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**HEARD Final
Study Summary
and Policy
Recommendation
for Future
Pandemic
Situations**

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Key Recommendations

The findings of the CERV HEARD project titled “The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective” suggest a number of key recommendations concerning democracy, human rights and women rights in particular. These key recommendations are summarised below and are explained in more details in this report:

- R.1 Fostering Interdisciplinary, Cross-Sector, and Global Collaboration for Strategic Pandemic Preparedness*
- R. 2 Enhancing Adaptive Governance and Promoting Ethical Communication to Safeguard Human Rights and Prevent Discrimination in Crisis Management*
- R. 3 Building Resilient Structures Against Domestic Violence*
- R. 4 Balancing Public Safety, Human Rights, and Economic Safeguarding for Vulnerable Populations in Crisis Response Strategies*
- R. 5 Strengthening Inclusive and Resilient Health Systems to Ensure Equitable Access and Safeguard Human Rights During Crises*
- R. 6 Strengthening Social Security and Essential Services to Build Resilience During Crises*
- R. 7 Implementing Proportionate and Time-Limited Movement Restrictions for Effective Pandemic Management*
- R. 8 Strengthening Support and Innovation for Artists and Cultural Institutions*
- R. 9 Implementing Proactive Mental Health Support and Crisis Preparedness in Education Systems*
- R. 10 Enhancing Mental Health Systems and Promoting Fair, Stigma-Free Support Through Equitable Resource Allocation and Integrated Crisis Management Strategies*
- R. 11 Enhancing Workforce Resilience by Supporting Remote Work, Promoting Work-Life Balance, and Strengthening Workers' Rights and Advocacy*
- R. 12 Strengthen Childcare Systems and Support for Working Parents*
- R. 13 Foster Community Support Networks for Women*
- R. 14 Simplify Government Support Systems*
- R. 15 Promote Awareness and Advocate for Equitable Distribution of Caregiving and Domestic Responsibilities*
- R. 16 Implement a Comprehensive Gender-Inclusive Recovery Plan*
- R. 17 Enhance Support for Single Parents, Especially Women*
- R. 18 Ensuring Compassionate Care and Visitation Rights During Pandemics to Protect Mental Well-being*

Introduction

The COVID-19 pandemic has affected all areas of global society and put a pressure on healthcare systems, economic stability and the fundamental rights of individuals. Women have been disproportionately affected, exacerbating existing inequalities and setting back progress on gender equality by years.

To examine how the COVID-19 crisis has affected the democratic debate, the enjoyment of fundamental rights and the work-life balance of women from a gender perspective, the Faculty of organisation studies together with Institute of Entrepreneurship Development (iED) from Greece, CBE Sud Luberon Val de Durance (CBE SL) from France, Municipality of Vimercate from Italy, Centre For Advancement Of Research And Development In Educational Technology Ltd (Cardet) from Cyprus, Foundation for Entrepreneurship, Culture and Education (FECE) from Bulgaria, Federação Das Associações Juvenis De Braga (Fajub) from Portugal, Municipality of Mislata from Spain, Nordic Diaspora Forum (NDF) from Sweden and Associazione InCo-Molfetta from Italy, engaged from 2021 to 2024 in the EU CERV HEARD project titled “The impact of COVID-19 crisis on diverse democratic perspectives through gender perspective”. As we wanted to steer the discussion, how to react in future pandemic challenges, we executed 3 different surveys of citizens and residents in all partner countries with a bottom-up approach to identify critical societal issues about the project topics, 3 different debate panels to promote social engagement through debates, a Topic-Based Group Discussion between partner countries and professionals from the field of democratic debate, human rights generally and women rights specifically, an international conference, panel discussion with political representatives, 3 different events in form of (virtual) symposiums on the topic of human and women rights and mental rights, workshop and publications and prepared a final event, where we presented our final results.

So, our EU CERV HEARD project aimed to explore, how the pandemic has changed democracy, human rights and women rights in particular in Europe and in certain segments even exceeded the borders of Europe. As the world is slowly recovering from the consequences of COVID-19 pandemic, understanding these changes is critical to shaping policies that are not merely reactive but proactive, aiming at resilience to future global (health) crises.

We used a mix of qualitative and quantitative methods — including surveys, panel discussions and thematic analyses — the study captured a wide range of experiences and insights and highlights the multidimensional impact of the pandemic on democratic debates, the exercise of fundamental rights and the balance between work and family life for women.

Our project situates the pandemic within the ongoing struggles for trust in authority and governance, exacerbated by the spread of misinformation and the polarisation of public opinion. The emergence of conspiracy theories and strong divisions between different social groups have further complicated the public's response to the pandemic measures and impacted the democratic process and respect for human rights.

By exploring these issues, our project aimed to contribute to an understanding of the impact of the pandemic and strived to promote a discourse that supports robust, inclusive and equitable recovery strategies. Through a comprehensive examination of data and the lived experiences of individuals, particularly women, this project emphasised the need to integrate a gender perspective into pandemic response and recovery efforts to ensure that no one is left behind.

This Study Summary and Policy Recommendations report is divided into different interrelated sections. We start with a final summary of the study, which includes the aims, methods and main findings from the monograph, then we move on to the overview, how the COVID-19 impacted researched countries, focus on identification of good and weak praxes of handling COVID-19 and

finish with policy recommendations and acknowledgments of the contributors to the study and policy recommendations.

Study Summary

This study (which can be found in the scientific monograph HEARD and on website of the project HEARD <https://heard-project.eu/>) examines the profound impact of the COVID-19 pandemic on key areas of society, including democratic debate, fundamental rights and work-life balance for women. The study, conducted as a result of project financing within Citizens, Equality, Rights and Values Programme (CERV), integrates findings from various sources, including theoretical desk research with the identification of good and weak praxes of handling COVID-19 pandemic among the studied countries, surveys and thematic analysis, to provide a comprehensive overview of the impact of the pandemic in different European countries.

The findings emphasise the need for measures that consider not only the immediate impact of the pandemic, but also the broader societal changes it has triggered. There is a critical need for strategies that promote digital literacy and access to technology to ensure that all citizens can participate in the democratic process. Strategies need to be developed to protect fundamental rights in times of crisis, balancing the needs of public health with individual liberties. Gender-sensitive policies are essential to promote work-life balance for women and ensure that measures such as flexible working arrangements and childcare support are not temporary but part of a long-term strategy to promote equality.

The study utilised a mixed methods approach, combining desk comparative research with quantitative data from surveys with qualitative insights from thematic analysis. This approach allowed for a deeper understanding of the impact of the pandemic across different demographic groups and geographic regions. Data was collected from participants, living in the different EU countries to provide a diverse and comprehensive data set reflecting a wide range of experiences and perspectives.

The COVID-19 pandemic has served as a catalyst for significant social change, revealing strengths and weaknesses in societal structures, governance and policy frameworks. This study provides important insights that can help make future responses more inclusive, equitable and effective, particularly with regard to the specific challenges faced by women and other vulnerable populations.

The research focuses on three important research questions: “How has the COVID-19 pandemic affected the democratic debate?”, “How has the COVID-19 pandemic affected fundamental rights?”, “How has the COVID-19 pandemic affected women’s work-life balance?”, with the final aim of providing practical insights for policy design.

Democratic Debate:

The pandemic has significantly changed the landscape of democratic debate, shifting many discussions to digital platforms, which has both expanded and restricted public engagement.

We noted that the pandemic has influenced the democratic debate primarily by pushing decision-making towards more centralised, often opaque government action. Public dialogue was significantly curtailed by emergency measures that prioritised public health over democratic processes. This shift often led to a reduction in civic engagement and a reliance on experts over public debate, fundamentally changing the dynamics of democracy under crisis conditions.

While digital platforms enabled broader participation due to their accessibility, they also increased polarisation and facilitated the spread of misinformation, calling into question the quality and effectiveness of democratic deliberation.

Fundamental Rights:

We noted that the protection of fundamental rights was significantly challenged during the pandemic. While the emergency measures were necessary from a public health perspective, they often impinged on privacy, freedom of movement and freedom of assembly. This created a complex scenario in which the need for public health safety collided with the principles of individual freedoms and rights, revealing weaknesses in the balance between governance and civil liberties during emergencies.

