporary closure of shopping centres and restaurants. If the Government issues any such provisions, they shall, in each individual case, immediately be examined by the Riksdag.

**13 June** – Individuals without symptoms are permitted to travel within Sweden. The Government justifies the decision with the fact that there has been a decrease in the spread of the virus, but stresses that Sweden is still in a serious situation and that everyone must follow the recommendations.

**14 June** – Sporting activities may be started again. The decision applies to all sports, at all levels provided that the activity takes place outdoors and in accordance with the restrictions on public events. The Government justifies the decision as a measure to allow for the strategy to work over time.

**15 June** – The Public Health Agency of Sweden eases its previous recommendation and removes the requirement regarding remote education. Upper secondary schools can therefore reopen.

**30 June** – The Swedish Ministry for Foreign Affairs lifts the advice against non-essential travel to ten countries: Belgium, France, Greece, Iceland, Italy, Croatia, Luxembourg, Portugal, Switzerland and Spain. The reason for opening up for these ten countries is that they have in turn decided to open up for persons travelling from Sweden and the rest of the EU. The Ministry for Foreign Affairs deems that this reduces uncertainty for Swedish travellers.

**30 June** – The Swedish Government appoints a committee of inquiry to evaluate the measures taken to limit the spread of the COVID-19 and the effects of its spread.

**1 July** – A new act regarding temporary communicable disease control measures at venues serving food and drink comes into force. The act establishes that anyone running a venue that serves food and drink, such as a restaurant, bar or café, is responsible for taking certain measures to prevent the spread of the virus responsible for COVID-19.

More information can be found at:

- <https://www.riksdagen.se/en/news/?cmskategori=corona-riksdagsbeslut>
- <https://www.government.se/government-policy/the-governments-work-in-response-to-the-virus-responsible-for-covid-19/>
- <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/>
- <https://www.krisinformation.se/en/hazards-and-risks/disasters-and-incidents/2020/official-information-on-the-new-coronavirus/restriktioner-och-forbud>

- [https://www.krisinformation.se/en/search?q=\\* &tags=coronavirus2020&pagetypes=newspage&pg=1&sort=1](https://www.krisinformation.se/en/search?q=* &tags=coronavirus2020&pagetypes=newspage&pg=1&sort=1)

## 6. Legislative and economic measures in response to COVID-19

The COVID-19 pandemic has had a serious impact on the global economy and has led to historic declines in GDP all over the world. It is estimated that the recovery will take a long time.

In a press release from 18 June, the Ministry of Finance writes that it expects GDP in Sweden to fall by 6 per cent this year. GDP growth was weak at 0.1 per cent (seasonally adjusted) during the first quarter, but there are indications of a more considerable decline in the second quarter. The Ministry state that the COVID-19 pandemic has had a serious impact on the global economy. However, it also says that there have recently been some signs of recovery, although from a very low level and with great uncertainty.<sup>8</sup>

The Swedish labour market has been greatly affected, with a continuing high number of redundancy notices as a result of the crisis. A considerable drop in demand has meant that the employment rate is expected to fall. Labour force participation is also declining, although considerably less. This means that unemployment is forecast to be 9.3 per cent this year.

The system of short-term lay-offs is expected to counter what would otherwise have been a larger drop in employment, as it enables businesses to hold onto staff to a greater extent.

The deep economic downturn that is expected in 2020 will lead to weakened public finances. The deficit is estimated to be SEK 371 billion this year, which is primarily due to the measures taken, but also due to the fact that tax revenues are lower as a result of reduced economic activity.

To mitigate the economic effects on society of the COVID-19 outbreak, several measures have been taken by the Government. The measures are intended to provide greater security for those affected by the pandemic by limiting the spread of the virus, combating the effects on businesses and jobs and providing financial security and transition opportunities for those who become unemployed. They are also intended to create the conditions for recovery after the crisis.

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<sup>8</sup> <https://www.government.se/press-releases/2020/06/some-signs-of-recovery-in-the-economy--but-situation-still-very-serious/>

### Reducing the spread of the virus

**2 April** –The Riksdag approved an additional amending budget, including a proposal that will compensate municipalities and regions for extraordinary measures and extra costs in health and medical care associated with the COVID-19 virus. Additional funding has later been approved in connection with the amending budgets.

**2 April** - The Riksdag approved a proposal from the Government that the sick pay standard deduction would be temporarily abolished (until the end of September). The reason for the proposal is to reduce the risk of the virus spreading in society. Central government will temporarily pay sick pay as from the first day of sickness.

**15 April** – The Government proposed the payment of SEK 100 million in extra support for research and innovation that can help to stop the spread of the novel coronavirus and strengthen society's resilience and preparedness. The Riksdag approved the proposal on 16 June.

**12 May** – The Riksdag decided on additional funds to the National Board of Health and Welfare and the Public Health Agency of Sweden. The National Board of Health and Welfare will receive an additional SEK 97 million in 2020, primarily to cover the costs of its own staff and hired staff, as well as stockpiling of material. The Public Health Agency of Sweden will receive additional SEK 28 million to fund increased staffing and more in-depth analytical work to strengthen and develop its work as a result of the pandemic.

**23 June** –The Riksdag approved the Government's proposal on a ninth amending budget in response to the coronavirus outbreak which includes compensation to high-risk groups. The compensation is in the form of a temporary, extended right to sick pay as a preventive measure for individuals in high-risk groups who are unable to work from home, disease carrier allowances for family members in the same household as individuals in high-risk groups and temporary parental benefits for care of children who have recently been seriously ill.

### Health sector and social affairs

**8 April** – The Riksdag approved a Government proposal for amendments to the budget for 2020 in response to the coronavirus, including increased appropriations to certain public authorities and organisations in order to enable more people to be tested for the coronavirus, increased appropriations to the National Board of Health and Welfare in order to ensure access to protective equipment and intensive care equipment, and more funding to organisations working with vulnerable children and people subjected to violence.

