

Greece

Policy Responses

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1. Preventing transmission

The section on PREVENTING TRANSMISSION includes information on key public health measures that aim to prevent the further spread of the disease. It details how countries are advising the general public and people who (might) have the disease to prevent further spread, as well as measures in place to test and identify cases, trace contacts, and monitor the scale of the outbreak.

1.1. Health communication

27 February 2021 | Country Update

Health Communication

An information campaign was launched by the Hellenic Ministry of Health very early (on February 21 – graphic illustrations of WHO hand hygiene guidelines), as part of official efforts to raise public awareness on the best ways to limit and delay the spread of COVID-19. The campaign would convey advice on hand hygiene, physical distancing, as well as personalized guidance for particular segments of the population, such as the elderly, vulnerable groups and children. In addition to being televised, the campaign advice was featured in newspapers, magazines, on the radio, online, on social media and on billboards.

As part of the information campaign carried out by the General Secretariat for Civil Protection, an emergency alert was sent on March 11, 17 and 22 en masse to smartphone devices in the country, which reoccurs whenever deemed necessary.

A 4-digit line 1135, created on March 7, operates on a 24hr basis, and directs people to the National Public Health Organization's call centre in order to provide information and answer any questions pertaining to Coronavirus.

Information and guidance to healthcare professionals, people using public transportation, the elderly, and vulnerable groups, as well as psychological support for adults and children during the home-isolation and universal lockdown enactment, are also available on the websites of the Ministry of Health (<https://www.moh.gov.gr/>) and Hellenic National Public Health Organisation respectively (<https://eody.gov.gr/>) and on the official dedicated twitter and Instagram pages of the campaign “MenoumeSpiti” (“We are staying home”). As the epidemic progresses, guidance by the National Public Health Organisation is being modified and updated.

From the beginning of March, there was a live daily briefing at 6 pm in which the Head of the Expert Committee on Infectious Diseases appointed for the combat of COVID-19 epidemic, serving as the Spokesperson for the Ministry of Health, provided the public with the latest updates globally and nationally with regard to new cases, deaths, cases in critical condition, treatment options and vaccine development. In succession, the Deputy Minister of Civil Protection proceeded with an overview of compliance to existing measures, as well as announcements of new ones. The Deputy Minister of Health was also present in order to answer questions concerning the Health system.

The live briefings, which wrapped up at the end of May when daily infections were at very low levels, returned twice a week from September 1st, and three times a week from November 9th after recurring surges in the number of daily new cases, and deaths.

The Protocol for arrivals in Greece, which is updated regularly to reflect epidemiological findings, can be found on travel.gov.gr, where information on diagnostic screening

procedures, as well as the Passenger Locator Form (PLF) can also be obtained. The PLF can also be retrieved on the Visit Greece app and at travel.gov.gr. It is strongly recommended that all visitors download the Visit Greece app (GDPR compliant) for free, prior their arrival in Greece.

The package of government information and advice on coronavirus (COVID-19), including the policies and decisions, the restrictions and guidelines that are in force, answers to frequently asked questions, information on the Government's management arrangements during the state of emergency, and on the coronavirus information packs put together by the different ministries, is accessible on the dedicated webpage covid19.gov.gr.

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Related Content

- [Online Review](#)
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1.2. Physical distancing

11 August 2021 | Country Update

Physical distancing - (Re)Imposition of stricter measures

Summer months witnessed a surge in COVID-19 infections, attributed to a disregard for protective measures, especially among the younger generations, as the average age of those testing positive dropped to 36, from just over 48 in March 2020. Greek health authorities announced a series of new restrictions, either nationwide or targeted to high incidence regions, aimed at curbing the spread of COVID-19 infection rate, while the Prime Minister appealed to young people to show greater caution following reports of overcrowding at nightclubs and concerts.

Wearing a mask

From mid-July 2020 the following nationwide rules were in place around the use of face masks in Greece:

- Mandatory use of a mask on all public transport within Greece, including on ferries;
- Mandatory use of a mask at airports and on aeroplanes;
- Mandatory use of masks in all public indoor spaces, including medical and healthcare facilities, lifts, staircases and any enclosed venue providing goods or services (including supermarkets, grocery stores, bakeries, cafes, banks, government and utility providers' offices, retail shops, barber shops, hairdressers and beauty parlours and places of worship). Exemptions applied for dining areas and for medical reasons;
- Mandatory use of a mask in high-security areas within camps, social and care facilities and accommodation for refugees and migrants;
- Recommendation for general use of masks for a week by travellers to Greece from areas with high coronavirus rates;
- Recommendation for the use of a mask in all enclosed spaces and in outdoor gatherings where normal social distancing could not be observed.

Public spaces and services

A nationwide limit of 50 people on the number that could gather for public and social events was applied, except those to which special rules apply, such as restaurants, theatres, cinemas. Relevant public health regulations to apply when visiting shops, bars, restaurants and other public spaces, including limits on the number of customers per square metre. No standing customers were allowed in entertainment venues (clubs, live music venues, bars, restaurants, cafes). All public events, including concerts and performances with standing attendees were suspended.

Local measures and restrictions

As well as the nationwide measures on the mandatory use of masks and restrictions on public spaces and services detailed above, the Greek authorities imposed additional local coronavirus-related restrictions in certain areas in August 2020, on the occasion of a heightened case-rate or other valid reason, in relation to that area. For example, local restrictions were imposed on Lesbos island, Mykonos Island, the Halkidiki peninsula

and the Chania and Heraklion regions of Crete, including:

- Prohibition of operation of all food/catering sector-related shops, services and facilities from midnight - 7am the next day.
- A ban on gatherings of more than 9 people, either indoors or outdoors;
- A limit of 4 people per table in any restaurant, except for cases where the party consists of family members, where the limit is 6 people;
- Mandatory use of face masks in indoor and outdoor public spaces

On October 9, the Greek government introduced division into risk zones. The risk levels are based upon the number of new daily cases per 100,000 people:

Level 1 – Green – Low risk (Intervention: Preparedness / On alert)

Level 2 – Yellow – Moderate risk (Intervention: Monitoring)

Level 3 – Orange – High risk (Intervention: Increased monitoring)

Level 4 – Red – Very high risk (Intervention: Strict measures)

A new online platform that includes a risk-assessment map enables citizens to track the spread of the coronavirus in the country and keep up to date with the latest safety restrictions by regional unit. The health safety map is available on covid19.gov.gr, the official website launched by the Ministry of Digital Governance with information on the measures taken by the Greek government for the pandemic. Through the online risk-assessment map citizens can check the degree of risk indicated by four levels (traffic light color-coded) for any of the 74 Greek regional units and see what safety restrictions are in force. At the time of presenting the map, 27 Greek regional units were at the green level, 25 at the yellow level and 22 at the orange level and no regional unit in Greece was red (very high risk).

The platform includes a table that lists information on the measures that are in force in each region and in accordance to the colour categories. Measures vary according to the colour level a regional unit has. For example, if a regional unit is at the green level, bars, restaurants and cafes are allowed to stay open until 1am. If a region is yellow, they must close at 12:30 and if it is orange the curfew is at 12am. If a regional unit is at the red level, bars, restaurants and cafes will not operate.

Mask wearing and social distancing measures apply to all regional units regardless of colour level. Masks are mandatory for all when in a working area of the public and private sector and in crowded outdoor spaces. If a regional unit is marked with red, masks will be mandatory in all outdoor areas.

Greece's color-coded risk-assessment map is updated every 14 days based on the recommendations of the Health Ministry's special committee of infectious disease specialists or whenever required by the health and epidemiological indicators. Measures and rules are subject to change – with little to no advance notice – based on the latest scientific and research information.

On October 31st 2020, aiming to curb the rising spread of COVID-19 cases in Greece, the country's Prime Minister announced new month-long measures for the whole country. As of 6 am November 3rd 2020, the country was divided into two risk zones with the following measures in force for one month:

A. Monitoring zone – Colour: YELLOW (previous green and yellow areas on the risk-assessment map). Measures:

- Mandatory use of masks in all public spaces (indoors and outdoors).
- Late night curfew from 12 midnight to 5 am.
- Mandatory teleworking for the 50 percent of employees in the private and public sector
- University lessons to take place only via tele-education.
- Ban on all public gatherings.

B. High-risk zone – Colour: RED (previous orange and red areas on the risk-assessment map). Measures:

- Suspension of the operation of restaurants (excluding delivery and take away services).
- Suspension of the operation of cafes, bars, cinemas, museums and theatres.
- Suspension of the operation of indoor gyms.

At that stage retail shops, hotels, outdoor archaeological sites and hairdressers remained open.

C. Level C – Colour: GREY was added on November 2, 2020 to the map indicating areas that are in local lockdowns, as Greek authorities announced that the northern Greece regional units of Thessaloniki and Serres, would be entering a full, two-week local lockdown after a new spike in COVID-19 cases in both areas (449 positive Covid-19 cases in 24 hours of the total 1,678 in the country).

Basic measures for 'grey' level:

- Mandatory wearing of a mask everywhere in public (indoors and outdoors).
- City residents will have to send an SMS message when they leave their homes.
- A curfew will be in place banning all circulation between 9pm and 5am with the exception of work- or health-related movement.
- All retail stores, including bars, cafes and restaurants as well as gyms and churches will be closed.
- High schools will close but kindergartens and primary schools will remain open.
- University lessons will take place only via tele-education (with the exception of workshops of graduate students).
- All domestic/international flights and rail routes are suspended for at least two weeks.

In 'grey' areas, a 24-hour restriction on movement has been imposed with exceptions per time zone – 9pm-5am and 5am-9pm – and by sending an SMS to the five-digit mobile phone service 13033.

• 5am-9pm movement zone

Citizens are allowed movement outdoors only for the following reasons:

- To go and return from work during working hours (with a type A work commute permit for employees or type B extraordinary movement permit without sending an SMS)
- To go to a pharmacy or attend an appointment with a doctor (SMS – Option 1)
- To go to the supermarket if it is not possible for groceries to be delivered (SMS – Option 2)

- To go to a public service office with a scheduled appointment and to the bank strictly if online transactions are not possible (SMS – Option 3)
 - To provide assistance to people in need or to accompany young students (minors) to/from school (SMS – Option 4)
 - To go to a funeral under the conditions provided by law or if divorced/separated parents need to go outdoors for reasons concerning their child/children (SMS – Option 5)
 - To exercise outdoors or walk a pet, solitary or strictly in pairs and observing the necessary distance of 1.5 meters from one another (SMS – Option 6)
 - 9pm-5am movement zone
- Movement is allowed strictly for the following reasons:
- Work (with type A or B movement permit, without sending an SMS)
 - Health (SMS – Option 1)
 - To walk a pet (SMS – Option 6)

Individuals caught violating movement restrictions face a 300€ fine.

On November 7th 2020, Greece entered a second national lockdown (for three weeks, until November 30th) to halt a second wave of coronavirus cases, after an exponential increase in cases. The decision for a second lockdown was taken due to a significant rise in hospitalizations, in intubations, in the number of patients in ICU and the poor ratio of hospital admissions and discharges.

On November 14th 2020, Greek authorities announced the closure of elementary schools across the country. The measure was considered necessary to limit the movement of parents during the day and avoid crowding at points around schools.

On November 19th 2020, the Hellenic Police in different parts of the country issued fines worth 134,900 euros for more than 1,350 public health safety violations in a nationwide crackdown. The majority of fines (68.9%) related to violations of restrictions on public movement, such as failure to send an SMS getting authorization for an outing or circulating without permission during the 9 p.m. – 5 a.m. curfew. The remainder of the violations concerned the use of masks, or lack thereof.

On November 26th 2020, the Government extended its national lockdown until 6am on Monday, December 7th, in efforts to contain the spread of COVID-19 and limit the rising number of intubations and fatalities. The extension was considered necessary due to increased infection rates in the country, especially in areas where the number of cases is very high compared to the population such as Thessaloniki, Serres, Larissa, Etoloakarnania, Lesvos and Achaia. This decision will be revisited after the epidemiological data will be re-evaluated.

On December 3rd 2020 the gradual return to economic and social activity was pushed back due to the number of new infections stabilising at a lower-than-expected rate. The country's second COVID-19 lockdown was extended by a week to 6am on December 14th, allowing in the meantime the opening of retail stores selling holiday goods. Shops selling Christmas trees and decorations reopened on December 7th. At the same time,

the ban on the sale of similar items by supermarkets, which had been imposed on November 10 in response to concerns of unfair competition, was lifted. The ban on the sale of other durables in supermarkets like books, clothing, footwear and electronic equipment remained in place.

On December 11th, 2020 Greek authorities announced a limited easing of the country's lockdown restrictions for the Christmas and New Year holidays:

- From December 13th 2020 until January 7th 2021, retailers would be allowed to operate only under the new "click-away" system for orders placed online or via telephone. Consumers would be allowed to visit stores only to collect their orders. Shopping in retail stores was prohibited. Payments were to be completed online or in store through a POS system only. Shops in malls were to operate under the "click-away" system provided that they distribute the online or phone orders from stands in an outside area.