Government surveillance and data tracking have increased significantly, raising concerns about privacy and the long-term impact on civil liberties.

Economic closures and restrictions have disproportionately affected vulnerable groups, emphasising and exacerbating existing inequalities in access to resources and social protection.

Women's Work-Life Balance:

We noted that women's work-life balance has been severely disrupted, with the pandemic exacerbating existing inequalities. Women, particularly those working in care and healthcare, have faced disproportionate challenges due to increased demands at work and at home. The closure of schools and childcare centres further shifted the burden on women, increasing stress and reducing their ability to effectively balance work and personal responsibilities.

The closure of businesses and the shift to remote working have not only affected women's employment stability, but have also increased their unpaid work at home, putting further strain on their mental and physical health.

How the COVID-19 pandemic impacted researched countries

Bulgaria

The COVID-19 pandemic has brought both challenges and lessons for public health crisis management in Bulgaria. As the country navigates through the aftermath of the pandemic, important data and observations have been documented that provide a valuable understanding of the impact of the pandemic on various socio-political aspects.

The Bulgarian government declared a state of emergency on 14 March 2020, followed by an epidemic emergency on 14 May 2020, which was regularly extended until 31 March 2022. Measures included mandatory masks, social distancing, restrictions on in-person classes and the temporary closure of public places. Over time, restrictions were eased as the number of cases decreased and vaccination was introduced. Bulgaria launched its vaccination plan in December 2020, facing initial public hesitation and logistical challenges. By January 2023, around 67% of the population had received a full vaccination, demonstrating both progress and the need to overcome public hesitation to be vaccinated.

The pandemic has had a severe impact on the cultural sector and has led to significant economic interventions, including financial support for affected businesses and individuals through various EU-funded programmes. The government has also introduced rent concessions and other financial relief to alleviate the impact of the pandemic.

Public trust in the government and institutions has been tested during the pandemic, affecting democratic debate and compliance with health measures. Political instability, characterised by frequent elections and changes of government, has further complicated response and recovery efforts.

The pandemic has emphasised the importance of robust health systems, transparent governance and the resilience of the population. As Bulgaria reflects on these lessons, the focus is on strengthening public health preparedness, economic recovery and social cohesion to better withstand future crises.

Cyprus

The COVID-19 pandemic has had a deep impact on Cyprus, with significant consequences for public health, governance and civil liberties. From the initial response to ongoing management, the crisis has tested the nation's resilience and adaptability.

As of 23 January 2023, Cyprus has reported 640,729 confirmed cases of COVID-19 and 1,280 deaths. The first cases in the country were recorded on 9 March 2020 following the return of Cypriots from Milan and England. The spread of the virus prompted the government to implement a number of containment measures, including travel restrictions, lockdowns and public health safety protocols.

The Cypriot government acted quickly and published a "Medical Services Action Plan" on 25 January 2020, which provided for initial responses to possible outbreaks. In the following months, several decrees were issued in Cyprus to restrict public gatherings and enforce social distancing, culminating in a general lockdown announced on 23 March 2020. These measures were gradually eased as the number of new cases began to fall.

The pandemic accelerated the full commissioning of a new healthcare system on 1 June 2020 to replace an outdated and inequitable system. This reform aimed to improve the management, control and monitoring of public health facilities and was crucial during the pandemic.

The pandemic also had a significant impact on the democratic debate in Cyprus. The use of a colonial-era quarantine law to enforce health measures raised concerns about the excessive discretion given to the government. This situation sparked debates about the balance between public health needs and individual freedoms.

The division of the island into the Republic of Cyprus and the Turkish Republic of Northern Cyprus posed a particular challenge. The lack of a coordinated response to the pandemic across the dividing line and the unilateral actions of each government hampered public health efforts and affected the daily lives of people living near the border crossings.

Throughout the pandemic, public sentiment has fluctuated and confidence in government action has varied. Initial widespread approval gradually gave way to public fatigue and scepticism, particularly regarding the long-term economic and social impact of continued restrictions.

The COVID-19 pandemic has highlighted the need for Cyprus to improve its public health infrastructure, maintain clear and transparent communication and ensure that emergency powers are aligned with the protection of civil liberties. The lessons the country has learnt from the pandemic will be crucial in designing more resilient health and administrative systems to better manage future crises.

France

France's experience with COVID-19 began with the discovery of the first case on 24 January 2020. The initial response to the pandemic included restrictive measures such as the ban on large gatherings and the rapid introduction of lockdowns. By 19 December 2022, France had recorded around 37.8 million cases and 157,000 deaths. The country had to implement several lockdowns and other containment measures to contain the transmission of the virus and prevent hospitals from being overloaded.

Important legal frameworks were put in place to legitimise and manage the pandemic. This included the declaration of a public health emergency and the implementation of a precise legal framework under the Public Health Act. This framework served as the basis for restricting freedom of movement and other emergency measures.

The pandemic significantly changed daily life and had profound social and economic consequences. Public acceptance of strict measures such as lockdowns gradually diminished due to fatigue and controversies related to medical equipment and vaccine distribution. France's economy faced severe disruption, particularly in sectors such as tourism, transport and hospitality, leading to a sharper decline in GDP compared to the Eurozone as a whole.

The handling of the pandemic raised questions about democratic governance and civil liberties. The heavy reliance on expert opinion and executive decisions has sometimes crowded out wider democratic debate and public participation, leading to discussions about the erosion of democratic norms.

Various fundamental rights have been affected by pandemic-related measures, including the right to health, education and freedom of movement. The emergency measures, while necessary for public health, were seen as an encroachment on personal freedoms and were subject to in-depth scrutiny and debate.

France faced unique challenges related to its bureaucratic and centralised system, which was both a strength and a weakness in responding to the pandemic. The crisis emphasised the need for resilience and adaptability in administration and healthcare.

Greece

Greece detected its first COVID-19 case in February 2020 in a traveller from northern Italy. The Greek government, through the General Secretariat for Civil Protection, quickly organised a response that included a broad public information campaign and legislative changes to strengthen response mechanisms. The measures were strict and aimed to contain the spread of the virus, as evidenced by the early imposition of lockdowns and strict social distancing measures.

A number of restrictive measures were put in place, including curfews, restrictions on movement within and between regions and mandatory safety protocols in public spaces. These measures were legally supported by the "National Crisis Management and Risk Management Mechanism" Act passed in 2020, which improves the government's ability to enforce public health guidelines.

The vaccination campaign, called "Eleftheria" (freedom), began in December 2020 and primarily targeted healthcare workers and the elderly". The introduction was criticised for mandating vaccinations for healthcare workers, reflecting the general European debates on mandatory vaccinations. Despite initial acceptance, vaccination hesitancy influenced by misinformation posed a challenge.

The pandemic had a severe impact on the Greek economy, which had already been weakened by the financial crisis of the previous decade. The imposition of lockdowns and other restrictions led to a significant disruption of economic activity and exacerbated social tensions. The management of the crisis was a controversial issue. There were debates about the proportionality of the restrictions and their socio-economic impact.

The pandemic impacted democratic processes in Greece and there were concerns about the erosion of civil liberties due to the extended emergency powers. Public debates were polarised, particularly in relation to the handling of the pandemic and the impact on personal freedoms and privacy.

There was a significant impact on fundamental rights, including freedom of movement and the right to education, with the shift to distance learning emphasising and exacerbating inequalities in education. The strain on the healthcare system was evident, with unequal impacts on different population groups, including migrants and low-income families.

As Greece transitions into the post-pandemic phase, the focus is on assessing the long-term social and economic impact of the crisis. While the government's handling of the pandemic is praised for its effectiveness in containing it, the impact on democratic practises and fundamental freedoms remains under scrutiny.

Italy

Italy, one of the first European countries to be affected by COVID-19, has recorded more than 25 million cases and 185,417 deaths as of January 2023. The pandemic spread in several waves. The first cases were detected in January 2020 and led to rapid government action, including regional lockdowns and national declarations of emergency.

The initial measures included local restrictions in "red zones" and were extended to national measures such as school closures and a nationwide lockdown by March 2020. Italy took a phased approach to lifting restrictions based on regional circumstances and introduced a colour-coded system reflecting local infection rates to determine the severity of restrictions.

Italy's decentralised healthcare system, which differs from region to region, was strained but also allowed for tailored local measures. A nationwide vaccination campaign began at the end of 2020 with subsequent booster recommendations based on new virus variants.