**7 May** – The Government decided to give a special assignment to the Swedish Gender Equality Agency to reach victims of violence. The Agency will receive SEK 1.8 million in 2020 to carry out the assignment. The Government also decided on a new ordinance on government grants that will enable the National Board of Health and Welfare to allocate SEK 100 million to non-profit organisations addressing increased vulnerability resulting from the outbreak of COVID-19. The money will go to organisations that work with children at risk and with women, children and LGBTI people who are victims of violence, organisations working to end domestic violence and ‘honour’-based violence and oppression.

**18 June** – The Government decided to grant SEK 30 million to the municipalities in order to counter the consequences of isolation among the elderly. This funding may, for example, be used for digital solutions in services for the elderly.

**30 June** – The Riksdag decided on provisions on dental care subsidies on account of COVID-19. During the pandemic, many people have had to postpone dental appointments and a great number of patients have been unable to complete a commenced course of treatment within the subsidy period for the high-cost protection system. In order to ensure that patients do not miss out on subsidies, the Government will be able, in special cases, to announce regulations that will mean that the calculation of the subsidy will be permitted to deviate from the rules that normally apply.

#### **Businesses and jobs, financial compensation for the effects of the coronavirus**

**16 March** – The Government presented a crisis package for Swedish businesses and jobs including a proposal about short-term layoffs. Employers’ wage costs can be halved in that central government will cover a larger share of the costs. The aim is to save jobs. Short-term layoffs will be in effect from 16 March throughout 2020. The crisis package also includes liquidity reinforcement via tax accounts. Company payment respite covers tax payments for three months and is granted for up to 12 months.

**19 March** – The Riksdag approved an amending budget from the Government with a proposal that airlines shall be able to receive credit guarantees in 2020 amounting to a maximum of SEK 5 billion. This is because the coronavirus has reduced the demand for flights.

**1 April** – The Riksdag approved an additional amending budget enabling the Government to grant credit guarantees up to a maximum of SEK 100 billion to Swedish credit institutes. The guarantees will apply to loans, primarily to small- and medium-sized businesses. The reason is that many companies have been adversely affected by income losses, poorer liquidity and difficulties in obtaining loans on account of the spread of the coronavirus.

**3 April** – The Riksdag approved an additional amending budget with several measures in the field of taxation in response to the coronavirus. The aim of the measures is to alleviate the consequences for companies in connection with the coronavirus outbreak. Some examples of measures are that employer's social security contributions and general payroll tax will be temporarily reduced and it will also be possible for those who report VAT annually to receive a respite with payment of VAT to be reported between 27 December 2019 and 17 January 2021.

**20 April** – The Government decided on a temporary discount for fixed rental costs in vulnerable sectors. The Government is allocating support of SEK 5 billion to reduce fixed rents for vulnerable sectors such as durable consumer goods, hotels, restaurants and certain other activities. This covers, for example, retailers, logistical activities, restaurants as well as the organisation of congresses/fairs, and also consumer services such as dentists, physiotherapist practices, and hair and beauty salons.

**17 June** – The Riksdag decided on additional measures to mitigate the impact of the virus outbreak on Swedish jobs and businesses. The measures involve redeployment support totalling SEK 39 billion. The aim of the support is to make it possible for businesses to weather the acute crisis while making it easier for them to reorient and adapt their activities. This could apply to restaurants that need to sell more food via takeaway orders or taxi companies that can start making deliveries. The Ministry of Finance's calculations show that almost 180 000 businesses may be entitled to the support. The impact on public finances is estimated to be SEK 39 billion in 2020

**23 June** – The Riksdag approved a ninth additional amending budget on the coronavirus which included capital investments in three state-owned companies: SAS, Swedavia and Lerneria, as well as infrastructure measures connected with the current COVID-19 outbreak, including additional funding for ambulance air services and temporary support for the operation of regional airports.

#### The labour market

**2 April** – The Riksdag approved an additional amending budget which included proposals that the state will temporarily assume responsibility for three quarters of the cost for short-term layoffs, will assume responsibility for sick pay for two months, will increase disease carrier allowances and will introduce the possibility to amend the regulations for study allowances and education entry grants when on leave.

**8 April** – The Riksdag approved a new amending budget including certain relaxations in unemployment insurance and the removal of the income ceiling for obtaining study support.

**20 April** – The Government relaunched an initiative for green jobs for people who are far from the labour market. The initiative is aimed at mitigating unemployment linked to the COVID-19 outbreak. SEK 150 million has been set aside for 2020 and is part of the Government's proposed Spring Amending Budget for 2020.

**30 April** – The Government presented several measures to mitigate the economic consequences of the pandemic. In order to meet an increased demand for education and a change in the labour market, it has among other things proposed the introduction of 12,000 more student places at higher education institutions in Sweden in 2020 and 92,000 in 2021. SEK 10 million has been granted in new state funding for career validation to promote skills development.

**12 May** – A boost to the elderly care services was presented by the Government, offering paid education and training during working hours to elderly care employees. The aim is to generate more permanent positions, and the initiative comprises SEK 2.2 billion in 2020 and 2021, with the aim of including approximately 10 000 people.

**27 May** - The Government announced investments to assist the green industries in the absence of foreign seasonal workers. SEK 11 million is being invested to facilitate the matching of unemployed people to the green industries such as planting, greenhouse work and harvesting. The situation has been caused by travel restrictions for seasonal workers related to the COVID-19 pandemic. The focus is on recruitment of unemployed and young people.

**3 June** – The Riksdag approved an additional amending budget. Among other things, more money from the central government budget for 2020 will be earmarked for compensation for high costs for sick pay, sickness benefits, a contribution to keep public transport running and a contribution for public health and medical care.