In order to pick up a purchase, a consumer should have an electronic receipt or text message from the store providing relevant information, such as the name of the store, its VAT number, the consumer's name and the exact time the order will be ready for collection (by only one person per order).

- Hairdressers and barber shops were to operate (only with scheduled appointments) throughout the country as of December 14th 2020 from 7am until 9 pm, under strict social distancing measures.

- Bookstores reopened throughout the country from 14th December, under strict measures: a maximum of 4 customers was to be allowed in stores up to 100 sq.m. or 1 customer per 15 sq.m. for stores over 100 sq.m.

- Churches opened to worshipers only on Christmas day (December 25th 2020) and on the Epiphany holiday (January 6th 2021). During these two days, only nine people were to be allowed in churches at the same time and up to 25 people in the Metropolitan churches in all regions of the country.

- A night curfew remained in place throughout the holiday season around the whole country. From December 13th 2020 to January 7th 2021, from 10 pm to 5 am non-essential movement was prohibited. Movement was allowed only for specific reasons, by sending a text message to the dedicated line 13033.

On December 22, 2020, further rules were announced for Christmas & New Year's Eve:

- A nine-person cap on gatherings at homes (violations carried a fine of 3,000 euros for the host, 300 for participants and 10,000 for repeated violations)
- No movement was allowed between 10pm and 5am
- Children were not allowed to perform Christmas and New Year's carols concerts
- Texting to 13033 was required for New Year's-related movement (citizens had to text both for leaving and when returning home – before the night curfew.)
- Travel outside the residence prefecture was forbidden with exceptions (returning to permanent residence, family reunification, business reasons, health reasons, attending

a funeral), requiring special documentation

- Only passengers from same household allowed in taxis
- Church services were held with a maximum of 25 people at local churches and 50 in cathedrals, with obligatory mask wearing
- Supermarkets were open on New Year's Eve from 8am to 8pm
- All retail stores with the exception of bookshops operated with click away transactions from 7am to 9pm.

On January 2nd 2021, the tightening of the measures for the week of January 3-10th 2021 for precautionary reasons was announced. All activities and services, that were gradually allowed in Greece before the holidays, were suspended from 6am January 3rd until 6am January 11th.

The country's restrictive measures, originally intended to be lifted on January 11th 2021, further extended until January 18th 2021. Only elementary schools, kindergartens and day-care centres reopened on January 11th 2021 under strict guidelines.

More specifically, until January 18th 2021:

- Retail stores as well as hairdressers, bookstores and nail salons remained closed across Greece.
- All hunting and fishing activities were banned.
- All religious ceremonies were conducted without the presence of worshipers, while funerals were taking place with a maximum of nine persons (close relatives).
- The measure of mandatory homeworking was also extended.
- All non-essential movement was banned from 9pm until 5am throughout Greece.

As of January 18th 2021, all retail stores and shopping malls in the country reopened, along with a number of other businesses including hair and beauty salons and vehicle inspection services (KTEO). All businesses that opened as of January 18th had the option to also operate on Sunday, January 24th in order to avoid overcrowding.

Despite the opening of the retail market Greece's strict curfew remained in force (for movements related to shopping at retail stores and going to hairdressers, consumers had to send an SMS to 13033.) Also, movement between prefectures remained prohibited.

On January 29th 2021, Greek authorities re-activated the country's color-coded risk-assessment map, giving areas a COVID-19 risk rating of yellow or red.

The decision to once again divide the country into color-coded risk zones was made by the government following a rise in COVID-19 cases in certain areas of the country, with Athens (Attica) and Piraeus being at the top of the list with a total of 2,597 active cases at the time.

As before, the COVID-19 map showed the degree of risk in regions (and municipalities), indicated by two color-coded levels that are based on the epidemiological burden of each area:

Level A – Monitored areas – Color: YELLOW

Level B – High-risk areas – Color: RED, including the areas where stricter lockdown measures have been imposed.

The map enabled citizens to track the spread of infections in the country and keep up to date with health and safety measures in areas.

COVID-19 measures according to risk level from 29th January 2021

‘Yellow’ areas

In February there were 64 Level A (yellow) areas in Greece. The following applies to the country’s ‘yellow’ areas:

- Night curfew from 9 pm to 5 am.
- Middle schools (gymnasium) and high schools (lyceum) to re-open on 1st February 2021.
- Churches and other places of worship to open with restrictions: only 25 people allowed in churches at the same time and up to 50 people in Cathedrals.
- Shopping: Retail stores, hairdressers, barbershops, beauty salons, vehicle inspection services (KTEO), OPAP betting shops (except OPAP play stores) to operate as previously under social distancing measures (1 person allowed per 25 sq.m.). Consumers can shop only by sending a text message to 13033 or by having a handwritten movement certificate with them while shopping. All consumers must keep the SMS as proof of permission for movement and must show it to authorities upon request. Permission for shopping lasts two hours, beginning from the time of sending (and approval) of the text message.

‘Red’ areas

In February there were 16 Level B (red) areas, with the following rules in place:

- Evening/night curfew from 6 pm to 5 am. (Attica is the only area of red status where the curfew is from 9pm to 5 am due to increased population.)
- Only middle schools (gymnasium) to re-open on February 1 (high school students will continue their lessons via remote education).
- Only 9 people allowed to attend mass at churches and or services as other places of worship.
- Shopping to only be allowed through the “click-away” system (consumers must place their orders online or by phone and can pick up their purchases outside of stores). Only clothing, footwear stores and bookstores are allowed to have customers enter their premises through the new method of “click in shop” (by appointments). Consumers can shop only by sending a text message to 13033.
- Hairdressers, barbershops, beauty salons and vehicle inspection services (KTEO) in “red” areas can service customers only by appointment.

Greece’s online risk-assessment map is be updated by authorities in cooperation with the country’s special committee of infectious disease specialists. Regularity of updates depends on epidemiological indicators of an area.

On February 11th 2021, Athens (Attica) entered a two-week full lockdown, amid the

increase of hospitalizations, and the mutations of the virus which seem to accelerate its transmissibility. During this time, the operation of all retail stores in Attica are suspended, including those operating with online or phone orders (click-away method). All levels of education transition to remote learning.

Lockdown measures were further extended to throughout the months of March and April 2021 and restrictions tightened in areas with high epidemiological burden.

A number of lockdown restrictions in Greece were lifted on May 14th 2021, following the recommendations of the country's health experts committee.

More specifically, from May 14th 2021:

- the country's night curfew begins at 00:30 (until 5am)
- all museums reopen
- requesting permission for movement via SMS to 13033 and 13032 has been abolished
- restrictions on domestic travel (movement between regions) has been lifted (under rules for travel to the islands)
- the "click away" and "click in shop" methods of shopping in retail stores has been abolished (the rule of one customer per 25 square meters in stores continues to apply).
- day care centres reopen on May 17th
- open-air cinemas reopen on May 21st (on a 75% capacity so as to ensure social distancing)
- live cultural events and shows in outdoor areas (only with seated guests) resume operation on May 28th
- live music remains banned in restaurants and cafes for the month of May

From June 2021, weddings and christenings are allowed to take place outdoors with a maximum of 100 people.

The lifting of the lockdown restrictions coincides with Greece's official opening to international travellers.

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 - [1.2. Physical distancing](#)

17 November 2020 | Country Update

Physical distancing - Easing or revision of measures (transition measures)

On April 25 the Ministry of Health announced the re-opening of courts and registry offices from April 27, in adherence to the social distancing measures in place, and the decision to keep the lockdown in place up to May 4. The Greek Prime Minister, in a nationally televised address on April 28, announced that the country will begin easing restrictions on citizens' movement as part of the Government's efforts to reopen economies and restart public life. On April 29, the Minister of Education and Religious Affairs announced a detailed plan pertaining to the reopening of schools, stressing that the gradual lifting of the measures would be re-examined based on the outcome of their effectiveness.

Starting from 4 May, after a 42-day lockdown, Greece began to gradually lift restrictions on movement and to restart business activity. The plan consisted of specific milestone dates and extended throughout May and June 2020. It was evaluated against the COVID-19 infection rate over the subsequent weeks and revised based on the progression of the pandemic in the country.

Phase 1: May 4

In a first phase beginning on May 4, restrictions on the movement of citizens were lifted along with the written permission and related SMS required up to that day. However, movement restrictions outside the residents' prefecture remained in place for further two weeks (May 18). Some small retail outlets (bookstores, optical stores, sports equipment, plant nurseries) resumed activity and visits to hairdressers, barbershops, beauty salons, as well as to vehicle technical inspection centers, were allowed by appointment only. Moreover, shoe repair services and hearing aid shops resumed operation and the movement across regions was permitted for producers supplying public markets. Finally, individual physical activity was allowed outdoors and by the sea, but organized beaches remained closed during the 1st phase. Churches reopened for individual worship. Elective surgeries, in both the public and private sectors, resumed on 50% capacity of last year's average with case prioritization and scheduling.

As far as public transport is concerned, the use of protective masks by employees and passengers is mandatory and monitoring at entry points is in place to ensure adherence to physical distancing guidelines. The frequency in public transport routes increased, especially during rush hours. For public sector employees, arrival to work is distributed across the time zones (07.00, 08.00 and 09.00 am), to avoid overcrowding in the various public transport modes.

Phase 2: May 11

The rest of the retail sector resumed operation (excluding shopping malls). In all stores, the protective measures limiting customer overcrowding was maintained with mandatory use of face masks where deemed necessary. On the same day, high school seniors resumed classes.

Phase 3: May 17 & 18

From Sunday May 17, churches were allowed to resume services and sacraments, adhering to strict social distancing rules. On May 18, junior high and upper secondary school classes resumed. Schools, however, were to operate with rules limiting overcrowding and distance learning continued to support students who, for special

reasons, were not able to attend classes. Shopping malls reopened (excluding dining areas) with one customer allowed per 20 m² and mandatory use of face masks. On the same day, archeological sites, zoos and botanical gardens opened for visitors. Betting agencies (OPAP) also opened without providing services to seated clientele. Moreover, the land and air connection between areas of continental Greece and the ferry connection with Crete and Evia was permitted.

Phase 4: May 25

Outdoor restaurants and cafes reopened, under restrictions (minimum distance of 2 meters between tables with a maximum of 4 people seated at each table). As of May 25, transition to/from all the other Greek islands was permitted.

Phase 5: June 1

Primary schools and kindergartens commenced on June 1. Year-round hotels and camping spots reopened. Outdoor cinemas resumed operation at 60% capacity, with a distance of 1.5 m between the spectators in each row.

Phase 6: June 15

Museums, historic buildings and areas, thematic parks and entertainment parks, as well as, wellness services (gyms, saunas, spas, thermal baths etc.) opened. Seasonal hotels/resorts resumed operation as of June 15th.

Phase 7

Indoor spaces in restaurants and cafes resumed operation, as well as entertainment venues and holiday accommodation.

The relaxation of restrictions in Greece, designed to stop the spread of the COVID-19 virus, was gradual and targeted, while the stages of lifting the measures were spaced apart in order to review, on a daily basis, their effectiveness and evaluate the epidemiological data each time.

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17 November 2020 | Country Update

Physical distancing - initial responses

The coronavirus pandemic first appeared in Greece on February 26, 2020. Following

the confirmation of the first three cases in Greece, on February 27 all festivals in the country were initially cancelled, and by March 10 a total of 89 cases had been confirmed in the country, mainly related to people who had travelled to Italy and a group of pilgrims who had travelled to Israel and Egypt, as well as their close contacts. Health and state authorities issued precautionary guidelines and recommendations, while measures up to that point were taken locally and included the closure of schools and the suspension of cultural events in the affected areas (particularly Iliia, Achaea and Zakynthos) – see below. However, on March 10, due to the outbreak of the virus in different parts of the country and failure by many to comply with the restrictive measures, the government decided to gradually enact universal response measures.

Movements and gatherings

From March 8 onwards, preventive measures, such as suspension of Open Care Centres for older people, deferral of all conference events and holding of sport events behind closed doors were announced. On March 9, all school trips, school championships and cultural events in enclosed and open spaces involving over 1,000 people were cancelled. Visiting hours in rehabilitation centres, day care and treatment units and kidney care units were revoked. Commencing on March 10, all educational establishments nationwide were closed for 14 days, with the suspension extended to April 10 and recurrently to May 10.

On March 18, Greece announced new coronavirus restrictions pertaining to migrant camps. For 30 days, the movement of camp residents was restricted to small groups (one person per family) between 7 am and 7 pm, with police surveillance on public transport locations. Specialised medical teams were sent to the camps for the creation of virus isolation areas and compulsory body temperature measurements. All other visits to the camps, whether by individuals or organizations, were suspended for 14 days. On the same day, a ban on public gatherings of 10 or more people and the imposition of a 1,000 euro fine for violations was announced. Furthermore, a supermarket entry card was put in place to ensure no more than one customer per 10 m² is in store at the same time so as to avoid overcrowding.

On March 20, it was announced that only permanent residents and supply trucks would be allowed to travel to the Greek islands, with effect from 6am local time on 21 March. Travelers would have to provide proof of permanent residence (via a tax certificate) on the island to which they would wish to travel. People who were already on the islands and wished to leave were allowed to return to the mainland.