The strict lockdown measures had a significant impact on the Italian economy and led to substantial government financial interventions to support the affected sectors and individuals. The pandemic particularly affected sectors with a high proportion of women and exacerbated existing gender inequalities.

The crisis tested the democratic processes in Italy, as the emergency powers allowed the government to bypass parliament, leading to concerns about the balance of power. The state of emergency, which lasted for over two years, and the introduction of the Green Pass triggered public debate and protests, reflecting growing pandemic fatigue.

There was a significant impact on fundamental rights, including freedom of movement and assembly, education and privacy. The Green Pass mandate was particularly controversial, affecting access to work and public services. The pandemic disproportionately affected women as they had to fulfil increased domestic duties, were at risk of infection in industries where women are predominantly employed and domestic violence increased.

The impact of the pandemic varied greatly from region to region, with northern regions such as Lombardy experiencing severe outbreaks early on. Regional policies sometimes led to discrepancies in the management of the pandemic and the outcomes.

While Italy is moving past the acute phases of the pandemic, the long-term social, economic and political consequences are still being assessed, including the impact on the healthcare system, civil liberties and overall trust in government and public institutions.

Portugal

Like many other countries, Portugal faced major challenges during the COVID-19 pandemic. From January 2020 to December 2022, Portugal reported over 5.5 million confirmed cases and 25,345 deaths. The country's initial response included public hygiene and travel advice, with measures gradually becoming more restrictive as the situation evolved globally.

As the virus spread, the Portuguese government took several measures, including the creation of a dedicated COVID-19 website, the introduction of mandatory hospitalisation for confirmed cases and the evolution of the definition of suspected cases in line with the global spread. Travel restrictions were initially minimal but were expanded as cases increased worldwide. Portugal declared a state of emergency that allowed strict travel restrictions and later transitioned to a state of disaster to manage the gradual reopening.

The social impact of the pandemic was profound. Portugal set up psychological support services and local initiatives to support isolated and vulnerable populations. Although Portugal was initially less affected, there was a sharp increase in cases in January 2021, primarily due to the relaxation of measures during the 2020 holiday season and the emergence of more contagious variants.

COVID-19 caused a significant economic downturn, affecting the hospitality and tourism sectors in particular, which are crucial to Portugal's economy. The pandemic exacerbated existing inequalities and mainly affected seasonal, temporary and low-paid jobs.

The pandemic raised critical questions about the balance between public health and democratic freedoms. The emergency measures required swift action by the executive, sometimes at the expense of parliamentary debate. This situation triggered discussions about the appropriateness of emergency decrees and their impact on democratic accountability.

Portugal's handling of the pandemic involved complex legal challenges, particularly with regard to the restriction of fundamental rights. The courts played a crucial role in scrutinising the government's actions, particularly in relation to confinement and the proportionality of emergency measures.

Significant adjustments were made in the education and cultural sectors to adapt to the lockdown measures, including the switch to distance learning and support for the cultural sector through emergency financial aid.

Slovenia

Slovenia confirmed its first case of COVID-19 on 4 March 2020. On 12 March, the government declared an epidemic and activated a comprehensive pandemic plan. Initial measures included restrictions on assembly and movement, the closure of educational and care facilities, the suspension of public transport and the temporary suspension of non-essential services. Healthcare was severely affected, with all non-emergency services being cancelled with the exception of oncology and obstetrics.

After an initial peak in March, Slovenia began to ease measures at the end of April 2020 and declared the end of the epidemic on 31 May. However, there was a renewed increase in cases at the end of August, so an epidemic was declared again on 19 October 2020 and similar restrictions were reintroduced.

Rapid antigen tests were introduced at the end of 2020, which improved testing options. Vaccination began on 27 December 2020, prioritised according to vaccine availability.

The government imposed strict restrictions, including the mandatory use of masks, social distancing and the closure of most public places and services. Special shopping hours were set for vulnerable groups. Educational institutions switched to distance learning, with exceptions for specific needs.

Slovenia has taken stricter measures compared to some neighbouring countries, with the extent of restrictions varying depending on regional infection rates. Immunisation rates in Slovenia were among the lowest in the EU during the study period.

A series of legislative packages, known as PKP, were adopted to support citizens and the economy and covered a wide range of sectors from tourism to healthcare. The measures included financial aid,

subsidies for short-time work, compensation payments for parents unable to work due to childcare and significant support for the tourism sector through vouchers.

It has been reported that the prevalence of mental health problems is increasing and the pandemic is exacerbating existing problems. Public confidence in the government and EU institutions was significantly lower than the EU average, reflecting general concern about the handling of the pandemic.

The pandemic has had a significant impact on democratic processes and fundamental rights. Restrictions on freedom of movement and assembly raised constitutional questions and several government decrees were scrutinised for their compatibility with democratic principles. Freedom of the press and freedom of expression came under pressure. Cases of state interference and problems with the public funding of media companies were reported.

Spain

Spain identified its first COVID-19 case on 31 January 2020 in the Canary Islands. The virus spread rapidly and had a significant impact on public health and the economy. By 30 March 2022, over 11.5 million cases and more than 102,000 deaths had been recorded in Spain.

The Spanish government declared a state of emergency on 14 March 2020 and imposed strict movement restrictions and a nationwide lockdown. This was extended several times, with the restrictions varying depending on the infection rate. Children in particular were completely confined for six weeks. A second state of emergency was declared in October 2020 and lasted until May 2021. The Constitutional Court later declared parts of these states of emergency unlawful and argued that such strict measures should have required a state of emergency instead.

Spain introduced several social protection measures to mitigate the effects of increased unemployment and poverty. The government was criticised for the conditions in the facilities for migrants and the handling of the processes related to Catalan independence. Public gatherings were restricted and the wearing of face masks was made compulsory in most public spaces.

The closure of schools shifted learning to the internet, exacerbating educational inequalities, particularly among children from migrant and low-income backgrounds.

Extensive legal measures were taken during the pandemic, with many decrees focussing on health measures and restrictions. The judiciary was criticised for its perceived inefficiency and lack of independence, which was due to political tensions over the appointment of judges.

Vaccination began at the end of December 2020 and, despite initial hesitation, the vaccination rate had increased significantly by early 2022, with over 78% of the population fully vaccinated.

The pandemic had a severe impact on mental wellbeing, with noticeable declines across all population groups, particularly among young people and those who had lost their jobs. Trust in the government and satisfaction with the crisis management measures declined over time.

The pandemic put a strain on Spain's democratic systems, which was reflected in a significant drop in the country's democracy score and increasing public distrust of the government and institutions. Problems with the independence of the judiciary and the politicisation of judicial appointments have increased general concerns about government stability and corruption.

Spain's response to the pandemic raised significant concerns about human rights, including freedom of movement and assembly and the protection of vulnerable groups. There have also been cases of discriminatory enforcement of lockdown regulations.

The pandemic exacerbated existing gender inequalities, particularly affecting women who dominate sectors such as healthcare and services. The closure of schools and the switch to remote working increased the burden on women, who generally take on more domestic and caring responsibilities.

Sweden

Sweden confirmed its first COVID-19 case on 31 January 2020. The patient, a woman in her 20s returning from Wuhan, self-isolated immediately upon arrival, limiting the risk of initial spread. By the end of February 2020, Sweden confirmed several more cases linked to international travel. The virus spread rapidly and by the end of March, Sweden reported over 3,000 cases and 385 deaths. The situation escalated throughout 2020, and by the end of the year the number of cases had risen to 437,379 with 8,727 deaths.

Sweden faced several waves of COVID-19. The second wave started at the beginning of 2021, and by March the total number of confirmed cases reached about 804,886 with 13,430 deaths. By the end of June 2021, the number of cases exceeded one million. The third wave in early 2022 saw a sharp increase in cases, but this was mitigated by the distribution of the vaccine and seasonal changes. By the end of 2022, Sweden had recorded a total of 2.67 million cases and 21,827 deaths.

Sweden took a special approach to managing the pandemic, characterised by less stringent restrictions compared to other countries. Initial measures included recommendations to work from home, social distancing and avoiding non-essential travel. Legal restrictions were limited to a ban on large public gatherings and the temporary closure of secondary schools and universities.