#### Cultural sector

**20 March** - The cultural sector and sports movement will receive an extra SEK 1 billion in support due to the economic consequences of the COVID-19 virus. The money will be distributed by grant-allocating agencies in the area of culture and by the Swedish Sports Confederation.

**8 May** – The Government, the Centre Party and the Liberal Party proposed a grant of SEK 319 million in 2020 for several state-supported cultural institutions, such as the Vasa Museum, Skansen, Dramaten, the Opera, the National Theatre and Åjtte, for lost income as a result of COVID-19.

**13 May** – The Riksdag approved the Government's proposal on temporary changes to press subsidies. The proposal aimed to reduce the economic consequences for the media in connection with the COVID-19 outbreak.

All economic measure and the additional amending budgets can be found at:

- <https://www.government.se/articles/2020/03/economic-measures-in-response-to-covid-19/>
- <https://www.riksdagen.se/en/news/?cmskategori=corona>
- <https://www.regeringen.se/sveriges-regering/finansdepartementet/statens-budget/ekonomiska-atgarder-med-anledning-av-covid-19/>

## 7. Overview of the spread of the virus in Sweden, key statistics and development over time

### Number of confirmed cases of COVID-19 in Sweden

According to the Public Health Agency of Sweden, up to and including week 26 (28 June), approximately 67,300 cases<sup>9</sup> of COVID-19 had been confirmed, corresponding to around 652 cases per 100,000 inhabitants. During week 26, approximately 7,600 cases were confirmed, representing an increase of about 200 on the previous week. Increased testing has an impact on the possibility of comparing developments over time, as different groups have been tested to different extents at different periods during the outbreak. The cases are therefore presented in two groups, mild and severe cases. The mild cases are primarily tested by the primary healthcare services and within the extended testing of health and social care workers. The severe cases are tested primarily within inpatient care or the elderly care services and these cases mainly consist of individuals who have been prioritised for testing throughout the pandemic. Mild cases are mainly discovered through extended testing. Individuals tested through extended testing are, however, counted as severe cases if they are reported to have received hospital care, intensive care or to be deceased.<sup>10</sup>

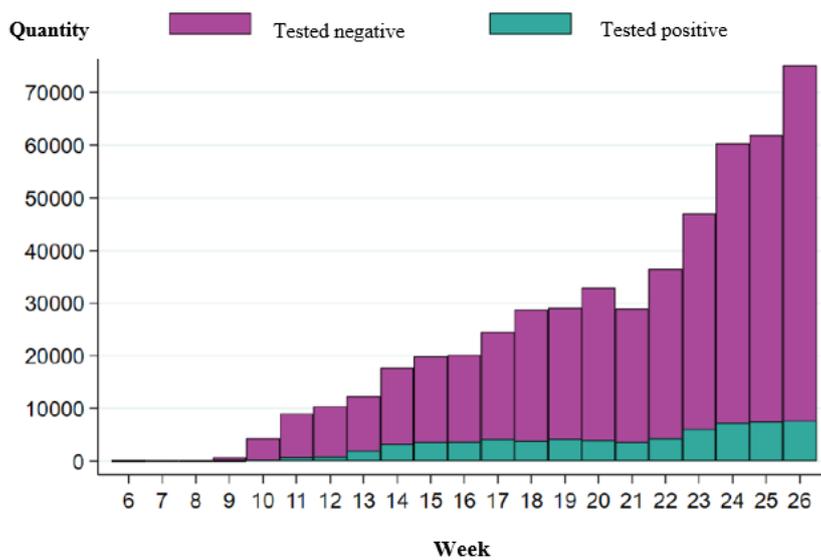
Mild cases are mainly found through extended testing and now represent the majority of reported cases, and of the cases during week 26, 86 per cent consisted of individuals suspected of having mild illness (83 per cent in the previous week), see diagram 2.

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<sup>9</sup> Laboratory confirmed cases reported under the Contagious Diseases Act as per date of reporting.

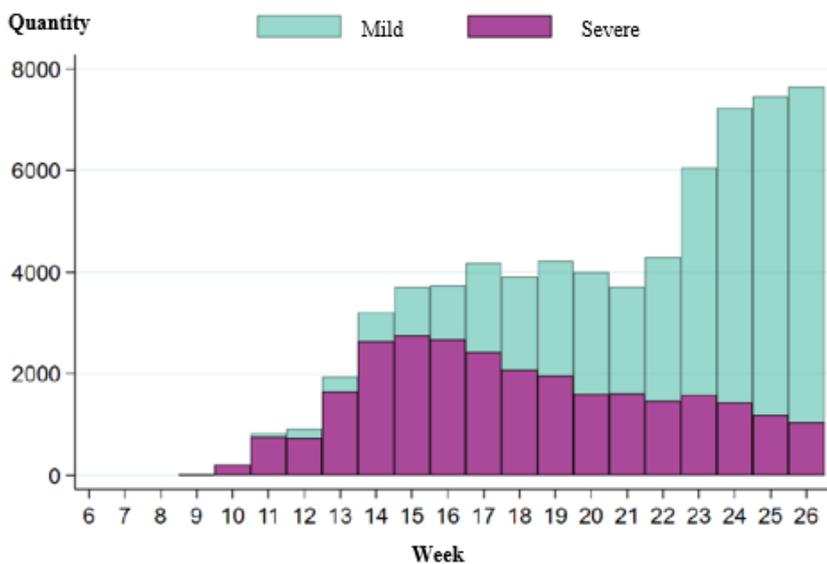
<sup>10</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26](#).