On March 22, the Greek government announced a ban on all nonessential transport and movement across the country, starting from 6 am on March 23 until April 6, but for a prescribed set of reasons:

1. Going to the pharmacy or visiting a medical doctor, in the case that this is recommended after consultation.
2. Going to a supply store in operation (supermarkets, mini markets etc), which cannot ship or deliver its goods.
3. Going to the bank, when electronic transactions are not possible.

4. Going to help people in need.
5. Going to a ceremony (e.g., funeral, marriage, baptism) under the conditions provided by law; or movement of divorced or legally separated parents in the context of parental responsibility, custody, or visiting rights in accordance with the applicable provisions.
6. Physical exercise in an open space or for a pet's needs; individually or up to 2 people (with a minimum distance of 1.5 meters kept at all times).

People returning to their permanent places of residence were exempt. Citizens leaving their home were required to carry their ID or passport, as well as some type of attestation depending on the purpose of travel. The webpage <https://forma.gov.gr/> was created, providing instructions in reference to the Lockdown and the 2 types of movement permits that individuals were to have with them at all times, should they needed to leave their home. These were:

Work Commute Permit for Employees (Type A)

For commuting to and from the workplace at working hours the movement permit was provided under the personal responsibility of the signatory, by the employer or the legal representative thereof, or in the case of a freelancer or self-employed, themselves.

Extraordinary Movement Permit (Type B)

In order to issue a single-use extraordinary movement permit (type B), three options were available: through a free SMS text message to the number 13033, through a printed one-time single-use movement permit, or through a signed handwritten declaration.

The required information included name, home address, time of departure from home, and specific reason for transport, in accordance with the special provisions and exceptions. Members of the government and Parliament as well as all Health, Civil Protection, Law Enforcement and Armed Forces personnel were excluded from the measure. The Hellenic Police, the Municipal Police, the Hellenic Coast Guard and the National Transparency Authority were required to enforce the restrictions and issue fines of 150€ for each offense.

On the same day, it was also announced that daytime public transport services would be reduced, ensuring, however, sufficient service during business hours. Journeys by car were only permitted for the specific exemptions.

On April 7, the government announced further restrictions on travel by land, sea and air until April 27 as part of the efforts to contain the spread of Covid-19 during Easter. People at airports, ports, railway stations and intercity bus stations were only allowed to travel by carrying income tax documentation certifying that their permanent residence is their intended destination. Furthermore, travelers were not allowed to return until measures ceased to apply (April 27). Those caught violating the rules incurred a 300€ fine –double the initial fine– while their license plates were removed for 60 days. In addition, up to April 27, islanders were only allowed to travel from small to larger islands within the same municipality for visits exclusively to pharmacies, doctors, supply stores and banks (if electronic transactions were not possible).

Suspension of businesses and workplaces

On March 12, a two-week closure of all theatres, courthouses, cinemas, gyms, playgrounds and clubs was announced.

On March 13, the nationwide closure of all shopping centres, cafes, restaurants, bars, museums and archaeological sites, excluding supermarkets, pharmacies and food outlets that offer take-away and delivery only, was announced. On March 14, all organized beaches and ski resorts were closed.

On March 19, the government announced the closure of all hotels across the country, from midnight on March 22 until the end of April. Only hotels accommodating personnel guarding the borders would continue to operate, as well as three hotels in Athens and Thessaloniki and one hotel per regional unit.

On March 22, all parks, recreation areas and marinas were also closed. Retailers who illegally continued operations were arrested in an initial display of the government's zero tolerance policy on breaches of public health guidelines.

Suspension of religious practices

On March 16, the Greek Prime Minister announced the government's decision to suspend services in all areas of religious worship of any religion or dogma with immediate effect until March 30, effectively suspending the Greek Orthodox Sunday Divine Liturgies for that period too.

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1.3. Isolation and quarantine

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Isolation and quarantine

[On February 2020, according to directions published by the National Public Health Organisation, confirmed COVID-19 cases had to home isolate for 14 days and all close contacts had to quarantine for 14 days after the last exposure to infection. Guidance for discharge and ending of isolation of people with COVID-19 was revisited in November 2020, as follows:](#)

Description

Mild/moderate COVID-19

Probable or confirmed COVID-19 case that is neither immunocompromised nor a resident in a closed vulnerable population setting

Guidelines

The patient can be released from isolation when the following criteria are fulfilled:

- Resolution of fever for at least three days and clinical improvement of symptoms other than fever

AND

- – 10 days after the onset of symptoms

Hospitalised patients who are discharged early based on clinical criteria per evaluation of the treating physician should be instructed to self-isolate at home or in a safe place until the above criteria are fulfilled.

The patient can be released from isolation when the following criteria are fulfilled:

- Resolution of fever for at least three days and clinical improvement of symptoms other than fever

AND

- – minimum 14 and up to 20 days after the onset of symptoms **OR**
- – two consecutive negative

Severe COVID-19

Probable or confirmed COVID-19 case that is neither immunocompromised nor a resident in a closed vulnerable population setting

SARS-CoV-2 RT-PCR tests in a 24-hour interval from respiratory specimens.

Hospitalised patients who are discharged early based on clinical criteria per evaluation of the treating physician should be instructed to self-isolate at home or in a safe place until the above criteria are fulfilled.

The patient can be released from isolation when the following criteria are fulfilled:

- Resolution of fever for at least three days and clinical improvement of symptoms other than fever

AND

- – 20 days after the onset of symptoms **OR**
- – two consecutive negative SARS-CoV-2 RT-PCR tests in a 24-hour interval from respiratory specimens.

Immunocompromised patient

(e.g. transplant recipient, patient receiving prolonged corticosteroid treatment or another immune-modulating medicine or cancer chemotherapy, patient with HIV and a low CD4 count, patient with an immune deficiency)

Resident or staff of closed vulnerable population settings

(long-term care facility, prison, migrant/refugee hosting facility)

The patient can be released from isolation and return to the vulnerable population setting when the following criteria are fulfilled:

- Resolution of fever for at least three days and clinical improvement of symptoms other than fever

AND

- – 20 days after the onset of symptoms **OR**
- – two consecutive negative SARS-CoV-2 RT-PCR tests in a 24-hour interval from respiratory specimens.

Residents of closed vulnerable population settings who are discharged earlier based on clinical criteria per evaluation of the treating physician should be isolated at the facility in a single room until the above criteria are fulfilled.

Asymptomatic COVID-19 case

Person without symptoms who tested positive for SARS-CoV-2 but did not develop symptoms during follow-up

Quarantine of close contacts

This patient can end isolation 10 days after the sample was taken.

14 days quarantine of persons who have had contact with confirmed COVID-19 cases

On March 2021, directions were updated to include:

A. Quarantine guidelines for healthcare workers who have been vaccinated or have a previously confirmed SARS-CoV-2 infection

1. Health professionals who have been vaccinated or have a previously confirmed SARS-CoV-2 infection and have interacted (either low or high risk exposure) with confirmed or possible COVID-19 cases do not need to quarantine if they meet all of the following conditions:
 - Have had a confirmed SARS-CoV-2 infection in the past 6 months.
 - Are asymptomatic

or

- fully vaccinated (ie ≥ 2 weeks after receiving the second dose) of the vaccine, if the vaccine is given in 2 doses, or taking one dose if the vaccine is given in a single dose)
 - Exposure was made within 6 months of the completion of the vaccination or the disease
 - Are asymptomatic
1. 2. Health workers who do not meet the above criteria should follow the quarantine instructions in place after exposure to SARS-CoV-2
 1. 3. Health professionals who meet the criteria of paragraph 1 continue to work with strict protection measures and self-monitoring for 14 days after a high-risk exposure
 2. 4. During the self-monitoring period health workers working in high-risk patient units should be tested according to the instructions of the relevant Nosocomial Infection Control Committee

B. Quarantine guidelines for fully vaccinated / recovered individuals who had a

high risk exposure but remain asymptomatic

- Fully vaccinated individuals or individuals with confirmed SARS-CoV-2 infection in the previous 6 months exposed, do not need to quarantine, because the risk of infection is very low.
- These people should self-monitor for symptoms for 14 days after exposure, while adhere social distancing measures

Note: The instructions are constantly reviewed / updated according to the available data and the relevant directions of the international organizations. [\[MK1\]](#)

On March 16th 2020, two villages in Western Macedonia, Damaskinia and Dragasia, were quarantined after several cases among their residents were confirmed. The entry and exit to and from the villages were banned, allowing only for medication and food supplies by medical and municipal staff.

On March 30th 2020, five more municipalities in northern Greece (municipal areas of Mesopotamia in Kastoria, Orestida, Nestorio, Xanthi and Myki) were placed on lockdown for a period of 14 days.

All Greek citizens returning from abroad were subjected to mandatory surveillance and isolation for at least 14 days. Flights were chartered in order to bring Greek citizens back from Madrid, Barcelona, Prague, the United Kingdom and other countries. Upon their arrival, travelers were transferred to a designated hotel (where all the hygiene instructions had been applied) for testing. In the event of a negative result, travelers were transported to their place of residence in Greece, where they had to remain isolated for 14 days under strict impromptu state surveillance visits. In the case of a positive result, they had to stay in the premises of the hotel for 14 days under doctor supervision and treatment (unless hospital care was required).

Citizens who did not abide with the quarantine restrictions, were fined 5,000 euros each alongside criminal charges.

A Roma settlement in Larissa (central Greece), with an estimated population of 3,000, was placed under strict quarantine on April 9th 2020, after several residents tested positive for COVID-19. The 32-year-old man who first tested positive for the novel

coronavirus had come into contact with at least 31 other residents. Of those, 17 had been tested by the evening of April 9 and 12 were found to be positive. After contact tracing was performed, a total of 20 cases were detected. The lockdown applied from 09.4.2020 at 23.00 to 23.04.2020. The local administration and the municipality undertook the supply of food and anything else which was deemed necessary.

On June 12th 2020, restrictions for the region of Xanthi in north-eastern Greece were imposed after 15 COVID-19 infections were reported in one day, while imposing a curfew on the village of Echinis, where most of the cases were traced. Residents of Echinis were prohibited from leaving their homes between the hours of 9 p.m. to 7 a.m. for seven days (12.06.2020 – 19.06.2020) during which time all primary schools and kindergartens were closed and the use of a face mask was compulsory in all public places. In the broader region of Xanthi the use of face masks was made mandatory in all shops and other businesses.

During the summer (tourist season), in the event of a confirmed infection in a hotel, close contacts of the case were transferred to a separate quarantine accommodation at the expense of the Greek state. Remaining guests could continue their holidays.

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1.4. Monitoring and surveillance

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Monitoring and surveillance

Despite the longstanding inefficiencies of its health system, Greece swiftly adopted a range of preventive health measures. In the first instance, measures to combat COVID-19 outbreak included identification of cases, exhaustive contact tracing and imposition of quarantine to confirmed cases in order to prevent further transmission of the disease. Only patients with moderate to severe symptoms were hospitalized, while those with mild symptoms were encouraged to home isolate.

The National Public Health Organisation (NPHO) is drawing up the relevant definitions concerning the detection of cases with suspected infection of SARS-CoV-2, on the basis of evolving epidemiological data, following ECDC guidelines.

The definitions adopted on 25th February 2020 were as follows:

Suspected case: Patient with acute respiratory infection (sudden onset of disease, with at least one of the following symptoms: cough, fever, shortness of breath AND without any other reason that fully explains the clinical picture AND with a history of travel or residence in a country/region, according to the at-the-time- list of NPHO, within the last 14 days prior to the onset of symptoms.

Or

Patient with any acute respiratory disease AND a history of close contact with a confirmed or probable case of COVID-19 within the last 14 days prior to the onset of symptoms.

Or

Patient with severe acute respiratory illness requiring hospitalization and for which no other cause has been established.

Each suspected case is to be subjected to laboratory testing for the SARS-CoV-2 virus.

Possible case:

Suspected case resulting in laboratory testing for the new SARS-CoV-2 coronavirus.

Or

Positive, but by laboratory method that generally detects viruses belonging to the family of coronaviruses and not specifically the new SARS-CoV-2 coronavirus

Confirmed case: A person with laboratory confirmed infection with the new SARS-CoV-2 coronavirus, regardless of clinical symptoms and signs.

The case definition for COVID-19 was modified in July 2020 as follows:

Clinical criteria

Any person with at least one of the following symptoms:

- Cough
- Fever
- shortness of breath
- sudden onset of anosmia, ageusia or dysgeusia

Diagnostic imaging criteria

Radiological evidence showing lesions compatible with COVID-19

Laboratory criteria

Detection of SARS-CoV-2 nucleic acid in a clinical specimen

Epidemiological criteria

At least one of the following two epidemiological links:

- close contact with a confirmed COVID-19 case in the 14 days prior to onset of symptoms
- having been a resident or a staff member, in the 14 days prior to onset of symptoms, in a residential institution for vulnerable people where ongoing COVID-19 transmission has been confirmed

Case classification

1. Possible case:

Any person meeting the clinical criteria

2. Probable case:

Any person meeting the clinical criteria with an epidemiological link

OR

Any person meeting the diagnostic criteria

3. Confirmed case:

Any person meeting the laboratory criteria

If confirmed cases are asymptomatic, contacts are managed in the same way as for a symptomatic case with an exposure period from 2 days before the case was sampled, to 14 days after.