In response to the rise in cases, Sweden imposed international travel restrictions, temporarily closed schools and introduced laws to control public gatherings. Primary schools, in particular, remained open throughout the pandemic and face masks were not universally required.

Vaccination began in December 2020, with Sweden tightening restrictions in early 2021 in response to the alpha variant. Vaccination passports were introduced later in the year. On 9 February 2022, almost all COVID-19 restrictions were lifted, and on 1 April 2022, COVID-19 was no longer classified as a general public health threat in Sweden.

The Swedish response to the pandemic, in particular the initial reluctance to impose strict lockdowns and the limited use of face masks, sparked debate both domestically and internationally. One major criticism came from the Corona Commission, which argued that Sweden had failed to adequately protect the elderly and had been slow to implement the necessary measures at the beginning of the pandemic.

Sweden's handling of the pandemic showed that health experts were given important powers that largely determined the country's response strategy. This approach sparked debate about the balance between expert guidance and political control in a democratic environment.

Identification Of Good Praxes Of Handling Covid-19 Pandemic Among The Studied Countries

As observed throughout the project, it is essential to recognize and, where feasible, integrate both the effective practices and areas for improvement identified into the national contexts of each European country.

Good praxes of handling Covid-19 pandemic in the context of human rights

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Unified Information Portal	The unified information portal Coronavirus.bg was created during the first weeks of the declared state of emergency. It contains up to date information on the infection, all restrictions and decisions of the public authorities.
Level system for appropriate actions	In the late period of COVID-19, the authorities created a methodology to link the restrictions to the infection rates in the respective region.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Proactive Pandemic Response	The general lockdown was announced on the 23rd of March, a few days after the first death of a patient. The new measures announced by the President of the Republic of Cyprus include a ban on unnecessary movement from 06.00 p.m. on 24 March 2020 until 13 April 2020, with exceptions, as well as a ban on parks, playgrounds, outdoor sports areas, etc. From May 2020, the restrictions were relaxed, with fewer positive cases reported on the island.
Right to safe and healthy working conditions	The Ministry of Labour, Welfare, and Social Insurance (MLWSI) were working closely with the Ministry of Health to give to the employees and employers in the island all the relevant information for the protection from COVID-19 in the workplace. The document was translated into 5 languages. Other than that, the healthcare professionals in different facilities (either public or private) were trained on basic hygiene rules, related to gloves, masks etc.
CRESTART project	One good practice that implemented in Cyprus during the pandemic was the CRESTART - CReative rESilienT leARning communiTies meeting COVID challenges project. The material created in the project aimed to help local communities prepare for potential crises, building on the experience of COVID 19 pandemics. It contains theoretical and practical knowledge on active citizenship and community participation, and presents lessons learned from the pandemic. Additionally, it provides thorough knowledge on crisis, its effects and measures leaders can/should do to minimize the effects on their community, the methodology of public involvement and co-creation and share good practices.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Creation of an Observatory on the State of Health and Emergency Containment	The aim was to inform on fundamental rights in this period of COVID-19, while pursuing the objectives of limiting COVID-19 contaminations and the overwork of hospitals. That allowed to keep a constant eye on the measures taken and their impact on the enjoyment of fundamental rights. It has also formulated recommendations in order for a better respect human right.
Protection of Public Health and Safety	The vaccination campaign, including the introduction of the Sanitary Pass and the creation of the Anti-covid phone app, aimed to protect public health and ensure workplace safety, despite being controversial regarding privacy concerns.
Right to education	Despite the closure of schools and universities, teachers and professors managed to give online courses in order for the students and pupils to continue their learning. Even if it highlighted some pre-existing inequalities, teachers really made a huge effort for the continuation of school.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Efforts to balance Health and Education	The Greek government made efforts to balance public health and educational needs by closing schools and transitioning to remote learning.
Remote learning initiatives	Despite lacking prior infrastructure and digitalization, the government took steps to provide remote learning by developing digital platforms and offering vouchers to students and teachers to purchase necessary equipment. This demonstrates a response to ensure continued access to education.
Public health prioritization	Greece prioritized public health over economic considerations, which is crucial during a pandemic. 2 lockdown periods were implemented, from March 2020 until May 2020 and from November 2020 until February 2021. The COVID-19 "Stay Safe" campaign was a public health initiative aimed at raising awareness and promoting responsible behaviors to limit the spread of the virus. The main goal was to cultivate a sense of collective responsibility among citizens by emphasizing how one's behavior could either contribute to the spread of the virus or help to curb it.

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Implementation of Remote Learning	Despite challenges, the introduction of "Didattica a distanza" (Dad) enabled continuity in education. Measures like allowing in-person attendance for students with special educational needs ensured inclusivity.
Protection of Public Health and Safety	The vaccination campaign, including the introduction of the Green Pass, aimed to protect public health and ensure workplace safety, despite being controversial regarding privacy concerns.
Specific Measures for Vulnerable Groups	Recognizing the impact on women and the elderly, efforts were made to address their specific needs, such as acknowledging the burden on women caring for children during school closures.
Legislative Actions	The Italian Constitutional Court's decision to maintain compulsory vaccination for healthcare personnel highlights a commitment to protecting public health while navigating legal and ethical considerations.

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Protection of Workers' Rights	The Portuguese government introduced several measures to protect workers' rights during the pandemic. This included the "simplified layoff" scheme which provided financial support to companies to retain employees and ensured that workers received partial salaries during periods of reduced work or temporary closure. These measures helped prevent mass unemployment and provided financial stability to workers, ensuring that their economic and social rights were upheld during the crisis.
Protecting Vulnerable Populations	Special attention was given to protecting vulnerable populations, including the elderly, migrants, and individuals with disabilities. Measures included providing additional support and resources to care homes, ensuring migrants had access to healthcare and financial aid, and enhancing support services for people with disabilities. By focusing on the needs of vulnerable groups, Portugal upheld the principles of equality and non-discrimination, ensuring that these populations were not left behind during the crisis.

Slovenia

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Proactive Pandemic Response	Slovenia was one of the first European countries, which declared an epidemic and implemented early restrictions, like closing the borders and implementing lockdown measures, which were crucial in controlling the initial spread of the virus.
Ensuring Adequate Healthcare Capacity	The government strived to ensure the increase the healthcare system's capacity by postponing non-urgent medical procedures and increasing the number of hospital beds available for COVID-19 patients.
Slovenia's Effective Use of Technology and Infrastructure in Pandemic Testing and Tracing	Slovenia leveraged its existing public health infrastructure to implement testing and contact tracing effectively, established a large-scale testing system and used a mobile application for effective contact tracing ('#Stay Healthy').
Slovenia's High Ranking in Mental Well-Being During Pandemic	The WHO-5 mental well-being index, which gauges people's moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19. The share of those who worried about work even when they were not working (SLO: 23.5%, EU: 30%) and those who reported that they could not devote time to their family due to their work was below the European average. (SLO: 17.8%, EU: 18.8%).

Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
Reorganization of teaching	The Spanish government was to close classrooms to stop and prevent infections, and the transition to online teaching was quickly organized, making the necessary technological means available to the most vulnerable families.
Fundamental essential	Fundamental essentials were identified and articulated as essential services, while the rest of the professions saw their professional activity temporarily limited. The objective was to reduce infections as much as possible but without neglecting essential services such as health, access to food, transport of goods, waste management, care for victims of gender violence, care for vulnerable groups, among others.
Proximity	Authorities have reorganized their activities to be able to serve citizens in terms of disinfection needs, supplying food and pharmaceutical products to vulnerable groups, offering a local online cultural and sports program and supporting primary healthcare for the detection of infections and subsequent vaccination.

Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Transparency and Communication	Sweden prioritized transparency in its pandemic response, providing regular updates and explanations for its strategy to the public. Clear communication helped maintain public trust and ensures that individuals understand the rationale behind recommendations.
Voluntary Measures	Rather than implementing strict lockdowns or mandatory restrictions, Sweden largely relied on voluntary measures. This approach aimed to empower individuals to make informed decisions while encouraging collective responsibility.
Protection of Vulnerable Groups	Sweden focused on protecting vulnerable groups, such as the elderly and individuals with underlying health conditions. Efforts included targeted recommendations and support services to minimize their risk of exposure.