**Diagram 1. Number of tested individuals per week in Sweden according to confirmed negative and positive tests**



NB: The diagram does not include cases diagnosed as part of sentinel surveillance.  
 Source: The Public Health Agency of Sweden

**Diagram 2. Number of confirmed cases of COVID-19 per week in Sweden, mild and severe cases**



NB: The diagram does not include cases diagnosed as part of sentinel surveillance.  
 Source: The Public Health Agency of Sweden

*The number of confirmed cases among the elderly*

The National Board of Health and Welfare publishes information about the number of confirmed cases of COVID-19 in the population aged 70 or above.<sup>11</sup> According to this information, some 15,300 individuals aged 70 or above have been infected with COVID-19 in Sweden, up to and including 30 June. Of these, almost half (46 per cent) were 85 years old or above (7,000 people). The number of confirmed cases of COVID-19 per 100,000 inhabitants in each age group is high among those aged 80 or above, see table 1.<sup>12</sup>

**Table 1: Number of confirmed cases of COVID-19 among the elderly (79 years old or above) up to and including 30 June**

	70–74 yrs	75–79 yrs	80–84 yrs	85 yrs+	70 yrs+
Quantity	2 500	2 900	3 000	7 000	15 300
Quantity per 100 000	440	670	1 090	1 130	1 010
Population	560 400	428 600	273 100	263 300	1 525 300

*NB: Rounded to the nearest 10 or 100.*

*Source: The National Board of Health and Welfare and the Riksdag Research Service Number of cases of COVID-19 who have received intensive care*

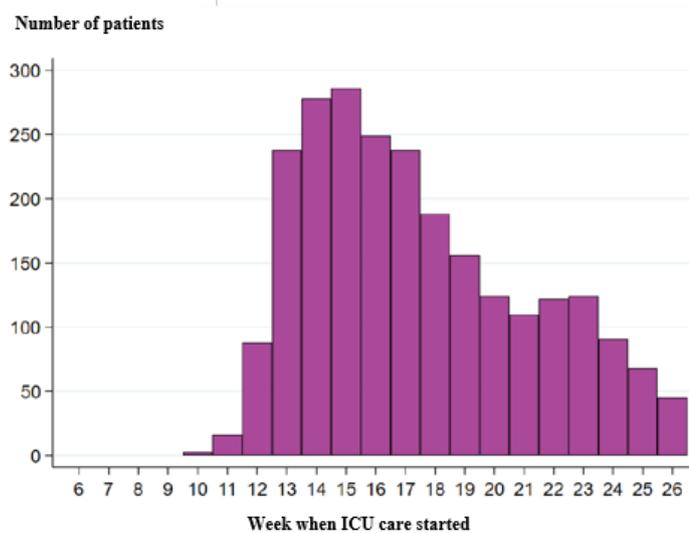
According to the Public Health Agency of Sweden, the number of patients with laboratory-confirmed COVID-19 who started intensive care has declined since week 15 (6-12 April), when the greatest number of individuals started to receive intensive care. From week 10 (2-8 March) to week 26 (22-28 June) approximately 2,400 patients have been reported to receive intensive care, corresponding to approximately 4 per cent of all reported cases. During week 26, intensive care was started for an average of 6 patients with COVID-19 per day, representing a decrease compared to the previous week (average value 10), see diagram 3.<sup>13</sup>

<sup>11</sup> Confirmed cases of COVID-19 according to the Public Health Agency of Sweden database SmiNet with a valid personal identity or coordination number, aged 70 or above.

<sup>12</sup> National Board of Health and Welfare, website [Statistics on COVID-19 among the elderly according to form of housing and Statistics on confirmed COVID-19 cases, infected or deceased, aged 70 or above.](#)

<sup>13</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26.](#)

**Diagram 3. Number of new intensive care patients with laboratory-confirmed COVID-19 per week**



*NB: A slight delay in reporting means that the number of patients per week may be revised.  
Source: The Public Health Agency of Sweden*

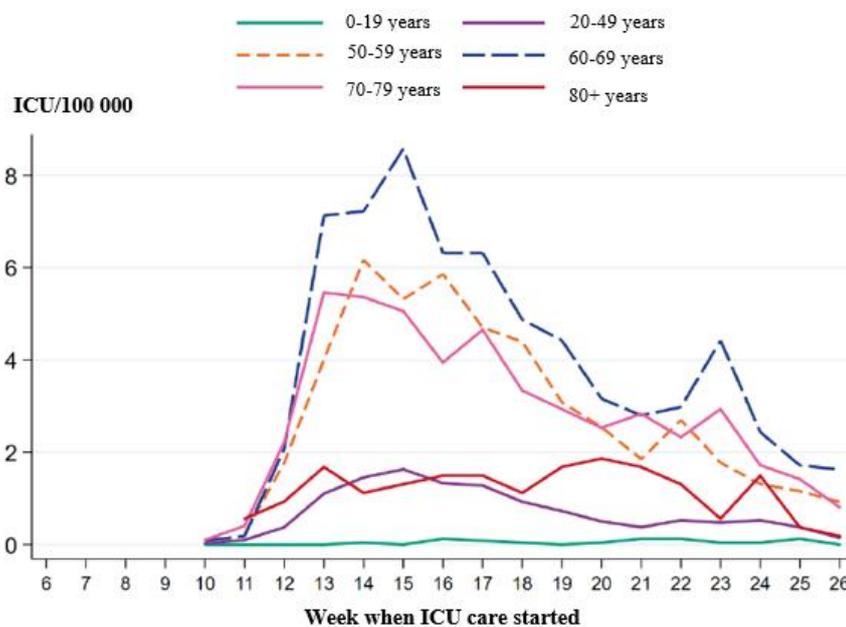
***The number of cases of elderly individuals with COVID-19 who have received intensive care***

According to the Public Health Agency of Sweden, it is the 60-69 age group that has hitherto had the greatest incidence<sup>14</sup> of patients per week. Since mid-April, there has been a downward but varying trend in the most recent weeks, see diagram 4. In total, more men (73 per cent) than women have received ICU care. Of the patients reported to be receiving intensive care with COVID-19, the majority (71 per cent) belonged to a medical high-risk group.<sup>15</sup>

<sup>14</sup> Cases of COVID-19 patients who have received ICU care.