Contact tracing

Contact tracing preparedness, readiness and action depends on the four main transmission scenarios:

1. no cases: a well-trained contact tracing workforce is identified, trained and on standby ready to respond to first cases.
2. sporadic cases or clusters: exhaustive contact tracing performed for rapidly suppressing transmission.
3. Clusters: contact tracing is performed to suppress transmission and reduce transmission within clusters.
4. community transmission: contact tracing is carried out as much as possible, focusing on household contacts, health care workers, high-risk closed settings (institutions, long term-care homes), and vulnerable contacts, as well as maintaining strong contact tracing capacity in areas with smaller clusters of cases.

A contact is defined as anyone with the following exposures to a COVID-19 case, from 2 days before to 14 days after the case's onset of illness:

- Person staying in the same house as a COVID-19 patient.
- Person with direct physical contact with a COVID-19 patient (e.g. handshake).
- Person with unprotected contact with infectious secretions of a COVID-19 patient.
- Person with face-to-face contact with a COVID-19 patient at a distance of <2 meters and for 15 minutes.
- Presence in an indoor space with a COVID-19 patient (e.g. classroom or meeting room, hospital lounge, etc.) at a distance of <2 meters and for 15 minutes.
- A health professional or other person providing health care or an employee who handled a clinical sample of a COVID-19 patient without taking the appropriate personal protective measures.
- A fellow traveller on the same aircraft, who was sitting within a distance of two rows of seats (before each direction) from the COVID-19 patient, persons travelling together or caring for the patient, and crew members who served the specific part of the aircraft where the patient was sitting (in the presence of severe symptoms or movements of the patient on board, which may involve more extensive exposure, passengers sitting on the same part of the aircraft or even all passengers on the flight may be considered close contacts).

Contact tracing is performed by the National Public Health Organisation aiming at rapid identification, evaluation, and monitoring of exposed asymptomatic contacts and prompt isolation of those who are found to be clinically ill. A protocol of active contact tracing is being followed from the onset of the pandemic, where for every confirmed case, the 10 closest contacts are being tested, and in case of a second positive result within this pool, further 10 close contacts get tested and so on.

Any patient with acute respiratory infection, sudden onset of disease, with at least one of the following symptoms: cough, fever, shortness of breath, when admitted to a health service structure should be treated as a possible case of COVID-19, i.e. by taking the necessary isolation measures by other patients and visitors (e.g. a separate waiting area), as well as by receiving appropriate personal protective equipment by health service personnel.

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1.5. Testing

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Testing

The Hellenic Ministry of Health, following ECDC guidelines, identified 5 main objectives for testing in order to 1) control transmission, 2) reliably monitor SARS-CoV-2 transmission trends and severity over time, 3) mitigate the impact of COVID-19 in healthcare and social care settings 4) rapidly detect clusters or outbreaks in specific settings and 5) maintain sustained control of COVID-19 once achieved.

The testing strategy for SARS-CoV-2 followed can be analysed in three pillars:

1) Diagnostic testing: intended to identify occurrence at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure, or to determine resolution of infection. It is performed in accordance to the COVID-19 'case definition' provided by the National Public Health Organisation (NPHO) in/by:

a) COVID-19 Reference Hospitals: People with symptoms are urged to call the Hellenic NPHO on the dedicated number 1135 and report travel or contact history and any alarming symptoms (dry cough, fever, shortness of breath, arthralgia, myalgia, etc.) and receive instructions for referral to any of the 14 COVID-19 reference hospitals across the country for free medical evaluation and RT-PCR testing for SARS-CoV-2 in the case that the person is evaluated as a suspected case.

b) Primary Health Care settings: operational expansion of 185 Health Centres and 42 Regional Clinics, to include case management of citizens with coronavirus symptoms. The activation of Primary Health Care in the battle against the pandemic has decongested to a large extent Hospitals, especially the COVID-19 reference Hospitals (30.03% of COVID-19 tests performed are in PHC structures).

c) NPHO Mobile Health Units: Fixed examination points around the country are being set in areas with high epidemiological burden, where tests are performed with a SARS-CoV-2 rapid antigen detection test by NPHO Mobile Health Teams.

2) Screening testing: intended to identify occurrence at the individual level even if there is no reason to suspect infection - e.g., there is no known exposure. This includes, but is not limited to, screening of non-symptomatic individuals without known exposure with the intent of making decisions based on the test results. Screening tests are intended to identify infected individuals without, or prior to development of, symptoms who may be contagious so that measures can be taken to prevent further transmission. For this purpose, 500 mobile health units have been mobilised across the country in order to increase testing capacity, incorporating mainly RT-PCR, as well as rapid antigen testing. It includes all screening tests performed on air, land and sea entry points (33 in the country), to new conscripts on military service, to healthcare personnel, refugee camps, prisons and Elderly Care Units, and in the context of pre-operative hospital assessments.

3) Surveillance testing: includes ongoing systematic activities, including collection, analysis, and interpretation of health-related data that are essential to planning, implementing, and evaluating public health practice. Surveillance testing may sample a certain percentage of a specific population to monitor for increasing or decreasing prevalence and to determine the population effect from community interventions, such as social distancing. A network of 45 Health Centres and Local Health Units ('Sentinel') from all geographical regions in the country, reports clinical cases based on the defined clinical definition and monitor the evolution of the disease.

Since March 2020, people with symptoms have been urged to call NPHO on the dedicated number 1135 and report travel or contact history and any alarming symptoms (dry cough, fever, shortness of breath, arthralgia, myalgia, etc.) and receive instructions for referral to any of the 13 COVID-19 reference hospitals across the country for free medical evaluation and smear test for SARS-CoV-2 in the case that the person is evaluated as a suspected case. The medical team may also test for Influenza Flu Viruses, so as to rule the possibility out.

Samples are sent to one of seven COVID-19 reference laboratories. The samples are processed to give the result as soon as possible, during which time people who underwent testing should self-isolate. In case of a positive result, the patient is transferred to a reference COVID-19 hospital in proximity and, depending on the severity of symptoms and underlying medical conditions doctors decide if the patient remains in hospital for treatment or home isolation. Those tested negative should remain in home isolation for at least 14 days.

Alternatively, private diagnostic laboratories and private hospitals carry out tests and medical examinations, with the cost being covered by the individual wishing to take the test (see section 4.2). When a case is confirmed, the NPHO is notified, and the patient, depending on severity, gets transferred to a COVID-19 reference hospital for assessment.

The Ministry of Health organised for antibody test to be performed on health professionals and all NHS workers, starting June 1. In addition to health professionals and permanent healthcare structures staff, staff of all kinds (seconded employees, contractors, cleaning crews, security services, subcontractors, etc.), were given the choice to test for a past infection.

Greece was one of the first European countries to obtain 1 million rapid antigen tests. 200.000 units were obtained beginning of September, to be used in mobile health units, the country's gateways, remote health units, closed settings such as refugee camps and penitentiary institutions, and in hospital emergency departments for triage purposes. Recurring orders of rapid antigen tests have been placed.

Moving into the second phase in May 2020 (see section 5), testing strategies were intensified, taking into account geographical and epidemiological data, with priority given to high-risk groups (people over 70 years of age or of any age with underlying serious chronic conditions, such as cardiovascular diseases, diabetes, respiratory

diseases and people with immunosuppression).

Plans were accelerated in preparation for the progressive resumption of tourism services. A strategy was formulated to ensure testing was readily available on all islands whereby samples were transported to designated laboratories for analysis and results.

The Greek government presented an elaborate plan on preparing for tourism from July 1st. The Passenger Locator Form (PLF) is a key element in the planning. All travellers must complete their PLF 24 hours before entering the country, providing detailed information on their point of departure, the duration of previous stays in other countries, and the address of their stay while in Greece. In case of multiple stays, they are required to provide the address for the first 24 hours at least. One PLF should be submitted per family.

A complex artificial intelligence algorithm with the code name EVA combines data from the tests performed at entry points in the country, as well as the data obtained from the Passenger Locator Form (PLF), creating a profile for each visitor, which health authorities can utilise so as to determine whom they will test, enhancing public health and safety. Since the gradual reopening of borders and ease of restrictions on travel (until October 30), 637,044 tests (RT-PCR) have been performed at air entry points, of which 5,842 were positive.

In the early stages of the pandemic, Greece had the ability to perform approximately 800 COVID-19 molecular diagnostic tests per day. By June, testing capacity had increased to 6,500 tests daily. Consistent efforts to increase this number even further have been ongoing amid the gradual easing of restrictions and the beginning of tourist season. By September, daily testing capacity further increased by 15 times (compared to March 2020) to accommodate for 14,000 samples (on average). By the end of November, 25,000 samples (on average) are being tested on a daily basis. In addition to this, sampling points have multiplied, the cost per sample analysis has been reduced by 80% and the availability and quality of reagents has been ensured. By February 2021, daily average COVID-19 testing further increased to 38,000, with a maximum of 50,000 tests.

On March 26 2021, the Hellenic Ministry of Health announced a COVID-19 self-testing strategy using antigen tests, to be launched in April and mainly aimed at detecting asymptomatic COVID-19 cases. The self-testing strategy will be carried out in addition to other actions already in place such as rapid mass testing of citizens in certain areas. Pharmacies will be distributing free COVID-19 antigen test kits to citizens with a social security number (AMKA). All citizens will be entitled to four tests per month (one test per week).

The tests will be easy to use and will need self-collected nasal or saliva samples to detect if a person has the virus. In the case that someone tests positive, a rapid test must then be taken at a public health facility to confirm the initial result. The government launched an online platform – <https://self-testing.gov.gr> – so positive self-testing results

can be documented.

Although self-testing for Covid-19 will be optional for citizens, it will be mandatory once a week for employees engaged in certain sectors of the economy including tourism, food and beverage, shipping and retail. Self-testing for Covid-19 will be mandatory for pupils and teachers when schools reopen and it will also be a prerequisite for those sitting university entrance exams in June 2021.

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2. Ensuring sufficient physical infrastructure and workforce capacity

ENSURING SUFFICIENT PHYSICAL INFRASTRUCTURE AND WORKFORCE CAPACITY is crucial for dealing with the COVID-19 outbreak, as there may be both a surge in demand and a decreased availability of health workers. The section considers the physical infrastructure available in a country and where there are shortages, it describes any measures being implemented or planned to address them. It also considers the health workforce, including what countries are doing to maintain or enhance capacity, the responsibilities and skill-mix of the workforce, and any initiatives to train or otherwise support health workers.

2.1. Physical infrastructure

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Physical Infrastructure

Despite the inefficiency of international supply chains in delivering medical and pharmaceutical products, Greece has enhanced efficiency through the following measures:

- The Pharmaceutical Research and Technology Company (IFET S.A.), a publicly owned company acting on behalf of Greek Health authorities, has been ensuring imports and distribution of essential pharmaceutical products and medical supplies, including PPE, to the National Health System during the pandemic (subsequent to the necessary approvals from the National Organization for Medicines);
- The Ministry of Health (in coordination with the National Centralised Procurement Agency - EKAPY), in an attempt to allocate resources efficiently, has set up a Digital Registry which monitors in stock and utilization of all COVID-19-relevant equipment (gloves, masks, protective gear for medical personnel etc.), as well as hospital and ICU beds capacity and occupancy in real-time. The data are also utilized in econometric modelling forecasting future needs.
- Significant monetary and in-kind donations (mostly medical consumables, such as masks, ICU beds, monitors, respirators) have been directed to the Ministry of Health. On March 21, approximately eighteen tons of medical supplies were provided by the Chinese government to Greece, including 550,000 masks and sets of protective gear. Eleven tons of medical supplies donated by the United Arab Emirates to Greece arrived on March 26, 2020 in Athens. The supplies and equipment were redistributed to hospitals around the country. An accountability committee has been appointed by the Ministry of Health, to ensure rapid and transparent donations processing.
- Local tenders for personal protective equipment were initiated by the Regional Health Authorities, as well as by hospitals, covering a small supply segment.
- Licenses for domestic production of antiseptics were granted, increasing capacity from approximately 600.000 pieces/day to 1 million and the production of 3D-printed ventilators has been encouraged.
- The Greek government encouraged private investment towards domestic production of protective face masks, scheduled to begin in May 2020. Initial productive capacity was 400.000 pieces/day.
- Domestic pharmaceutical companies have commenced trials for chloroquine-based drug production as a further attempt to enhance the country's approach in tackling the crisis with lower levels of reliance on the international market.

A number of restructuring measures were taken to ensure coverage for COVID-19 patients. A public hospital (Pammakaristos General Hospital of Athens) has been transformed into a COVID-19 hospital, along with a private hospital in the Attiki region which will also be used for COVID-19 patients only. In selected general hospitals, medical wards and ICU units were also dedicated to COVID-19 patients only.

Hospital Beds

By the onset of the current epidemic the Greek health system had a limited capacity for hospitalization of patients with highly infectious diseases, especially in isolation negative pressure chambers or single rooms, some of which were already occupied by existing cases requiring isolation (TBC, meningitis, immunosuppression, transplants, etc.).