Education Awareness	and	Public education campaigns have been crucial in Sweden, providing information on hygiene practices, social distancing, and other preventive measures.
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Good praxes of handling Covid-19 pandemic in the context of mental health

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Self-improving of social services	Social service providers, charity and volunteering organizations, caregivers and mental health specialists improved their services (adding new ones) to answer the needs of population with the support of local authorities.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Flexible working	The Ministry of Finance on the 17th of March announced measures regarding the public service and the wider public sector. The measures included “flexible working schedule under conditions, work from home where possible, a special partly paid leave of absence only one of the two parents who have children aged under 15 years for up to four weeks for the time being, leave for persons belonging to vulnerable categories, such as persons aged over 60 years of age, persons with specific chronic illnesses, pregnant women irrespective of age.” (Coronavirus COVID-19 Outbreak in the EU Fundamental Rights Implications, 2020).
Domestic Violence Awareness campaign	One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message “Violence against women kills... Put. An End. File a complaint”, with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO’s phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the website with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Free sessions with a psychologist	After the COVID-19 crisis, the government allowed people with mental health issues to have a specific number of free sessions with a psychologist. Despite some restrictive conditions to follow, it was a good practice that continued after the crisis until today.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
24/7 Mental Health Helplines for citizens and for healthcare workers	Greece launched nationwide psychological support helplines (e.g., “10306”) that operated around the clock, providing free mental health services during the pandemic.

Psychological support programs in Hospitals for the staff and peer-support groups and networks	Many Greek hospitals set up in-house psychological support services during the pandemic. In addition to formal counseling programs, many hospitals and healthcare institutions in Greece established informal peer-to-peer support networks to foster emotional resilience and solidarity among healthcare workers.
Online counseling and teletherapy	The government and private organizations promoted telemedicine, including online mental health consultations, to ensure access to psychological support.
Public health campaigns	The Greek government and media platforms implemented awareness campaigns, emphasizing the importance of mental health and sharing tips on coping mechanisms. An example was the campaign "We Stay Safe" focusing on informing citizens about the importance of mental health and safe practices as lockdown measures were gradually lifted.
Expansion of Community Mental Health Units through Law 4662/2020	This law established the legal framework for national emergency response mechanisms, including health services related to public health crises such as the pandemic. The law authorized the Ministry of Health to take rapid action in expanding healthcare services, including mental health care, to respond to emerging needs during the pandemic.
Targeted support for families	Family counseling through the 10306 Helpline (Ministry of Health), online counseling programs for families (The Smile of the Child) and initiatives by NGOs
Mental Health Support for refugees and migrants	Mental Health Programs by NGOs and United Nations High Commissioner for Refugees (UNHCR), Cultural mediators for Mental Health Services, National Health System (ESY) Integration for Refugees

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Acknowledgment of Psychological Impact	The recognition of the psychological effects of social isolation, particularly among young people, led to discussions on the need for better mental health support. This is not properly good practice, but it is the only result on the highlighted topic.

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Expansion of Telehealth Services for Mental Health	Portugal rapidly expanded telehealth services to provide mental health support remotely. This included video consultations, phone counselling, and online therapy sessions, ensuring continued access to mental health care despite lockdowns and social distancing measures. This initiative allowed individuals to seek help for anxiety, depression, and other mental health issues without needing to leave their homes. It also alleviated the burden on in-person healthcare facilities.

Slovenia

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES

High Ranking in Mental Well-being During Pandemic	The WHO-5 mental well-being index, which gauges people's moods, has shown that Slovenia was ranked on the second place on positive feelings during COVID-19. The share of those who worried about work even when they were not working (SLO: 23.5%, EU: 30%) and those who reported that they could not devote time to their family due to their work was below the European average (SLO: 17.8%, EU: 18.8%). The proportion of people who felt tension, loneliness and depression during the restrictive measures was lower in Slovenia than in the EU average.
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Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
Reorganization of teaching	The Spanish government was to close classrooms to stop and prevent infections, and the transition to online teaching was quickly organised, making the necessary technological means available to the most vulnerable families.
Fundamental essential	Fundamental essentials were identified and articulated as essential services, while the rest of the professions saw their professional activity temporarily limited. The objective was to reduce infections as much as possible but without neglecting essential services such as health, access to food, transport of goods, waste management, care for victims of gender violence, care for vulnerable groups, among others.
Proximity	Authorities have reorganized their activities to be able to serve citizens in terms of disinfection needs, supplying food and pharmaceutical products to vulnerable groups, offering a local online cultural and sports programs and supporting primary healthcare for the detection of infections and subsequent vaccination.

Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Transparent and Clear Communication	Sweden emphasized clear and transparent communication from health authorities and the government regarding COVID-19 updates, guidelines, and safety measures. This helps in reducing uncertainty and anxiety among the population.
Supportive Measures for Vulnerable Groups	There was a focus on providing support to vulnerable groups such as the elderly, individuals with pre-existing mental health conditions, and those facing socio economic challenges exacerbated by the pandemic.
Promotion of Mental Well-being	Efforts were made to promote mental well-being through public health campaigns, online resources, and encouragement of healthy coping mechanisms
Workplace Support	Initiatives were implemented to support mental health in workplaces, including guidance on remote work, stress management, and fostering a supportive work environment.

Good praxes of handling Covid-19 pandemic in the context of work life balance of women

Bulgaria

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES

E-Diaries Monitoring Women's Experiences for	Utilization of e-diaries to track the stress and role conflicts experienced by mothers with children under 12 during the pandemic, providing valuable data on gender expectations and psychological impacts.
Economic Support for Mothers Working	Economic support for mothers who decide to stay at home and look after their children instead of working during the pandemic. Enlarging the number of paid leave for looking after their children in case of closed educational institutions or Covid-19 infection.

Cyprus

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Domestic Violence Awareness campaign	One of the initiatives that took place during the pandemic was from the Media and social media a poster around the country with the message "Violence against women kills... Put. An End. File a complaint", with SPAVO helpline on it. Also, two videos were created for the violence against women, with SPAVO's phone number, the European emergency number, a phone number to send texts, the Facebook page of SPAVO and the website with communication through email. Even with this initiative, the SPAVO helpline had difficulties in answering all the calls it might receive.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Childcare	The government has set up a number of schemes to help mothers who have to continue working. In fact, some schools took in the children of medical staff or essential personnel so that they could go to work.

Greece

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Recognition of women's vulnerability and support needs	The pandemic indeed highlighted specific vulnerabilities for women, particularly concerning mental health, work-life balance, and economic insecurity, due to factors like increased caregiving responsibilities, gender-based violence, and the nature of their employment sectors. This recognition by international organizations (like UN Women and OECD) creates policy outreach in Greece with new initiatives for the support of women.

Italy

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Specific Measures for Vulnerable Groups	Recognizing the impact of school closures on women, especially those aged 25-44 who often had to care for children, highlighted the need for targeted support.

Healthcare and Reproductive Rights	Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.

Portugal

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Support for Domestic Violence Victims	Implementation of Safe Spaces: Portugal established safe spaces in pharmacies and supermarkets where victims of domestic violence could report abuse discreetly. Helplines and Online Support: Strengthened and promoted helplines and online support services to ensure continuous support for victims of domestic violence.
Economic Support for Women	Targeted Financial Assistance: Provided financial support to women, particularly those in precarious jobs or single mothers, to help mitigate the economic impact of the pandemic. Job Retention Programs: Ensured job retention programs specifically included provisions to support women, who are often overrepresented in the hardest-hit sectors.
Healthcare and Reproductive Rights	Access to Reproductive Health Services: Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Support for Remote Learning: Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.

Slovenia

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Legislative Progress	The adoption of amendments to the Criminal Code to recognize non-consensual sex as rape aligns with international law was a significant step towards strengthening legal protections against sexual violence and improving women's rights.
Comprehensive Support Measures	Slovenia implemented a broad package of measures, which aimed at supporting both individuals and the economy during the pandemic, like facilitating work-from-home arrangements to help maintain employment and economic activity despite the public health crisis. But we have to acknowledge that these measures were not directly targeting women.