<sup>15</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26](#).

**Diagram 4. Confirmed cases of COVID-19 in ICU care per week and age group (cases per 100,000 inhabitants).**



Source: The Public Health Agency of Sweden

## Number of deaths related to COVID-19

### Definitions in statistics on deaths related to COVID-19

Sweden, Finland, Denmark, Norway and Germany all report deaths related to COVID-19 after (or shortly before) verification in a laboratory<sup>16</sup> <sup>17</sup>. This means that the deceased shall have been tested and tested positively to be included in the statistics. All deaths are reported irrespective of the place of death, for example, a hospital, an elderly care home or at home. The public health agencies in Denmark, Sweden and Finland all count laboratory-confirmed cases of individuals who have died within 30 days of their diagnosis. Norway has no time limit.<sup>18</sup>

<sup>16</sup> The individual has been positively tested for COVID-19 in a laboratory test.

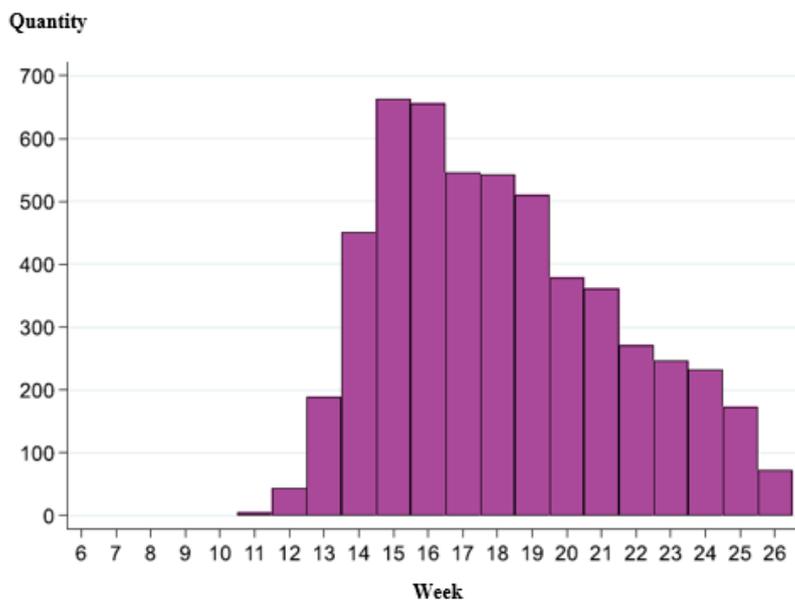
<sup>17</sup> SARS-CoV-2.

<sup>18</sup> The Public Health Agency of Sweden, Department for Surveillance and Coordination, e-mail 25 May 2020.

### Total number of deaths related to COVID-19 in Sweden

According to the Public Health Agency of Sweden, up to and including week 26 (28 June), approximately 5,300 deaths related to COVID-19 have been registered in Sweden<sup>19</sup>, see diagram 5, corresponding to 52 cases per 100,000 inhabitants. However, there is a delay in the statistics, and the number of deaths in weeks 25 and 26 is expected to rise.<sup>20</sup>

**Diagram 5. Number of deaths related to COVID-19 in Sweden per week**



NB: The data for the most recent two weeks are preliminary and are expected to increase.  
Source: The Public Health Agency of Sweden

### Number of deaths related to COVID-19 among the elderly in Sweden

The National Board of Health and Welfare publishes information about the number of deaths related to COVID-19 among people aged 70 and above.<sup>21</sup> According to these data, up to and including 30 June, there were around 4,700 deaths related to COVID-19 among people aged 70 or above in the country. Of these, the majority (55 per cent) were 85 years old or older (2,600 people). The number of deaths

<sup>19</sup> Data presented according to date of death in the SmiNet reporting system.

<sup>20</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26](#).

<sup>21</sup> Confirmed individuals with COVID-19 infection with a valid personal identity number or coordination number according to the Public Health Agency database SmiNet, aged 70 or above.

related to COVID-19 per 100,000 inhabitants in each age group is high among those aged 80 or above, see table 2.<sup>22</sup>

**Table 2: Number of deaths related to COVID-19 among those aged 70 or above up to and including 30 June**

	70–74 yrs	75–79 yrs	80–84 yrs	85 yrs+	70 yrs+
Quantity	420	660	1 000	2 590	4 670
Quantity per 100 000	80	150	370	380	310
Population	560 400	428 600	273 100	263 300	1 525 300

*NB: Rounded to the nearest 10.*

*Source: The National Board of Health and Welfare and the Riksdag Research Service*

### Excess mortality

The following gives an account of the most recent, available data on the number of deaths regardless of registered cause of death, as well as excess mortality in Sweden. The section begins with a definition of excess mortality.

#### *Definition of excess mortality*

According to the Public Health Agency of Sweden, a fairer picture of how COVID-19 affects the number of deaths in different countries can be obtained by comparing excess mortality in different countries. The number of deaths per week is measured (regardless of cause) and compared to the expected mortality rate for the time of the year. Any deaths above the expected values are known as excess mortality.<sup>23</sup>