Through co-ordinated actions and the cooperation of the Administrations of the Ministry of Health and the Nursing Units, 3,307 beds for the hospitalization of COVID-19 cases were secured by March 31. By April 16, 4,007 hospital beds had been amassed, of which 3,610 were available, including bed occupancy by highly suspected COVID-19 cases awaiting laboratory results.

ICU beds

First wave of the pandemic

On February 2020, there were a total of 565 ICU public beds in Greece with no availability for potential hospitalization of COVID-19 cases. By March 31st, the total number of ICU beds increased to 870, with the majority of them (n=703) being in public hospitals.

The initial increase in the total number of ICU beds came from:

- a) The addition of 85 new ICU beds in public Hospitals.
- b) Conversion of High Dependency Units (HDU), as well as negative pressure chambers or other spaces that had the necessary infrastructure for mechanical ventilation, to ICU.
- c) Provision of 30 ICU beds by military hospitals.
- d) Provision of 137 ICU beds by private Clinics.

The plan to increase ICU capacity in Greece in the spring 2020 was comprised of 3 phases:

- Phase 1 (completed). Objective: to make available at least 200 ICU beds exclusively for COVID-19 cases. Phase 1 has been completed in 4 weeks and is in place by 31st March (223 beds available).
- Phase 2 (completed). Objective: to allocate a total of 400 ICU beds (including the beds deemed available from the preceding phase) exclusively for COVID-19 cases. Implementation time: approximately 2-3 weeks. Some of these beds are planned to be made available by transferring non-COVID-19 patients to ICU beds in private clinics, alongside the development of 100 new ICU beds. In addition to medical, nursing and administrative staff, this phase will also require equipment (134 ventilators, 95 monitors, 81 beds). Part of this equipment is rendered absolutely necessary to ensure operability, while the remaining equipment is needed (a) to replace equipment temporarily transported from other units; b) to replace old equipment and (c) as a standby in the event of a failure. The cost of the additional equipment is expected to be covered either by either donations (grant is pending) or by tenders held by the Ministry of Health. Drug infusion pumps and special drug infusion syringes as well as large quantities of PPE

specifically used in ICU will also be needed.

- Phase 3. Objective: To have a 1000 ICU beds capacity (including existing beds) exclusively available for the treatment of COVID-19 cases. Implementation time: 4 – 6 weeks These are planned to be made available from: a) Creation of ICU in ISO-BOXES in the main Reference Hospital in Athens (about 40-50 beds); b) The development of ICU beds in operating rooms, resuscitation rooms in cardiac surgery departments and neurosurgery clinics; c) Fill all private sector ICU beds with non-COVID-19 cases and convert most ICU beds available in the public sector into beds for COVID-19 cases (estimate for 50-100 extra ICU beds); d) The use of 40-50 ICU beds provided by military hospitals.

On April 13, 2020, the installation of 50 new ICU beds at Sotiria Hospital, one of 13 across the country designated to deal with serious coronavirus infections, financed by a Greece's Parliament donation of 8,000,000 € was approved. By April 16, the total number of operational ICU beds had increased to 1000; 350 of which were designated for COVID-19 patients with 256 being available. By April 27, the total number of operational ICU beds had increased to 1017.

At the height of the first wave of the pandemic (in April 2020), 1,017 ICU beds were developed, of which 840 were in public hospitals, 32 in military hospitals for civilian treatment and 145 in private hospitals without any financial burden on citizens. The 840 beds of public hospitals also included 130 beds in High Dependency Units (HDU) or special ICUs for cardiac or respiratory diseases which were reinforced with special equipment and staff to function temporarily as ICU-COVID to meet the increased needs.

With the ease of the first wave of the pandemic, the additional COVID beds returned to their pre-pandemic use. Thus, in July 2020, there were 917 ICU beds (755 public, 32 military, 130 private). At the same time, the process of further increasing capacity was strengthened with the addition of new permanent ICU / HDU beds.

Second wave of the pandemic

By the beginning of November 2020, the National Health System has on its disposal 1006 ICU beds (of which 825 are in public hospitals, 32 beds in military hospitals and 149 beds in private hospitals), with a commitment by the Government to reach 1,200 ICU beds by the end of the year, reflecting the European average.

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2.2. Workforce

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Workforce

On February 26th 2020, a few hours after the announcement of the first confirmed COVID-19 case in the country, all the regular leaves of absence of NHS staff in hospitals, primary health care structures and all health facilities in the country were suspended and revoked by order of the Minister of Health. Procedures for the recruitment of additional staff were also initiated on the same day. In addition, scheduled leaves of absence of staff at the National Centre for Emergency Care, regional clinics, health centers and all local health-related facilities were suspended as of the same day.

On April 2020, frontline health and civil protection workers received a special Easter bonus (50% of their monthly salary).

Between March 2020 and February 2021, the Greek Healthcare System has been strengthened with more than 7,500 new recruitments (short-term contracts) of medical, nursing, paramedical and other staff, far exceeding the initial plan for 2,000 recruitments. Furthermore, the Ministry of Health announced openings for 1,423 permanent doctors' posts in 3 stages:

- February 2020: 942 positions for doctors of various specialties, for all the hospitals of the country;
- July 2020: 81 positions for doctors of various specialties, for the islands and the remote areas;
- September 2020: 400 positions, of which 200 are for intensive care specialists and others for various other specialties.

The government is preparing a package of measures that will provide incentives for doctors to fill the position openings which are currently vacant. Furthermore, a call for 1,209 nursing (and other) staff positions has been announced by the Supreme Council for Civil Personnel Selection, applications for which were under consideration in February 2021.

Since March 23rd 2021, over 10 thousand volunteers have applied through the digital platform (<https://ethelontes.gov.gr>), created by the Ministry of Health, to offer their services in the fight against the coronavirus pandemic. It is a voluntary program aimed at people who can provide assistance, such as doctors, nurses, paramedics, psychologists, medical students, but also retirees from the health sector. Anyone who wishes to contribute to this effort can also participate by providing administrative, technical and any other support to the health system regardless of their qualifications. Volunteers register by filling in a registration form. Upon selection, depending on the position for which they are chosen, they receive intensive training from the head of service or unit they join and start working as soon as possible.

Legislation enacted on April 13th 2020 provides for the employment of private physicians in public hospitals to deal with emergencies for up to 2 months with the possibility of extending the cooperation for another 2 months.

In March 2021, the Ministry of Health issued a call to private doctors to join with the public health system in battling the epidemic. Doctors will receive 2,000 euros monthly pay plus overtime (shifts).

On May 15th 2021, the Ministry of Health announced that a reward of 1.000 euros will be received by 4.000 employees at the National Center for Emergency Care as a reward for their services during the pandemic.

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- [Online Review](#)
 - [2.2. Workforce](#)

3. Providing health services effectively

The section on PROVIDING HEALTH SERVICES EFFECTIVELY describes approaches for service delivery planning and patient pathways for suspected COVID-19 cases. It also considers efforts by countries to maintain other essential services during periods of excessive demand for health services.

3.1. Planning services

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Planning services

This epidemic has proven to expedite the need for swift reactions towards long lasting systematic deficiencies, endemic to the structure of the Greek Healthcare system. The rapid and focused response has in turn improved the overall system's service capacity and potential: delivery to those most vulnerable, effectiveness in mobilization and maintenance of essential services.

To date, there are 13 COVID-19 reference hospitals across the country, and 4 hospitals dedicated solely to COVID-19 patients. Isolation wards have also been designated, and in each Regional Health Authority (there are 7 in total which encompass both primary and secondary health services across the country) there is at least one reference hospital with a negative pressure isolation chamber.

Public-private partnerships to purchase ICU services from the private sector have been established to be utilized whenever deemed necessary to cater for possible future COVID-19 hospitalization needs. Private hospitals will be reimbursed by the EOPYY (the national purchasing agency). The compensation cost amounts to €800 per existing bed and €1600 per bed, only for the additional ICU beds that private clinics have been asked to develop (40% capacity increase) to cater for possible future COVID-19 hospitalization needs. Patients who will be hospitalized in private hospitals will not be subjected to any co-payments.

A contingency plan is in place should the COVID-19 cases increase dramatically, which entails the requisition of private clinics (facilities, personal protective equipment, pharmaceutical products and staff).

On November 19th 2020, the Greek government proceeded with the requisition of two private clinics in Thessaloniki, where transmission has been particularly widespread, following private hospitals' refusal to provide 200 beds to the public health system for the treatment of COVID-19 patients. Public hospitals in Thessaloniki and other parts of northern Greece have been struggling to cope with the influx of COVID-19 patients, despite the fact that, within a month, COVID-dedicated ICU beds in the city almost increased fivefold (from 43 on 23.10.2020 to 201 on 23.11.2020) and COVID-dedicated hospital beds almost tripled (from 498 on 23.10.2020 to 1,420 on 23.11.2020), in response to the increasing needs. The decision to enlist the two hospitals for two weeks in the national health system means that the state is undertaking the administrative management of the entire premises of the facilities, including all the beds of the private clinics, in addition to the administrative supervision of the staff, which will offer their services to the general public.

For the first time, on November 26th 2020, three COVID-19 patients from northern

Greece were airlifted to hospitals in Athens, in light of excess pressure on hospitals and ICU capacity. The patients were transferred in isolation capsules with a C-130 from the Greek Air Force.

Measures for Primary Health Care

In an effort to strengthen primary care contribution to the management of the epidemic, five health centres in Attiki (Capital Region) have dedicated their operation to COVID-19 patients, with potential expansion to rural health centers. A tele-counseling network for COVID-19 patients, operating through Health Centres has been under construction from March and was planned to be introduced within April. It envisaged medical coordinators to undertake daily phone checks with patients, especially the vulnerable ones, for the provision of counselling and support. The network, however, is still not operational in December 2020. Once established, the COVID-19 telehealth services will be available to self-isolated/ home-isolated patients (self and distance monitoring), patients with mild cases (distance monitoring and treatment) and patients after discharge (follow-ups). In this context, an electronic registry has been created to monitor patients diagnosed with COVID-19 and ensure continuity of care.

Despite the fact that primary health care in Greece has not yet been developed to its full potential, and problems of access, continuity of care and coordination are being reported, its role has been strengthened during the management of the pandemic through the following actions:

- ? Early detection and management of possible COVID-19 cases (with mild symptoms not requiring hospitalization) in dedicated primary health care centres.
- ? Referral from primary to specialist care of those needing hospitalization.
- ? Assistance to patients with chronic conditions or acute illnesses not related to COVID-19 in the remaining (non-COVID-19) primary care facilities.
- ? Risk minimization of exposure of patients and medical staff to SARS-CoV-2 in health care facilities.

The Action Plan, announced on April 3rd, 2020, entailed 2 main objectives:

1. The operation of designated COVID-19 health centres on a 24-hour basis exclusively for the screening and management of COVID-19 patients that do not require hospital referral.
2. The transformation of certain health centres to 24-hour health centres dedicated to care for non-COVID-19 patients with chronic diseases, management of emergencies and communication with registered patients who are in home isolation.

In the beginning of October, the Ministry of Health announced the operational expansion of 185 Health Centres and 42 Regional Clinics, to include case management of citizens with coronavirus symptoms. The activation of Primary Health Care in the battle against the pandemic is expected to decongest to a large extent Hospitals, especially the COVID-19 reference Hospitals.

Vaccine services and delivery

Greece has secured access to a sufficient number of vaccines to cover its entire population through the EU joint purchasing mechanism. The Hellenic Ministry of Health prepared a National COVID-19 Vaccination Operational Plan, where vaccine distribution played a key role. Initial deliveries of vaccines are limited in number in line with pro-rata distribution among the Member States. As vaccine deliveries are gradual, it was deemed necessary to prioritize vaccinations in specific population groups. Therefore, the National Vaccination Committee proposed the following vaccination prioritization:

Stage 1

- Health and social services staff
- Residents and staff of nursing homes
- Residents, patients and staff of care structures for the chronically ill and rehabilitation centres
- Priority staff for critical functions of the Government

Stage 2

- People 70 years and older (regardless of medical history). Further prioritization:
 - People aged 85 and over
 - People aged 80 and over
 - People aged 75 and over
 - People aged 70 and over
- Patients at increased risk for severe COVID-19 illness, regardless of age
- Priority staff for critical functions of the State
- People 60 to 69 years old (regardless of medical history)
- People aged 18 to 59 years at increased risk for severe COVID-19 illness

Stage 3

People 18 years and older without underlying conditions

Timeline

- On December 26th 2020, Greek authorities received the first batch of the Pfizer vaccine (the initial symbolic shipment to all EU Member States).
- On December 27th 2020, the first vaccinations were performed in 5 reference hospitals in Attica. A nurse was the first to be vaccinated against Covid-19 in Greece, followed by a nursing home resident, the President of the Hellenic Republic and the Prime Minister.
- On December 28th 2020, vaccines were further distributed to 4 Hospitals across 3 different regions in the Country, to commence the vaccination of healthcare personnel on 29th December.
- Following the vaccination of frontline healthcare workers and the most vulnerable groups, the vaccinations of the general population begun on 16th January 2021 for citizens aged 85 and older.
- On January 22nd 2021, vaccination commenced for citizens aged 80 to 84.
- On February 15th 2021, vaccination commenced for citizens aged 75-79. On the same day, vaccination commenced for the age group 60-64, utilising the AstraZeneca vaccine. The National Vaccination Committee approved AstraZeneca vaccine for people

younger than 65 years of age, due to the lack of data on its administration to the elderly.