Spain

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF THE IDENTIFIED GOOD PRACTICES
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Identification of gender violence as a serious problem to be	Since the beginning of the pandemic, the focus has been on providing care to women victims of gender violence, both by the administration, professional associations, and associations specializing in the subject. They are offered personalized attention, both in person and by telephone, depending on their needs. Once the restrictions were lifted, complaints filed for gender violence increased.
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Sweden

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Gender-Responsive Health Policies	Sweden prioritized gender-responsive health policies during the pandemic. This includes ensuring that health services remain accessible to women, including sexual and reproductive health services.
Economic Support	Recognizing the disproportionate economic impact of the pandemic on women, Sweden implemented economic support measures. These include extended parental leave benefits, financial aid for childcare, and support for businesses owned by women.
Domestic Violence Support	Sweden strengthened support services for victims of domestic violence during the pandemic. This includes maintaining accessible helplines, shelters, and legal aid services for women facing violence at home.
Remote Work Policies	Sweden encouraged flexible working arrangements and remote work options to support women who may face challenges balancing work and caregiving responsibilities during the pandemic.

Identification Of Weak Praxes Of Handling Covid-19 Pandemic Among The Studied Countries

Weak praxes of handling Covid-19 pandemic in the context of human rights

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Deeping community inequalities	Stricter restrictions were imposed in Roma neighbourhoods than for the rest of the population; this sometimes led to job losses, which indirectly lead to more poverty and further isolation from democratic and informational flows. This contributed to alienation and the even more determined spread of conspiracy theories and disbelief in the data disseminated by the authorities/
Rise of conspiracy theories	An atmosphere of "shared disbelief" had been created between ethnic communities, authorities, the media, and the ethnic majority in the population, which ultimately reinforced the influence of "alternative facts", delusions and attitudes, further worsening the public conversation

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Educational barriers	Schools closed on 10 March 2020 and teachers had to take learning online and contact students' families about connectivity and equipment availability. Teachers

	were unable to reach some parents, especially immigrant and refugee families who did not speak Greek. In addition, some parents were not digitally literate and could not help their children. According to NGOs assisting migrant communities, the children of migrants/refugees were not able to benefit from the use of the online platform. The government issued a press release about supporting families and that TV channels would broadcast more children's programs; however, the press release did not specify assistance to children facing connectivity or equipment gaps.
Boarders: Turkish Cypriot community	Turkish Cypriots and Greek Cypriots affected by the closure of the checkpoints. People who were staying in the occupied side of the island could not pass the checkpoints and as a result did not have access to schools, universities, jobs, hospitals or government services.
Asylum seekers and refugees	Asylum seekers and refugees at the Kofinou Reception Centre shut its gates and "resembling a detention centre rather than a reception facility." Other than that, the population in the camps is too high, with six to eight persons sleeping in a single tent.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
State of emergency	The taking of the measures of State of emergency was contrary to the pre-existing texts, and therefore without legal basis, the violation of fundamental rights was unjustified. On several occasions, the statements of the CNCDH, the body that guarantees human rights in France, was not followed.
Right to healthcare	The influx of COVID-19 patients and their need for intensive care for some, imposed the cancellation of so-called "non-urgent" medical interventions in order to requisition equipment and staff to treat people with the virus. Moreover, the social inequalities affecting the health of populations have been shown to be a factor in excess mortality in the case of COVID-19 infection.
Freedom of movements	In order to limit the spread of the virus, French people were not allowed to go out and travelled. They had to stay at home during lockdown, except for some situations :work, compelling family reasons, essential shopping, health, or physical activity within a maximum radius of 1km from home and for a maximum duration of 1 hour.

Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Digital divide and educational exclusion	The sudden shift to online education exposed a significant digital divide, with many students lacking access to digital tools and internet connectivity. The lack of digital skills among teachers and families further widened educational inequality, impacting the right to education for vulnerable groups, including immigrants and refugees.
Healthcare system deficiencies	The pandemic revealed significant pre-existing deficiencies in Greece's healthcare system, such as limited critical care capacity, underfunding, and shortages of healthcare personnel. This lack of preparedness exacerbated the inequalities in access to healthcare and protection of health rights.
Neglect of vulnerable populations	There was inadequate provision for the protection of vulnerable groups, such as refugees and the Roma, who were already living in poor conditions. This neglect increased their risk of COVID-19 infection and highlighted broader systemic issues of inequality and discrimination in accessing basic health services.

Unequal treatment of religious gatherings	Authorities were more lenient with religious places of worship compared to other public places. This inconsistency raised questions about equality and fairness, potentially undermining public health efforts and causing division in public opinion.
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Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Economic Disparities	Many workers faced economic hardships due to restrictions, with layoffs and the inability to work leading to financial strain. The support measures provided were not always sufficient to address these disparities. Although not always adequate, there were weak efforts to provide financial support and other measures to mitigate economic disparities for workers unable to go to their workplaces or who were laid off.
Confusing and Inconsistent Regulations	In Apulia, the imposition of distance learning through Ordinance No. 407, which exceeded national requirements, caused confusion and inconsistency. This prolonged remote learning beyond the national mandate, negatively impacting students' educational rights and well-being.
Legal and Human Rights Concerns	Some legal practitioners and citizens argued that measures like mandatory vaccinations and the Green Pass infringed on fundamental rights, such as the right to privacy and free movement, raising concerns about the balance between public health and individual freedoms.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Challenges in Long-Term Care Facilities	Long-term care facilities, such as nursing homes, experienced significant challenges during the pandemic, including shortages of personal protective equipment (PPE), insufficient staff, and high infection rates. The elderly, a particularly vulnerable population, faced heightened risks, and many experienced isolation and inadequate care. This revealed weaknesses in the support systems for long-term care facilities and highlighted the need for better preparedness and resources.
Disparities in Access to Healthcare for Migrants	Migrants, especially undocumented migrants, faced significant barriers in accessing healthcare services. Language barriers, fear of deportation, and lack of information about available services contributed to these disparities. Migrants were less likely to seek medical help when needed, leading to untreated health issues and greater spread of COVID-19 within these communities. This highlighted gaps in inclusive healthcare provision and the need for policies ensuring that all residents can access necessary services without fear.

Slovenia

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Legal Challenges and Constitutional Concerns	The Constitutional Court of the Republic of Slovenia, the Information Commissioner and many legal experts warned the Slovenian government, that any encroachment on human rights must be regulated by law, a decree alone is not enough and that governing with the decrees should be allowed only in the state of war.

Inconsistency and Politicization in Slovenia's Crisis Communication	Slovenian government faced criticism about the inconsistency and non-clarity of government communications, due to changing guidelines and the perceived politicization of decisions, which sometimes led to public confusion and reduced trust in the measures being implemented.
Slovenian Government's Hostile Stance Towards Media, Civil Society and NGOs	The government has been accused of creating a hostile environment for media, civil society and NGOs. The failed attempts to evict NGOs and change the rules for public tenders led to international accusations of undermining freedom of expression and human rights. Slovenia also noted rise of fake news and increased threat for media freedom, as international media advocacy groups noted an increasingly hostile environment toward the media and a worrying increase in violence against journalists.
Inadequate Economic Support for Young and Other Vulnerable Groups and Small Businesses	The government did introduce economic support measures, while they were not sufficient to cover all vulnerable groups or sectors, particularly young, small businesses and self-employed individuals who faced significant financial difficulties.
Negative Impact on Human Rights	Measures, like movement restrictions and quarantine measures, raised concerns about their impact on human rights (like the right to privacy and freedom of movement), as their enforcement sometimes led to legal challenges and public debate.
Educational Disparities	The closure of schools and the shift to online learning posed challenges, while students without access to adequate technology or support at home, were exposed to educational equality and had their children's rights affected.
Overcrowded Public Facilities	Prisons and asylums were overcrowded.

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Neglect of mental health	No attention was paid to the mental health needs generated in the population as a result of the pandemic, nor were specific concrete measures taken into account for people with previously diagnosed mental health illnesses.
Deficiencies in the health system	The pandemic revealed significant deficiencies in the health system for dealing with exceptional situations caused by the pandemic, such as limited capacity for intensive care, lack of protective equipment for healthcare personnel, and neglect of illnesses other than COVID-19.
Inequalities in restrictions depending on the territory	Initially, the restrictions were national in nature, but as the pandemic progressed, the government delegated management to the autonomous communities so that restrictions on movement, the use of spaces, the management of vaccinations and access to health and educational resources were different depending on the place of residence, taking as a reference the incidence of the disease in each area.