#### *Total excess mortality in Sweden*

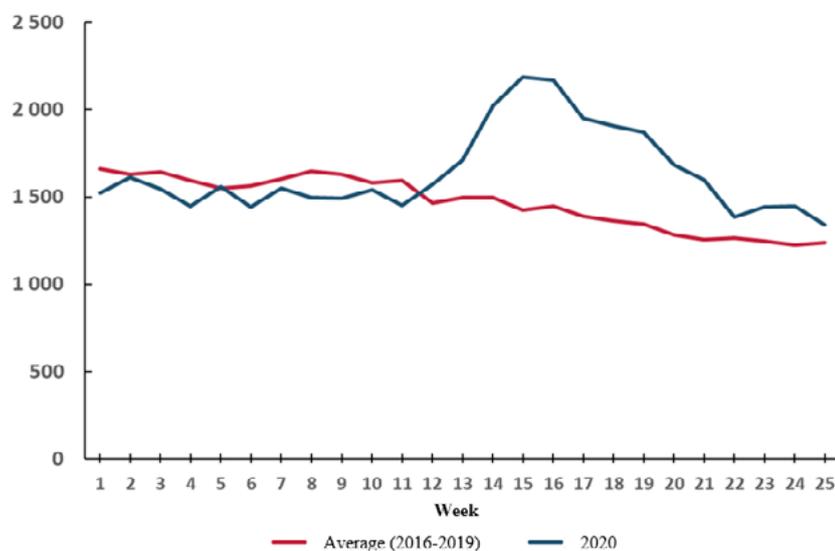
The National Board of Health and Welfare has analysed the number of deaths regardless of cause of death (all-cause mortality) between weeks 1 and 24 for the years 2016–2020. The National Board of Health and Welfare's report shows that the number of deaths in Sweden regardless of registered cause of death was lower in weeks 1-11 in 2020 than it was during the corresponding weeks in the last four years (2016–2019), see diagram 6. From week 12 (16–22 March 2020) the number of deaths was higher in 2020 than the average in the corresponding weeks during the last four years (2016–2019). The number of deaths was highest in week 15 (6–12 April) with almost 2,600 deaths, and then continued to fall until week 21 (18–

<sup>22</sup> National Board of Health and Welfare, website [Statistics on COVID-19 among the elderly according to form of housing](#) and [Statistics on confirmed cases of infections and deceased with COVID-19, aged 70 and above](#).

<sup>23</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26](#).

24 May) when there were just below 1,900 deaths, to week 25, when there were around 1,600 deaths.<sup>24</sup>

**Diagram 6: Average number of deaths per week, 2016–2019 and 2020**



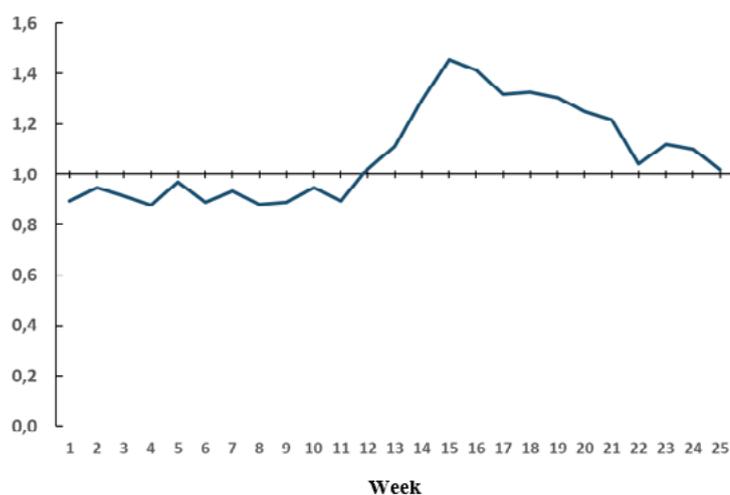
Source: The National Board of Health and Welfare and the Riksdag Research Service

Diagram 7 compares the number of deaths per 100,000 inhabitants in 2020 with the average during the period 2016–2019, per week. The comparison is made in order to calculate the quota between the number of deaths per 100,000 inhabitants during the given week in 2020 and the average during the same week in the period 2016–2019. A value above 1.0 shows an increase in the number of deaths in 2020 and a value below 1.0 shows a decrease in the number of deaths in 2020.

The diagram shows that the number of deaths increased in 2020 from week 14, compared with the average in the corresponding weeks in the last four years (2016–2019). The quota reached a peak in week 15 (6–12 April) with 1.5 times as many deaths in 2020 compared to the average in the last four years. Thereafter, the quota decreased until week 23 (1–7 June), when it increased slightly. For the most recent week (week 25), the quota is close to 1.0, i.e., approximately as many deaths per 100,000 inhabitants as the average for week 25 in the last four years (2016–2019).

<sup>24</sup> National Board of Health and Welfare, website [Statistics related to COVID-19](#).

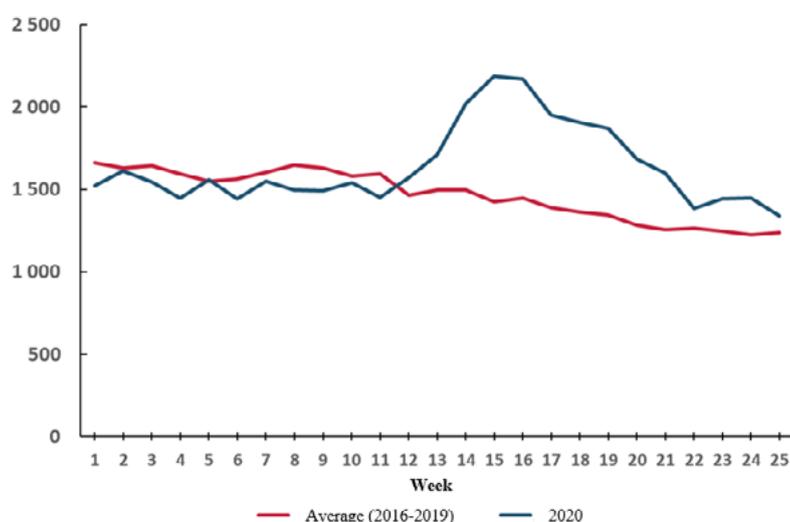
**Diagram 7: Relative change<sup>a)</sup> in the number of deaths per 100,000 inhabitants per week**



a) The quota between the number of deaths per 100,000 inhabitants in the given week of 2020 and the average in the same week during the period 2016–2019. A value above 1.0 shows an increase in the number of deaths in 2020, and a value below 1.0 shows a decrease in the number of deaths in 2020.