- On April 10th 2021, the age group 60-64 became eligible for all available vaccines.
- On April 16th 2021, patients aged 18 to 59 years at increased risk for severe COVID-19 illness became eligible for vaccination.
- On April 21st 2021, teachers and the age-group 55-59 were added and on April 24th the age-group 50-54 followed.
- The age groups 30-39 and 40-44 became eligible on April 27th 2021 and April 29th 2021 respectively, for the AstraZeneca vaccine only for the time being (all vaccines will be available to these groups by end of May). The age group 45-49 followed on May 1st with access to all available vaccines.
- People with limited mobility will be vaccinated against COVID-19 in their homes with the Johnson & Johnson one-dose vaccine. The inoculation drive for this group will start on May 18th 2021.

Up to 20th February 2021, health authorities have conducted 693,436 vaccinations (of which 1st dose: 465,842 and 2nd dose: 227,594), covering over 4% of the country's population. This ranked Greece in 12th place among EU countries. In the last week of February, 21,000 vaccinations on average take place on a daily basis. Over 1.3 million vaccination appointments have been scheduled already for the following months.

Up to May 20th 2021, health authorities have conducted 4,615,746 vaccinations (of which 1st dose: 2,974,198 and 2nd dose: 1,709,388) since the start of the program, covering 28.5% of the country's population with at least one dose and 16.4% of the country's population being fully vaccinated. Daily vaccinations increased from 21,000 (on average) in February to 110,000 in May (with 1,500 vaccination centres in operation). Over 4 million vaccination appointments have been scheduled already in the following months.

COVID-19 Vaccine Management Process

The Operational Plan contains details on integrated vaccination process management, starting from the receipt of the vaccines from the producers, storage and their distribution to the Vaccination Centres.

Delivery to storage centres

Greece will gradually receive vaccines from at least 6 producers, starting with the first receipt in December 2020 from Pfizer / BioNTech. The protection of vaccines during their transport is carried out by the distributors of the vaccine producers with the support of the Greek Police. The Storage Facilities are informed about the upcoming deliveries from the Coordination Center of the Ministry of Civil Protection and Crisis Management. This information is provided through a central application developed by the Ministry of Digital Governance, specifically for the purposes of supply chain management of the COVID-19 vaccine. It is envisaged that employees of the Storage Centres are trained in ensuring storage requirements. Special equipment for receiving, storing, monitoring and transporting vaccines, as well as to ensure protection of staff is planned to be done through central procurement procedures. In addition, detailed instructions were issued on:

- The necessary checks upon delivery and proper documentation;

- Vaccine management specifications upon delivery (times - temperatures) until their placement in the freezers of each Storage Centre and adequate recordkeeping documentation;
- The necessary equipment according to the respective vaccine specifications;
- The use of personal protective equipment;
- The use of the central supply chain application and pre-alarm systems.

In addition, each Storage Facility is assisted by 3 officers of the Armed Forces, who attend, monitor and support the vaccines delivery.

Storage specifications

The vaccines will be stored in 5 approved warehouses that meet the standards. More Storage Facilities can be activated in proportion to the volume and particular storage characteristics, if deemed necessary. Each Storage Facility supplies specific Vaccination Centres based on the distance between them and the time required to cover this distance, in order to minimize the time they remain in transport mode (for Pfizer / BioNTech and Moderna vaccines). Storage Facilities are equipped with a sufficient number of freezers, which meet the specifications (such as maintaining temperature of -70 to -80 °C for BioNTech/Pfizer vaccine). The freezers have a suitable temperature recording system installed in order to constantly monitor the freezing levels and the automatic update (pre-alarm) in case of temperature deviation.

On a daily basis, Storage Facilities conduct a quantitative inventory of the vaccine stock at the end of the day and in presence of the Armed Forces. Following the daily inventory, the Storage Facilities update the central supply chain application. The security of the Storage Facilities, in addition to the Armed Forces, is ensured with the assistance of the Greek Police and Fire Brigade.

Delivery to Vaccination Centres

Vaccine delivery is based on the vaccination prioritisation plan, mentioned above, and the associated demand (i.e., the number of vaccination appointments), both in terms of volume and timing. The Coordination Centre receives information through the vaccination appointments application and schedules the necessary deliveries through the central supply chain application, the algorithm of which will initially be demand-based and then acquire a level of demand forecasting (such as expected non-attendance of vaccination appointments, etc).

The Storage Facilities receive daily information from the Coordination Centre through the central supply chain application for the upcoming needs of the Vaccination Centres in stock and liaise with distribution companies directly to ensure the uninterrupted flow of the vaccination process. The vaccines are packed in specially designed isothermal boxes, the temperature of which is monitored. The isotherm containers have been subjected to a series of tests in collaboration with the National Technical University of Athens. In addition, they have been designed in multiple sizes, which have been distributed to each Storage Facility based on multiple criteria (population distribution by region, number and size of Vaccination Centres served, etc.), in order to maximize the

efficiency of the supply chain.

The Storage Facilities affix QR codes to each box, which include all the necessary information about the vaccine batch contained. The QR codes are scanned by the Vaccination Centres upon receipt, thus, automatically updating the central supply chain application, to ensure traceability throughout the route of the vaccine batch until their administration.

The isothermal boxes containing the vaccines are then delivered to the Distribution Company. During the loading, the Storage Facilities carry out driver and vehicle identification checks as well as visual checks on the vehicle with the presence of Armed Forces officials. The Distribution Company's transport vehicles must meet the specifications of cold chain distribution and pharmaceutical products transport. A key condition during the transport to Vaccination Centres is to maintain a constant temperature in the cold rooms to ensure efficiency during administration.

Storage at Vaccination Centres

Authorized personnel of the Vaccination Centres receive the vaccine boxes and proceed to the electronic registration of their receipt in the central supply chain application. The Vaccination Centres store the boxes according to the instructions of the Producing Company and in each case adhering to the basic principle of storage FEFO (first-expired, first-out), and supply with vaccines the other units or means of vaccination (e.g., care homes, mobile health units). Vaccination Centres were established to ensure different storage conditions; ability for multiple doses to be administered within a limited time; supervision by a doctor.

Vaccination Scheduling Options

On January 11, the dedicated website, emvolio.gov.gr, for the Greek vaccination program was launched, providing information as well as access to appointment management application.

Eligibility checking (based on the vaccination phase – priority groups):

- Via the website emvolio.gov.gr, by filing a form using the Social Security Number (SSN), in combination with Last Name and Greek VAT Number, or
 - By sending a text message to 13034 with the SSN and surname;
 - Citizens registered to the e-prescription system will automatically receive a text message on their mobile phone from the number 13034 when they become eligible along with a pre-booked vaccination appointment (with the possibility of modification).
- Citizens who do not have an SSN, are advised to visit a Citizen Service Centre to apply for one.

Appointment scheduling for eligible population groups:

1. Via the online platform emvolio.gov.gr:

- Using TAXISnet codes (credentials for use in several Greek Government e-services, such as tax returns), and SSN to obtain access to available vaccination dates, locations and time slots to choose from;

- For two-dose vaccines, users secure both appointments;
 - Appointment verification by replying to an automated text message from the dedicated line (13034).
2. Citizens who have no online access or TAXISnet credentials can schedule their vaccination appointment at pharmacies or citizens service centres (also known as KEP). This can also be done by a representative with the required documentation (SSN, Mobile phone number, and ID photocopy of the applicant).
3. Citizens registered to the e-prescription system will automatically receive a text message on their mobile phone from the number 13034 when they become eligible for vaccination.
- The text message will indicate the Appointment Number, the date & time of vaccination and the recommended vaccination centre. The closest vaccination centre is pre-selected based on the declared Postal Code in the ehealth.gov.gr platform.
 - The citizen has the opportunity to confirm the pre-booked appointment within 120 hours, either by sending a text message to 13034, or via the platform using TAXISnet credentials.
 - In case of no confirmation within 120 hours, the pre-booking is released and the citizen has the opportunity to later schedule a new appointment through the platform.

Once the appointment is scheduled, citizens receive – depending on the booking method – an Appointment Number (also as a QR Code) along with the appointment details. Citizens will be notified three days ahead of their appointments via email and SMS indicating exact hour and date and including a link with preparation instructions (e.g., what to do if you have fever or feeling unwell the day of your scheduled appointment). Citizens will receive an additional three automated SMS reminders for their appointment (3 days before the appointment, 1 day before the appointment and at 7am on the day of the appointment). Appointments can be modified up to 72 hours before the planned appointment.

Vaccination programme implementation and vaccine administration

In February 2021, vaccine has been administered in 1018 vaccination centres around the country, and further 480 vaccination points (Hospitals, Health Centers, Mobile Units, etc.) are planned to be gradually activated.

Four Mega Vaccination Points, containing multiple vaccination centres, are set-up in order to greatly increase the daily vaccination capacity:

1. Thessaloniki International Fair exhibition facilities (from 15 February): 108 Vaccination Centres with capacity for 157,248 vaccinations per month
2. HELEXPO Exhibition Centre in Athens (from 15 February): 96 Vaccination Centres with capacity for 139,776 vaccinations per month
3. TAE KWO DO Stadium in Athens (from 1 March): 64 Vaccination Centres with capacity for 93,184 vaccinations per month
4. Peristeri Exhibition Center in Athens (from March 1): 96 Vaccination Centres with capacity for 139,776 vaccinations per month

The Covid-19 vaccine is free & administered only in public structures. People are not

able to select which vaccine they receive. The process is as follows:

- The Citizen provides the appointment code-number or the QR Code and the identification documentation (identity card, passport, etc.) to the staff of the Vaccination Centres. Members of staff confirm the appointment through a dedicated application.
- Person being vaccinated is required to fill in pre-vaccination questionnaire, which includes both general and specific health-related questions depending on the vaccine to be administered.
- Based on the answers, and after the diagnostic process, the doctor makes a decision on whether to proceed with the vaccination and a prescription is issued. Vaccination can then be done by a nurse.
- The Vaccination Centre enters the details of the vaccine packaging used in the electronic application. In this way, the process of traceability and pharmacovigilance is enhanced.

From 19th February 2021, vaccinated people can request their digital vaccination certificate. About 40,000 vaccination certificates were issued digitally just one day after the operation of the platform through gov.gr.

4-Phase Plan for Vaccination of Greek Island Residents

The inoculation of the population on the islands has started on 11th January 2021. It is a complex scheme due to the distinctive geographical characteristics of the island regions and the actions involved. The vaccines are being distributed to islands initially by air, mainly with scheduled flights, under the supervision of personnel of the Hellenic Armed Forces, law enforcement and the General Secretariat for Civil Protection.

The first phase includes 18 islands where the National Health System (ESY) hospitals operate. Vaccinations for health care workers started on 11th January and for residents on 18th January.

The second phase includes 13 islands with a population of over 3,500 permanent residents. Vaccinations started on January 28 for residents aged over 80 years and continue with other age groups.

The third phase concerns 19 islands with a population between 1,000 – 3,500 permanent residents. Vaccinations started on 10th February with the participation of all age groups – especially individuals over 60 years – and vulnerable groups.

The fourth phase concerns 42 islands with a population of less than 1,000 permanent residents. Vaccinations on these small islands will be carried out with the assistance of the Ministry of Interior and local authorities, and concern all individuals over 18 years old. The procedure will require the transportation of vaccines and medical personnel by air. The vaccination scheme launched on 27th January in the small island of Kastelorizo.

By June 2021, phases 1, 2 and 3 have progressed smoothly as planned, with more than 1,150 shipments dispatched and more than 30,000 Pfizer vaccine vials delivered, with estimated 70 islands covered.

Pharmacovigilance

There is a process in place to monitor post-vaccination activity, for the timely information and subsequent identification of the risk factors from the vaccine administration:

- By notifying the side effects to the National Medicines Agency through the Yellow Card scheme (usual procedure);
- By keeping a vaccination registry, through which either the supervising doctor responsible for the vaccine administration or the doctor visited by the Citizen, can note any side effects.

Communication

Communication strategy designed to ensure the timely and valid information on the vaccination plan and process reaches citizens and health professionals, as well as counteracts on false or misleading information, through the appropriate communication channels.

There is a weekly televised live briefing by the Ministry of Health, during which the president of the National Vaccination Committee provides updates on scientific evidence and vaccine efficacy. The General Secretary of Primary Health Care presents the latest developments of the operational planning, including vaccination statistics to date, expected vaccine deliveries by the various companies, vaccination eligibility criteria etc, followed by a Q&A session.

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3.2. Managing cases

This section has no content.

3.3. Maintaining essential services

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Maintaining essential services

On March 11th 2020, in light of the COVID-19 epidemic and the expected increase in demand for hospital services, hospitals were instructed by a Ministerial Decree to revise their surgical case scheduling to accommodate emergency cases only. On March 23rd 2020, all elective surgeries in both public and private hospitals were deferred. Oncology and emergency services remain operational.