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Protection of Vulnerable Groups	Despite efforts to protect vulnerable groups, such as the elderly and those with underlying health conditions, critics argue that more targeted and stringent measures could have been implemented earlier to prevent higher mortality rates in these populations.
Impact on Minority Communities	The pandemic response affected minority communities in Sweden, including immigrants and refugees. These communities faced barriers to accessing healthcare, information, and support services, exacerbating existing inequalities.

Employment Rights	The pandemic highlighted disparities in employment rights and protections, particularly for low-wage workers and those in precarious employment. Measures to contain the virus, such as restrictions on business operations, have disproportionately impacted these groups, leading to economic insecurity.
Healthcare System Strain	Sweden's healthcare system faced significant strain, raising questions about the adequacy of preparedness and response measures. This strain had implications for the right to access timely and quality healthcare services.

Weak praxes of handling Covid-19 pandemic in the context of mental health

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lack of measures to protect the mental health of children and young people	The long period of online remote learning, which mirrored the in-person curriculum, had led to fatigue, social deficits and isolation for students.
Neglecting mental health	During the first year of Covid-19, no authority considered the mental health issues raised because of the pandemic and no preventive measure had been taken to tackle the problem.

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lockdown impact	During the pandemic, the individuals experience domestic violence were increase by 30%. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the increase of 30% on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17 th of March 2020. NGO states "that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim." (SPAVO, 2020). By the end of March 2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

France

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lack of mental health support	During the COVID-19, there was a lack of the mental health support in France.

Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES

Limited access to Mental Health Services in many Rural Areas	While mobile mental health units were introduced, their coverage was often insufficient to meet the needs of all rural areas, leaving some regions underserved while for many areas there were difficulties accessing telehealth services due to poor internet connectivity and lack of digital literacy. (Greek Ministry of Health Reports)
Healthcare workers overwhelmed by insufficient staffing	Many healthcare workers reported high levels of burnout and stress while the demand for mental health services often exceeded the available resources.
Challenges in providing multilingual mental health support for refugees	Despite the presence of multilingual services, some refugees faced language barriers that limited their ability to access appropriate mental health care. There were instances where the mental health services provided did not fully address the cultural context of refugees, potentially reducing their effectiveness.
Delayed Implementation of telehealth services	Although telehealth was introduced, the implementation was sometimes slow, leading to delays in accessing mental health services.

Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Psychological and Social Impact	Prolonged social isolation and restrictive measures had significant negative effects on mental health, particularly among young people. The increase in aggressive and transgressive behaviours highlighted the need for better mental health support and social assistance.
Inadequate Mental Health Support	There was a lack of sufficient national social assistance and specialized psychological pathways within schools to support young people in difficulty, despite the recognized need.
Increased Stress from Educational Disruptions	The prolonged remote learning mandate in Apulia, which exceeded national requirements, contributed to stress and anxiety among students and their families, exacerbating mental health issues.
Impact on Women's Mental Health	Increased caregiving responsibilities and restricted mobility due to school closures disproportionately affected women's mental health, leading to higher stress levels and emotional strain.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Delays in Mental Health Support Implementation	There were delays in the implementation of mental health support programs, particularly at the beginning of the pandemic when the need for such services was rapidly increasing. Early in the pandemic, many people experienced heightened stress, anxiety, and uncertainty without sufficient access to mental health resources. This delay hindered the timely provision of critical support during the initial and most stressful phases of the crisis.
Underutilization of Preventive Measures	There was an underutilization of preventive measures aimed at mitigating mental health issues before they became severe. This includes a lack of proactive outreach and early intervention strategies. Without preventive measures, many individuals' mental health deteriorated to the point where more intensive and resource-consuming interventions were needed. Early intervention and preventive care could have reduced the overall burden on mental health services.

Slovenia

Pointing out the key challenges during the pandemic in connection to mental health deterioration can be noted in: income loss, instability of employment, school's lockdown, while the ongoing activities on the workplace, which put a lot of pressure on the parent's (especially mother's) side, poorly accessible mental health services and movement restrictions. The challenge was also connected to present stigmatization of mental health in Slovenia.

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Pandemic's Disproportionate Impact on Women's Mental Health	The pressure caused by pandemic affected the mental well-being of women more than men, especially when young children were present. In April 2020, women were also more likely than men to feel stressed (23% compared to 19%), lonely (14% compared to 6%) and depressed (14% compared to 9%). As women are more physically and mentally strained by the epidemic than men, the epidemic can cause short-term and long-term career interruptions of women. Also, women have a greater mere empathy, the fear of risking the health of family and friends put additional pressure on women. They are also socially inculcated to seek emotional support from others, which was greatly challenged by the power of social distancing.
High Prevalence and Inequality in Mental Health Disparities	In Slovenia, the prevalence of mental health problems has increased in recent years and is higher than the average of EU. Slovenia stands out in particular due to the high proportion of women with mental health problems and, at the same time, very high inequalities in mental health in relation to income.
Insufficient Support for Vulnerable Groups in Slovenia During the Pandemic	Slovenia experienced insufficient targeted interventions to support those most at risk, such as low-income populations, youth and women, who were disproportionately affected by mental health challenges during the pandemic.
Decline in Trust and Optimism	Despite high levels of well-being in Slovenia, people's trust in the European Union and the government was low, and people's optimism about their future also decreased.

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Denialism	In Spain, various public figures championed the denialist movement, which they echoed through social networks, causing confusion among the population, uncertainty and unease among citizens.
Inadequate mental health support	Although the need was identified, no specialized human, material or financial resources were provided to offer the necessary psychiatric, psychological and social care in terms of mental health, both for people with previous chronic illnesses and for mental illnesses caused by the pandemic.
Impact on the mental health of women and healthcare personnel	The increase in responsibilities for caring for children, families and dependent persons, Restricted mobility , school closures and teleworking affected women's mental health to a greater extent , generating higher levels of stress and conflicts at the household level. emotional . The health and social situation experienced by healthcare personnel during the most critical moments of the pandemic and prolonged throughout it generated mental health problems in healthcare personnel, a sector in which ¾ of its professionals are women.

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
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Delayed Recognition of Mental Health Impacts	Swedish authorities initially focused more on physical health aspects of the pandemic, with delayed recognition of the significant mental health impacts, such as anxiety, depression, and social isolation.
Lack of Targeted Support for Vulnerable Groups	Adequacy of targeted mental health support for vulnerable groups, including the elderly, individuals with pre-existing mental health conditions, and those in socioeconomically disadvantaged situations. These groups needed more tailored interventions to address their specific needs and challenges during the pandemic.
Limited Access to Mental Health Services	There were reports of limited access to mental health services, particularly during the early stages of the pandemic when healthcare resources were strained. This could have affected individuals' ability to seek timely support for mental health issues exacerbated by the crisis.
Impact of Isolation Measures	While Sweden advocated for a strategy that relied more on voluntary social distancing rather than strict lockdowns, concerns were raised about the mental health impact of prolonged isolation and lack of social interaction, especially for vulnerable groups and individuals living alone.

Weak praxes of handling Covid-19 pandemic in the context of work life balance of women

Bulgaria

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Rise of domestic violence	There are no official statistics on cases of domestic violence in Bulgaria, but the NGO sector reports that calls to hotlines for victims of domestic violence have increased by 30 to 50% during the pandemic. Shelter and protection centres for such victims are woefully inadequate and victims often do not have access to them.

Cyprus

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Lockdown impact	During the pandemic, the individuals experience domestic violence were increase by 30%. The specific number was given by an NGO SPAVO, which supports victims of domestic violence, and the number was regarding the phone calls in their helpline following the outbreak. Specifically, the increase of 30% on the phone calls took place from 9 March 2020 (first case of coronavirus) until the 17 th of March 2020. NGO states "that the home restriction of women with their abuser under crisis conditions such as these, their isolation from social and working life and their exclusion from social support offer fertile ground for the perpetrator to consolidate control over the victim." (SPAVO, 2020). By the end of March 2020, SPAVO received 2075 calls, with 921 to be answered and 1154 to remain unanswered due to line fullness.

France

IDENTIFICATION OF GOOD PRACTICES	DESCRIPTION OF IDENTIFIED GOOD PRACTICES
Anxiety and frustration	Some women have had to organise their lives differently by having their children at home all the time. They had to take care of shopping, home schooling and keeping the children occupied, without having any time to rest, which may have caused psychological problems and frustration.