Source: The National Board of Health and Welfare and the Riksdag Research Service

**Diagram 8: Number of deaths per week among the elderly (aged 70 or above), average 2016–2019 and 2020**

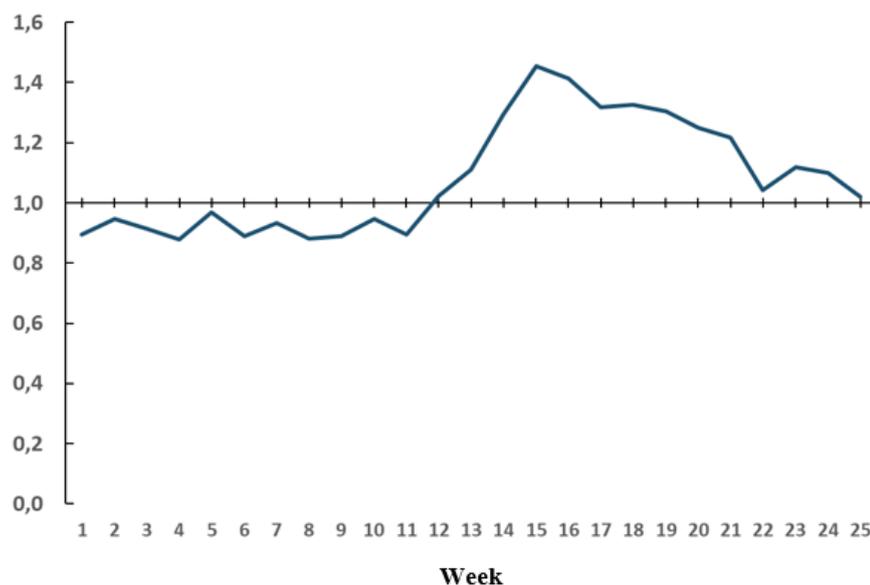


Source: The National Board of Health and Welfare and the Riksdag Research Service

Diagram 9 compares the number of deaths per 100,000 inhabitants aged 70 or above in 2020 with the average during the period 2016–2019, per week. The comparison is made in order to calculate the quota between the number of deaths per 100,000 inhabitants during the given week in 2020 and the average during the same week in the period 2016–2019. A value above 1.0 shows an increase in the number of deaths in 2020 and a value below 1.0 shows a decrease in the number of deaths in 2020.

The diagram shows that the number of deaths increased among elderly (aged 70 or above) from week 12 onwards in 2020, compared with the average in the corresponding weeks in the last four years (2016–2019). The quota reached a peak in week 15 (6–12 April) with twice as many deaths in 2020 compared to the average in the last four years. It then decreased until week 21 (18–24 May), when it increased slightly. For the most recent week (week 25), the quota is close to 1.0, i.e., approximately as many deaths per 100,000 inhabitants as the average for week 25 in the last four years (2016–2019).

**Diagram 9: Relative change<sup>a)</sup> in number of deaths per 100 000 inhabitants among the elderly (aged 70 or above), per week**



a) The quota between the number of deaths per 100,000 inhabitants in the given week of 2020 and the average in the same week during the period 2016–2019. A value above 1.0 shows an increase in the number of deaths in 2020, and a value below 1.0 shows a decrease in the number of deaths in 2020.

Source: The National Board of Health and Welfare and the Riksdag Research Service

## 8. National strategy for testing for COVID-19

Over time, there have been changes as regards who has been tested for COVID-19 in Sweden. Initially, (20 January–12 March) *individuals who had visited areas<sup>25</sup> with known spreading of COVID-19 were tested.*<sup>26</sup>

On 13 March, the testing guidelines were amended as the situation had changed in parts of Sweden. In order to protect the most vulnerable groups in society, priority was given to *testing of individuals in need of hospital care and staff in the health and elderly care services with suspected COVID-19.*<sup>27</sup>

On 30 March, the Public Health Agency of Sweden was assigned by the Government to prepare a national strategy to extend testing for COVID-19.<sup>28</sup> The first part of the strategy was presented on 17 April. The Public Health Agency then made the following priorities: *top priority for testing and diagnostics for patients in medical care, elderly care and institutional care services, second priority for staff in the medical and care services and in a third stage other key workers in society.* The Public Health Agency made the assessment that there was a national capacity for diagnostics of approximately 50,000 tests per week which, according to the Public Health Agency, largely covered the need for testing of patients in medical care services. However, the Public Health Agency concluded that the analysis capacity for COVID-19 would need to be increased to a total of 150,000 tests per week.<sup>29</sup>

On 10 June, the most recent version of the national strategy for extended testing and laboratory analysis of COVID-19 was published. The purpose of the strategy is to ensure that the need for testing and analysis is met in the healthcare, elderly care and institutional care services. Furthermore, the purpose is to increase capacity for testing of suspected cases outside the medical services. This is to ease the negative impact of a large number of staff absences in areas of activity that are especially important for the functioning of society. The strategy shows that testing capacity has successively increased, see diagram 10.<sup>30</sup>

From week 23 (1 June), *testing has been extended in several regions to also include individuals with mild symptoms.* According to the Public Health Agency, this has

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<sup>25</sup> China, South Korea, Iran, northern Italy and parts of Austria (Tyrol including Innsbruck).

<sup>26</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 21](#).

<sup>27</sup> Public Health Agency, [New phase requires new measures to deal with COVID-19](#), press release.