Indicatively, throughout the month of October 2020, 40,032 surgeries were performed in public hospitals, 516,379 patient assessments in the outpatient clinics, 285,802 patient assessments in the emergency departments and 50,114 patient assessments within standard working hours.

As of March 20th 2020, patients have the ability to receive regular prescriptions on their mobile device, via text message or e-mail, as the registration for e-prescription through gov.gr was put on trial. The new system, accessible to all registered patients ensures that vulnerable and chronic pain patients, as well as those living in remote areas, have timely access to their medication without putting themselves at infection risk.

Furthermore, the "Help at Home" social protection programme is providing organized and systematic care to the elderly, people with disabilities (mobility and physical impairment, psychological disorders etc.) and low-income families. The programme entails the operation of a call center which receives requests from residents in each municipality, passing them along to a team of experts for evaluation. The programme includes counseling and psychological support, nursing care, family assistance, and home delivery of basic goods such as medicines and food. Amid the COVID-19 pandemic, the Ministry of Health is working closely with the municipalities and the "Help at Home" program to empower the public and cater the needs of vulnerable groups in need of medical assistance.

A helpline with experts providing psychological support to people struggling to deal with the impact of the coronavirus pandemic commenced operation on April 4th 2020. The helpline, reachable on the number 10306, is a joint initiative of the Hellenic Ministry of Health and the psychiatric clinic of the National and Kapodistrian University of Athens' Medical School, in collaboration with the ARGO federation of mental health and psychosocial support groups. Services are accessible to health professionals, as well as the general population, people with mental health disorders, children and their families. The line offers psychological support on a 24-hour basis with a separate service, on the same number, offering psychiatric support, between 8 a.m. and 8 p.m., for those with mental illnesses.

As of May 4th 2020, hospital doctors resumed non-emergency operations and afternoon

outpatient appointments which had been suspended amid the peak of the coronavirus pandemic. Morning outpatient appointments resumed the week after, on May 11th 2020.

At the same time, the supply of additional quantities of influenza vaccines and their timely distribution to pharmacies was ensured, so that the flu vaccination, which started at the beginning of October, may help build a wall of immunity within the population.

On 12th of February 2021, hospitals located in areas with high epidemiological burden of COVID-19 restricted elective surgeries as well as outpatient clinics, up to 80% and 50% respectively. Oncology and emergency services remained fully operational.

During February, March and April 2021, 42,630 elective surgeries and 32,12 emergency surgeries were performed in public hospitals and 1,105,960 patient assessments in outpatient clinics.

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4. Paying for services

Adequate funding for health is important to manage the excess demands on the health system. This section considers how countries are **PAYING FOR COVID-19 SERVICES**. Health financing describes how much is spent on health and the distribution of health spending across different service areas. The section also describes who is covered for COVID-19 testing and treatment, whether there are any notable gaps (in population coverage and service coverage), and how much people pay (if at all) for those services out-of-pocket.

4.1. Health financing

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Health financing

Since the outbreak of the **COVID-19** pandemic, supplementary financial support has been provided to the Ministry of Health for the recruitment of healthcare personnel, purchase of medical supplies and personal protective equipment (PPE) and increase of diagnostic test capacity, in an effort to contain the spread of COVID-19. Till mid-June 2020, supplementary budget allocation for COVID-related health expenditure amounted to a total of € 234 million. In addition, a significant amount of funding has been directed to the Ministry of Health through cash and in-kind donations of € 128 million in total by November 2020, as well as projects from European programs amounting to at least € 463 million.

Overall, MoH Supplementary Budget Allocation for COVID-19 up to December 2020 had amounted to a total of 786 million euros, with a commitment to provide any extra resources needed by the National Health System as the situation develops. The following expenses are not included in the figure:

- Hospital expenditure regarding hospitalization and management of COVID-19 patients (pharmaceuticals, laboratory and diagnostic imaging expenses, reimbursement of personnel's overtime service etc.)
- Funding of additional services mainly referring to primary and community health services.
- COVID-19 related expenses incurred by other Ministries and Public Services (e.g., Civil Protection Agency for transferring of COVID-19 patients, etc.)

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4.2. Entitlement and coverage

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Entitlement and coverage

In the Greek National Health System, there is entitlement to a unified benefits package (primary/ambulatory care, diagnostics, inpatient and outpatient specialist care) for all individuals with social health insurance and for vulnerable groups, such as the unemployed, people with low income, migrants suffering from chronic conditions), as well as for other EU citizens. Screening is available at no charge for those meeting the eligibility criteria set by the NPHO. On this basis, no charges apply to COVID-19 related health services (testing, primary care, hospital care, medicines, post-acute care etc) provided by the National Health System.

On April 13, 2020 welfare benefits granted due to disability, subject to conditions, were extended till June 30, 2020.

Additionally, all non-COVID-19 patients directed to private health structures for hospitalization, in an attempt to alleviate pressure from public hospitals, will not be subjected to any co-payments.

The Greek government has announced it will cover medical costs, as well as expenses related to necessary hospitalization of visitors suffering from COVID-19 symptoms while holidaying in the country. Positive cases will be hosted at designated hotels, cost of which will also be covered by the Greek state.

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5.1. Governance

The GOVERNANCE of the health system with regard to COVID-19 relates to pandemic response plans and the steering of the health system to ensure its continued functioning. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus.

27 February 2021 | Country Update

Governance

Before the outbreak of COVID-19, an influenza pandemic preparedness plan was in place. The Influenza Pandemic Action Plan has been in existence since 2005, but has undergone substantial revision since then due to the evolving threat from new influenza strains, the influenza A (H1N1) 2009 pandemic and the subsequent programme of pandemic planning and exercises that have been implemented.

The Plan is currently being revised and adapted again, depending on the course of the pandemic and international information from the relevant agencies, as well as the National Pandemic Council. The main features of the Plan relate to (a) epidemiological surveillance, (b) the use of antiviral drugs for prevention and treatment, (c) strategic use of a vaccine to prevent infection, (d) measures of social distancing; and (e) social coherence and the smooth operation of the economy.

In the context of the COVID-19 pandemic, the Hellenic Ministry of Health has taken the following actions:

- Operational coordination: 24-hour operation of the Operations Coordination Centre of the Directorate of Operational Preparedness for Public Health Emergencies (EKDY) in order to address and manage all issues, as well as requests from agencies and citizens, relating to the SARS-CoV-2 pandemic.
- Continuous cooperation at all Government levels, promoting discussion and providing information and relevant recommendations, in order to make decisions and formulate the national strategy, in light of continuous monitoring of the epidemiological data in the country.
- Continuous cooperation for the direct exchange of new data and the transfer of know-how with:
 - o the World Health Organization (WHO)
 - o the European Center for Disease Control (ECDC)
 - o the European Commission (EU)
 - o the Ministries of Health of the EU Member States
- Documented decision-making:
 - o The Public Health Emergency Committee for Infectious Diseases, comprising of 31 scientists, meets and discusses all issues that arise daily, with an advisory role on matters related to the pandemic.
 - o The National Committee for Public Health, consisting of 11 public health executives

and scientists, meets daily in response to the coronavirus and has proposed all the measures that have been taken so far during the lockdown and transition period.

Among other things, the committee's decisions have included:

- ? the epidemiological surveillance of the country and the adoption of restrictive measures aimed at protecting the public health of citizens;
- ? the reopening of public sector services;
- ? resumption of operation of private sector industries.

Starting on 25th February 2020, several legal acts of urgent nature (nine with a fast-track procedure) addressing the consequences of the COVID-19 spread risk have been voted on by the Greek parliament. The acts were on supporting society and entrepreneurship and on ensuring smooth operation of the market and public administration. They also concerned restrictions on movements and gatherings, increasing health workforce capacity, economic measures, suspension of businesses and workplaces, etc.

National response to COVID-19 is led by the National Public Health Organization (NPHO) and the Ministry of Health. Information is communicated through the official website of the NPHO, government websites and through mass media. The Head of the Public Health Emergency Committee for Infectious Diseases, provided daily announcements on the development of the coronavirus pandemic in Greece in the peak of the pandemic. In addition, the General Secretary of Civil Protection and other Ministers join the briefing to deliver relevant information pertaining to their area of responsibility.

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6.1. Measures in other sectors

Many MEASURES IN OTHER SECTORS beyond the immediate scope of the health system are being taken to prevent further spread of the virus. This section contains information on many of these areas, including border and travel restrictions and economic and fiscal measures, among others.

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Measures in other sectors

On March 14th 2020, all air traffic with Italy was banned. Furthermore, on March 16th 2020, Greece closed its borders with Albania and North Macedonia, only permitting the transportation of goods and the entry of Greek nationals and residents. The suspension of ferry services to and from Italy, air links to Spain, as well as the prohibition of all cruise ships and sailboats docking in Greek ports was also decided.

On March 20th 2020, Minister of Maritime Affairs and Insular Policy announced that only permanent residents and supply trucks would be allowed to travel to the Greek islands (see also section 1.2). Travelers were required to provide proof of permanent residence (via a tax certificate) on the island to which they wish to travel. People who were already on the islands and wished to leave were allowed to return to the mainland.

On March 22nd 2020, the Greek government announced a ban on all nonessential transport and movement across the country. On April 7th 2020, further restrictions on travel by sea, air and land, until April 27, were applied as part of the efforts to contain the spread of Covid-19 during Easter (see details in section 1.2) Area-specific lockdowns were also applied.

Opening of borders

Until June 15th 2020, international flights were allowed only into Athens airport. All visitors were tested upon arrival and were required to stay overnight at a designated hotel. If the test was negative, passengers were to self-isolate for 7 days. In the event of a positive result, passengers would isolate under supervision for 14 days. International flights to Athens and Greece's second-largest city of Thessaloniki resumed on June 15th. The list of countries was compiled based on their epidemiological profile and taking into account the announcements made by the European Aviation Safety Agency (EASA) and the relevant recommendations of the Infectious Diseases Committee.

June 15 and until June 30, 2020:

Flights from Albania and North Macedonia to Athens International Airport were only be permitted for "essential travel." Arriving passengers were categorised in accordance with their origin in distinct groups as follows:

GROUP A: Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Iceland, Ireland, Latvia, Lichtenstein, Lithuania,

Luxemburg, Malta, Norway, Poland, Romania, Slovakia, Slovenia, Switzerland.

GROUP B: Albania, Belgium, France, Italy, North Macedonia, Netherlands, Portugal, Spain, Sweden, other non-EU countries.

Passengers arriving at Athens International Airport originating from GROUP were subject to random COVID-19 testing upon their arrival. Passengers arriving at Athens International Airport originating from GROUP B, either with a direct flight or through a country included in Group A, were subject to 100% Covid-19 testing upon their arrival. Passengers arriving at Thessaloniki Airport, were subject to 100% Covid-19 testing upon their arrival. All international passengers were provided, during check in or on board, with a Passenger Location Form, to be filled and provided to the authorities upon arrival. Tested passengers had to compulsorily self-isolate in the address declared for 24 hours, until the testing outcome would become available.

Connecting Passengers were subject to COVID-19 testing upon their arrival in Athens or Thessaloniki and were able to continue their trip to their final destination, where they would self-isolate until the testing outcome became available. Furthermore, the Greek Government extended flight restrictions from/to UK and Turkey until June 29th, 2020. Foreign ferries were forbidden from docking at Greek ports, while pleasure boats were permitted with only crew aboard.

As far as land arrivals are concerned, they were permitted from Bulgaria as of June 15, but remained banned for Turkey, Albania and North Macedonia (with the exception of absolutely necessary business trips). Those restrictions were lifted on July 1st 2020 for Albania and North Macedonia, while the situation with Turkey remained to be reviewed on June 30th 2020.

July 1st 2020 onwards:

All visitors from air, land or sea, were subject to tests rules upon arrival (see section 1.5). Upon being tested, travellers would proceed to their final destination. In the event of a positive result, they were placed on 14-day quarantine, with expenses covered by the Greek state.

Residents from EU+ countries were allowed to travel to Greece. EU+ consists of the European Union, the United Kingdom, Switzerland, Norway, Lichtenstein and Iceland. Algeria, Australia, Canada, Georgia, Japan, Montenegro, Morocco, New Zealand, Rwanda, South Korea, Thailand, Tunisia, Uruguay, China*.

*subject to confirmation of reciprocity. Other countries citizens were allowed to travel to Greece only for essential travel.

AIR

International flights were allowed into all airports in Greece. Extension of ban for direct flights from the UK & Sweden until July 15th.

Amid the second wave of the Coronavirus outbreak, the Greek government announced on November 9, that all foreigners seeking to enter the country must first present negative results of a PCR test, administered no more than 72 hours prior to the scheduled departure.

On 14th December, the Hellenic Civil Aviation Authority (HCAA) extended all travel restrictions for domestic and international flights previously announced, until January 7, 2021. The authority also issued a new aviation directive informing that all travellers entering Greece on flights from abroad from 18th December will be required to enter a mandatory 3-day precautionary quarantine. Travelers from abroad, arriving from 18th December until 7th January 2021, will have to submit a negative COVID-19 test result (PCR) performed up to 72 hours before arrival in Greece and also take a rapid antigen COVID-19 test upon entry.