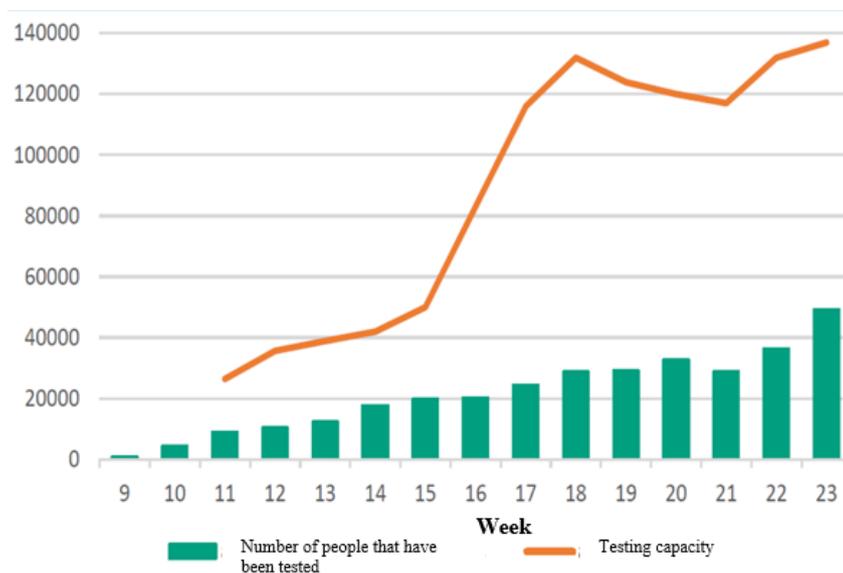
<sup>28</sup> The Swedish Government, [Assignment to swiftly extend number of tests for COVID-19](#), S2020/02681/FS.

<sup>29</sup> Public Health Agency, website [National strategy to increase testing of COVID-19](#).

<sup>30</sup> Public Health Agency, [National strategy to increase testing and laboratory analysis of COVID-19](#).

led to a significant increase in the number of new, confirmed cases. Extended testing is primarily carried out by the primary healthcare services.

**Diagram 10. Number of people tested and national testing capacity per week**



Source: The Public Health Agency of Sweden

### Number of COVID-19 tests in Sweden

According to the Public Health Agency of Sweden, up to and including week 26 (28 June), approximately 520,200 individuals have tested positive for COVID-19<sup>31</sup>, which corresponds to 5,050 tests per 100,000 inhabitants. During week 26, a total of 75,200 tests were analysed, representing an increase in the number of tests of 13,300 compared to the previous week, see diagram 2.<sup>32</sup>

The increase is due to the fact that since week 23, testing has been extended to include individuals with mild symptoms too. The extended testing affects the possibility of comparing developments over time, as different categories have been tested to varying extents during different periods.

<sup>31</sup> According to laboratory-based surveillance.

<sup>32</sup> The Public Health Agency of Sweden, [Weekly report on COVID-19 - week 26](#).

## 9. Effects on the work of the Riksdag

The Riksdag and the Riksdag Administration have undertaken several of measures to enable the Riksdag to continue its work despite COVID-19. The measures are based on recommendations from the relevant authorities and agencies, and aim to reduce the risk of parliamentary work being affected by the pandemic and to reduce the risk of the virus spreading.

During the pandemic, the Riksdag has met continuously. On 16 March, the party group leaders agreed to change work procedures so that just 55 members of the Riksdag would participate in votes in the Chamber (instead of all 349). Before each vote, the parties decide which members are to be present to vote. All MPs have remained in office, although partially in different forms. The agreement applies from 16 March and has been extended several times. It currently applies until 7 September. Since neither the Riksdag Act, nor other laws, stipulate that a specific number of MPs must participate in votes for the decisions to be valid, with the exception of certain kinds of decisions (for example changes in the Constitution) this change of procedure was possible.

On 18 March, the number of deputies in the parliamentary committees and the Committee on EU Affairs was increased, the parties can now nominate any number of extra deputy members in order to ensure that the committees are fully manned. This is to ensure that parliamentary work can continue, the Riksdag can fulfil its tasks, and the Riksdag committees and the Committee on EU Affairs can continue to work.

The committees have also rearranged their working procedures slightly. During meetings at which the committees receive information, it has been possible for the committee members to participate via their phones. This has not been possible at meetings involving the preparation of committee reports, so the committees have planned their meetings differently with shorter meetings for decisions and longer ones for information. Parliamentary procedures have also been adapted so that it is possible to take decisions within a shorter time-span than usual.

Since 16 April, there has been “free seating” in the Chamber during votes. This means that the members are free to sit where they want, and therefore further apart from each other.<sup>33</sup>

On 10 June, the Riksdag adopted a new provision in the Riksdag Act that gives the members of the Riksdag the possibility to participate remotely in meetings of the parliamentary committees and the Committee on EU Affairs. The Riksdag or the Speaker may decide to grant permission for remote participation in committee

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<sup>33</sup> <https://www.riksdagen.se/en/the-riksdags-work-in-connection-with-the-coronavirus/>

meetings if there are exceptional grounds. Exceptional grounds may involve a crisis in society, such as a pandemic, a terrorist attack or a natural disaster. The requirements for granting remote participation are less stringent in the Committee on EU Affairs, since the committee occasionally needs to meet at inconvenient times or at short notice. The new provision came into force on 17 June 2020.<sup>34</sup>

Furthermore, several measures have been taken to reduce the number of people in the Parliament buildings: the Riksdag Administration has decided to cancel all guided tours of Parliament and to close the Riksdag Library until further notice, seminars and conferences with several external guests have been cancelled and all officials who are able to do so are recommended to work from home.<sup>35</sup>

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<sup>34</sup> <https://www.riksdagen.se/en/news/2020/jun/11/possibility-for-members-to-participate-remotely-in-meetings-of-the-parliamentary-committees-and-the-committee-on-eu-affairs/>

<sup>35</sup> <https://www.riksdagen.se/en/the-riksdags-work-in-connection-with-the-coronavirus/>