Moreover, all previously announced travel restrictions remained in place until January 7, at midnight for international flights and until 6am for domestic flights.

More specifically:

- The aviation directive concerning domestic commercial and general/business flights was extended. According to the directive, only essential travel would be allowed for health reasons, business reasons, family reunification, and return to permanent residence.
- Flights between Greece – Turkey and Greece – Catalonia, Spain, remained suspended.
- All flights to Greece from Albania and North Macedonia would continue to operate only through Athens International Airport (AIA).
- Only 10,000 travellers from Israel per week would be allowed to enter Greece on flights landing at all airports in the country.
- Only 500 permanent residents of Russia per week would be allowed to enter Greece on flights landing (only) at the airports of Athens, Thessaloniki and Heraklion.

The aviation directive banning entry to Greece of non-EU Citizens was also extended until 7th January 2021. Citizens from the following 9 countries were excluded from the ban: Singapore, Australia, Japan, New Zealand, Rwanda, South Korea, Thailand, Uruguay and the United Arab Emirates.

On 8th January 2021, Greece's Civil Aviation Authority (CAA) extended travel restrictions, and announced a 7-day quarantine (previously 3 days) to all passengers on international flights, until 21st January 2021.

On 22nd January 2021, flight travel directives extended until 8th February 2021. Under the new NOTAM, the limit on the number of passengers arriving from Israel was lifted.

On 8th February 2021, the Hellenic Civil Aviation Authority (HCAA) further extended travel restrictions for domestic and international flights in Greece. The non-essential travel restriction for domestic flights (travel between prefectures) in Greece extended to 6am on 1st March. Exempt from the restrictions are emergency flights, Hellenic national healthcare system flights, state flights, sanitary flights, humanitarian flights, military flights, cargo flights, firefighting flights, frontex flights, technical landing flights (where passengers do not disembark) and ferry flights (return of with crew without passengers).

The HCAA's update for its Covid-19 aviation directives (NOTAMS) extends travel rules

and restrictions for all international flights, which includes the 7-day quarantine measure for all arrivals from abroad.

ALL arrivals from the UK must take a PCR test after their seventh day of quarantine in the Greece. If the test is positive the quarantine will be in force for 14 days. If the test is negative the quarantine ends.

The temporary ban on entry into Greece from outside the EU has also been updated. Citizens from the following 10 countries are excluded from the ban: UK, Singapore, Australia, New Zealand, Rwanda, South Korea, Thailand, United Arab Emirates, Russian Federation and Israel.

It is noted that Japan has been removed from the list of countries exempt from the restriction.

Flights between Greece – Turkey remain suspended; the weekly limit on arrivals from Russia remains in place until at least the end of February 2021.

LAND

Land border arrivals from Bulgaria were allowed through Promachonas border station. Entry from other border stations with Bulgaria was allowed for essential travel only. With regards to Albania, North Macedonia and Turkey entry was permitted for essential travel. Essential travel was allowed through Nymfaia, Krystallopigi, Kakavia, Kipi, Evzones and Promachonas points of entry.

SEA

Arrivals by ferry ships were permitted only in Patras, Corfu and Igoumenitsa ports. Travelers had to complete a Passenger Locator Form (PLF) 24 hours before their arrival in Greece. An electronic or hard copy of the PLF confirmation had to be presented to the designated crew members before embarkation onboard a ship at any Italian port. Travelers would receive the PLF with a QR code on the day of their scheduled arrival to Greece (at midnight) and would be notified via email. No such restriction applied on yachting.

As of 9th November 2020, arrivals by sea by private yachts, cruise ships, ferry ships and any other professional tourist ships, regardless of flag or destination abroad, as well as the disembarkation of passengers from these boats in any way is prohibited. There is no sea from/to connection with Turkey and Albania (with the exception of cargo ships).

On May 14th 2021, Greece opened its borders to foreign nationals. From that day, travelers arriving in Greece are required to have a negative PCR certificate taken no later than 72 hours before arrival.

This test is mandatory for all tourists (including children over the age of 5), regardless of the epidemiological situation in the country of departure. Proof of a negative test is not required for travelers who have completed their vaccination (2+ weeks since the last dose). Acceptable vaccines are: Pfizer BioNtech, Moderna, Astra Zeneca/Oxford, Novavax, Johnson + Johnson/Janssen, Sinovac Biotech, Gamaleya (Sputnik), Cansino Biologics, Sinopharm. Proof of a negative test is not required if the traveler has a certificate of recovery from COVID in the past 9 months. Every traveler who arrives in

Greece may be a subject of random health screening.

The countries from which entry is allowed under the conditions stated above without the requirement for self-isolation are: EU & Schengen Area countries, USA, UK, Israel, Serbia, UAE, New Zealand, Australia, South Korea, Thailand, Rwanda, Singapore, the Russian Federation, North Macedonia, Canada, Belarus, Bahrein, Qatar, China, Kuwait, Ukraine, and Saudi Arabia. Passengers are allowed to enter the country through all international airports and the ports of Patras, Igoumenitsa and Corfu. Travellers are also allowed to enter from the land borders at checkpoints Promachonas, Ormenio and Evzonoi. Cruising and yachting is allowed. Maritime connections with Albania and Turkey are temporarily restricted.

Economy and state aid

Following a Eurogroup meeting in mid-March, Greece's primary surplus target of 3.5% GDP was abolished, with expenditure for health and the concurrent immigration crisis being excluded from government budget targets. Also, the Ministry of Finance announced the inclusion of Greece in the ECB new pandemic emergency purchase programme (PEPP) with an overall envelope of 750€ billion to address the unprecedented situation the euro area is facing. After securing substantial fiscal space, the government enacted temporary measures to support the economy. On March 19, the Prime Minister announced the allocation of more than 10€ billion in support of the economy as a result of the revised state budget.

According to the six COVID-19 related acts of legislative content, the following urgent measures were announced for the handling of the potential economic effects of the coronavirus spread and the support of the economy and entrepreneurship

Suspension of tax and social security contributions

A four (4) month suspension of payment of tax obligations and social security contributions that refer to the month of March, without the imposition of penalties and/or interest for late payment, will be provided to enterprises of business sectors that are drastically affected because of COVID -19 (their main activity must be among the specific Activity Code Numbers announced by the Ministry of Finance). In particular, VAT amounts as assessed in VAT returns, due within March; tax liabilities of any type already assessed and due for payment to tax offices or Tax Audit Centers and installments of outstanding tax liabilities that are subject to any special settlement or payment facilitation process.

In relation to the above, it was further defined by Ministerial Decision A.1053/21.3.2020, that for enterprises (whose activity falls under the Activity Code Numbers stated in this Decision), and employees of the above enterprises, the extension of payment deadlines for tax obligations, which were/are due in the period from March 11th 2020 until April 30th 2020, will be extended to August 31st 2020.

The above reliefs shall apply on condition that the enterprises being granted the reliefs will retain the existing number of employees.

On March 30th 2020, an extension for tax payments was been granted to those aged >70 and citizens with disabilities.

On 09.04.2020, the Ministry of Finance through the issuance of a Press Release announced the extension of the deadline for the submission of interest about the award of the repayable advance (the term used for loans granted by the State to businesses affected by the virus crisis). In particular, it has been announced, that businesses, which wish to receive the repayable advance from the State, shall submit their expressions of interest in the electronic platform “myBusinessSupport” until Tuesday, April 21st 2020.

Employment

On March 20th 2020, a law passed, allowing part time employment (2 weeks a month), alongside a 50% pay cut, but with a job retention clause.

Income Subsidy

Private sector employees whose contracts were temporarily suspended received a lump sum subsidy of €800, while their respective insurance contributions were covered in full by the state. Apart from private sector employees who are eligible for the subsidy mentioned above, a compensation of 800€ will be payable in the beginning of April for all freelancers and self-employed that are drastically affected by the spread of coronavirus (and their activity is included in the Activity Code Numbers announced by the Ministry of Finance). Furthermore, six scientific categories (economists and accountants, medical doctors, lawyers and notaries, education professionals, researchers, and freelance scientists) will be granted a financial aid of 600€.

Also, on March 18th 2020, it was announced that there would be a suspension for four (4) months of all tax obligations, which are due in March, of freelancers and personal businesses operating in the above-mentioned business sectors.

In addition, businesses will pay in full the 2020 Easter Bonus to all their employees. Health and civil protection workers, on the frontline of the battle against the new coronavirus, will receive a special Easter bonus (a benefit abolished in the public sector during the economic crisis).

Welfare benefits and citizen services

On April 13th 2020 welfare benefits granted due to disability, subject to conditions, were extended to June 30th 2020. In addition, competent authorities and control bodies are obliged to ensure the provision of any necessary facilities to persons with disabilities and chronic diseases, catering to their needs.

According to a circular released on April 1st 2020 by the Ministry of Digital Governance, Citizen Service Centers, the country's one-stop centers for obtaining official documents, will be offering at-home delivery of documents and certificates, following a phone order.

An additional 1.8€ billion will be allocated through the European Special Investment Fund / Coronavirus Response Investment Initiative

This fund was created to counter the effects of the spread of COVID-19. The funding will be immediately available and may finance business liquidity, employment support and employee income.

Business liquidity will further be supported by optimally combining funds from the Public Investments Program, the NSRF, the Greek Development Bank and the European Investment Bank Group

Special purpose leave

After school closures on March 10th (see section 1.2), a special purpose leave was introduced for working parents. In more detail:

The special-purpose leave is for parents who have children:

1. enrolled in nursery schools and kindergarten,
2. attending mandatory education schools (general rule: up until the age of 15), and
3. attending special schools or special educational institutions, irrespective of the children's age, and to working parents of persons with disabilities who, regardless of their age, are cared for by relevant institutions.

The minimum period is 4 days, 3 days of which correspond to the special purpose leave and 1 day to the annual leave of the employee. However, not both parents can claim the leave at the same time.

In the private sector, one third of the leave will be covered by the state budget.

In the public sector, the state will cover all remuneration. Public-sector workers are also given the option of flexible working hours, where possible.

Employees are entitled to the special purpose leave for as long as educational institution operation is suspended and up until May 18th 2020.

Reduced VAT rate for products necessary for COVID-19 protection

The VAT rate is reduced to 6% (from 24%) on products like masks and gloves; antiseptic liquids, antiseptic wipes and similar products; soaps and similar healthcare products for personal hygiene; ethanol (alcohol) denatured, when it is to be used as raw material for the industrial production of antiseptic; and pure ethanol (alcohol) un-denatured, obtained from agricultural products, of an alcoholic strength of 95%, which is distributed bottled for retail sale. The above reduced rate will be effective until the end of the year (i.e. until 31st December 2020).

Intervention in the real estate market

On April 7th 2020 it was announced that enterprises, whose operation has been mandatorily suspended or temporarily interrupted based on special and extraordinary measures taken for precautionary or repressive purposes in relation to the coronavirus spread, shall be exempted from paying 40% of the total amount of rent due for the months of March and April 2020 for the commercial premises that they lease. Stamp duty and VAT shall be re-calculated and remitted on the amount of rent that will result

following the above partial payment.

The above exemption shall also apply for residential leases that concern the primary residence of lessees who are employees of the aforementioned enterprises, on condition that the employment relationship was already in effect at the time the special and extraordinary measures for the suspension or temporary interruption of the enterprise's operation were imposed.

As far as individuals who are owners of the aforementioned real estate are concerned, (i.e. commercial premises leased to enterprises whose operation has been mandatorily interrupted/primary residences of employees), there will be a four (4) month suspension of payment of their tax obligations and of installments of outstanding taxes in case of settlement or payment facilitation.

Customs provisions

In light of the measures implemented for the confrontation of the coronavirus spread, circular E. 2033/2020 provides guidance with regards to the procedures of import and export of goods into/outside the EU.

In this context, the above decision also provides for the minimization of the documents accompanying the underlying goods in physical form, to facilitate the relevant import and export procedures.

Contribution of the Banking System to persons economically affected

On March 18th 2020, it was announced that the Banks would suspend the payment of loan capital installments, for enterprises that are consistent with their payments, until September. This relief concerns legal entities that belong to business sectors drastically affected by the coronavirus spread.

Banks and Loan Servicing companies should extend the above reliefs also to individuals that are economically affected by the coronavirus spread, by facilitating the payment of their loan installments (for performing loans).

It was also announced that employees, free lancers and personal businesses, who will receive the special purpose compensation, will be provided with a three (3) month suspension of their loan installments.

Domestic Tourism

On June 10th 2020, a tripling of the budget (from 10 to 30 million euros) and a doubling of the beneficiaries (from 140,000 to 300,000 people) was announced by the Government in regards to the new, enhanced and expanded Social Tourism Program 2020-2021, addressing the needs of low- and middle-income families (of up to 30,000 euros annual income). It will start on August 1, with the aim of invigorating domestic tourism. In addition to this, the program will provide, for the first time, subsidy of ferry tickets, while reducing the private participation of beneficiaries in all hotels.

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