Domestic violences	Nothing specific has been put in place to protect domestic violence. In fact, women have been the victims of more violence as a result of confinement, and few loopholes have been developed to help them.
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Greece

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Increased gender-based violence and lack of effective response	There was a notable rise in gender-based violence and domestic violence against women during the pandemic, yet there were insufficient measures or support systems to effectively address this issue. The increase in femicide cases in 2021 and 2022 further highlights the inadequacy of protective measures for women in crisis situations.
Limited support for work-life balance	Women faced more difficulties in balancing work and family life compared to men, with a significant increase in the burden of household responsibilities and caregiving during lockdowns. The lack of policies or support systems to mitigate these challenges exacerbated gender inequality, especially for those with unregistered or part-time jobs.
Economic vulnerability and job insecurity	Women in Greece were disproportionately affected by economic impacts, being more likely to lose jobs or face income insecurity due to their concentration in sectors severely impacted by the pandemic (e.g., caregiving, sales, hospitality). The lack of targeted economic relief or policies to support women in precarious employment conditions exposed their economic vulnerability.

Italy

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Impact on Women's Mobility	Mobility restrictions severely limited the free movement of women, particularly those aged 25-44, who often had to stay home to care for children during school closures.
Economic Disparities	Women faced economic hardships due to layoffs and the inability to work, with many not receiving sufficient support to mitigate these impacts.
Increased Caregiving Burden	School closures disproportionately increased the caregiving burden on women, limiting their ability to balance professional responsibilities and personal freedom.
Confusing and Inconsistent Regulations	Apulia's prolonged remote learning mandate, which exceeded national requirements, created additional stress and responsibilities for women managing their children's education at home.
Lack of Targeted Economic Support	The support measures did not adequately address the specific economic challenges faced by women, particularly those balancing work and increased caregiving duties.

Portugal

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES

Healthcare and Reproductive Rights	Access to Reproductive Health Services: Maintained access to essential reproductive health services, including contraception and maternity care, despite the strains on the healthcare system. Telemedicine Services: Expanded telemedicine services to provide remote consultations and support for women's health issues.
Educational Support and Digital Inclusion	Support for Remote Learning: Provided resources and support to ensure that women and girls could continue their education remotely, addressing the digital divide.
Lack of Support for Women's Employment	Despite government efforts to provide financial aid, there was insufficient focus on protecting women's employment. This worsened the existing gender pay gap and pushed more women into economic precarity, highlighting the need for better-targeted policies to safeguard women's labor rights during crises.
Economic Disparities	Women in Portugal were overrepresented in sectors hardest hit by the pandemic, such as tourism, retail, and caregiving. Government support measures, however, were insufficiently targeted at these sectors, exacerbating pre-existing economic inequalities and limiting women's financial independence during and after the pandemic.

Slovenia

To more effectively address these inconsistencies, there is an urgent need for a gender-segregated comprehensive approach to tackling the future pandemic situations.

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Surge in Gender-Based Violence and Domestic Murders	According to the National Institute of Public Health (NIJZ), the number of reported cases of gender-based violence increased in 2020, amid the COVID-19 pandemic, while the cases of gender-based violence continued to rise in 2021; the number of domestic murders reached the pre-pandemic average by the end of March.
Exacerbated Gender Disparities	The measures of COVID-19 have disproportionately affected the female labour market due the gender imbalances in various jobs in the economy. Women, particularly those in low-paid and temporary jobs, faced increased economic and social vulnerabilities. Pandemic also affected their employment opportunities and increased their unpaid work burden.
Economic Crisis Impact	The economic downturn affected employment, reflected in job losses in sectors predominantly staffed by women such as personal services and retail. The government's economic support measures were crucial but did not fully address the deeper, structural gender disparities in the labor market.
Inadequate (Mental) Support for Work-Life Balance for Women (especially Mothers)	The shift to remote work and school closures placed a disproportionate burden on women, exacerbating conflicts between professional and private life. This was particularly challenging for parents of young children, with women more likely than men to report difficulties in balancing work and family responsibilities. Mentioned also reflected in poor mental health challenges for women.
Greater Strain on Women's Health and Careers During the Epidemic	Women were more physically and mentally strained by the epidemic than men, which caused short-term and long-term career interruptions of women.

Spain

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF WEAK PRACTICES IDENTIFIED
Limited support for work- life balance	Women have taken on greater responsibilities during the pandemic, showing greater difficulty in terms of realities such as double shifts, mental burden and real problems of work-life balance, work and family, since during confinement the burdens of domestic, academic, work, health and care responsibilities increased
Economic vulnerability and job insecurity	In Spain, women mostly have leave to care for children in their care, reduced working hours for care, part-time jobs, so they were the ones who saw themselves affected by the economic fallout, as they were more likely to lose their jobs or face income insecurity due to their concentration in sectors severely affected by the pandemic (e.g. care, retail and hospitality). The lack of targeted financial assistance or support policies for women in precarious employment conditions exposed their economic vulnerability.

Sweden

IDENTIFICATION OF WEAK PRACTICES	DESCRIPTION OF IDENTIFIED WEAK PRACTICES
Impact on Women in Essential Services	Many women working in essential services like healthcare and elderly care, had limited access to protective gear and support for their mental health. Balancing work and caregiving responsibilities was tough during this time.
Increased Domestic Burdens	Women were exposed to increased domestic burdens during the pandemic.
Access to Healthcare Services	Women, especially those from marginalized communities or with limited resources, faced barriers to accessing healthcare services, including sexual and reproductive health services.
Domestic Violence	There were reports of increased incidents of domestic violence during lockdowns, highlighting gaps in prevention and support services that need to be addressed.

Summary of good and weak praxes of handling COVID-19 pandemic in the context of human rights

Comparing the situations in research countries, we found different similarities, handling the COVID-19 pandemic, which we listed below:

- Many countries, including Bulgaria, France, Greece, Slovenia, Spain, and Italy, experienced healthcare system overloads, delays in medical treatments, and increased demand for medical services, especially in intensive care units.
- Bulgaria, Cyprus, France, Portugal, Slovenia, Spain, and Sweden reported a rise in domestic violence and mental health problems. This was often exacerbated by lockdowns and social isolation.
- Misinformation about COVID-19 and vaccines was a challenge across countries like Cyprus, France, Greece, Italy, Slovenia, and Spain. Many governments tackled this with public information campaigns or expert-led communication strategies.
- Countries like Italy, Greece, Portugal, Slovenia, and Spain experienced significant economic challenges, including job losses and business closures. Various support measures, like tourism recovery incentives and financial packages, were implemented.
- Countries such as Bulgaria, Italy, Cyprus, and Sweden implemented financial aid and healthcare incentives for vulnerable groups like frontline workers and the elderly.

- Many countries, including Greece, Italy, and Spain, quickly adapted to remote learning to ensure educational continuity. This often included distributing resources and technology to students in need.
- Countries implemented measures like information portals (Bulgaria), vaccination campaigns (France, Italy), and use of technology for contact tracing (Slovenia). These actions were generally aimed at reducing the spread of the virus while protecting public health.
- Several countries, including Portugal, Sweden, and Spain, focused specifically on protecting vulnerable populations, such as the elderly, those with health conditions, and victims of domestic violence.
- Nations like Cyprus and Sweden adopted measures to ensure safe working conditions, including guidelines for hygiene, remote working, and information dissemination in multiple languages.

While we found also differences in handling covid-19 pandemic:

- Sweden had a decentralized, voluntary strategy with minimal restrictions, whereas Bulgaria, Cyprus, Portugal, Spain and Greece enforced strict lockdowns and state-of-emergency measures.
- France created an observatory to monitor the impact of health emergency measures on human rights, a unique approach compared to others. Italy focused on legislative actions to mandate vaccination for healthcare workers.
- Cyprus had the unique challenge of closed checkpoints due to the island's division, while Sweden prioritized personal responsibility over strict mandates.
- Italy and Greece significantly improved their digital infrastructures, including online education and municipal meetings, whereas countries like Bulgaria and Slovenia focused more on economic recovery initiatives like tourism vouchers.
- While Portugal expanded telehealth services to address mental health needs remotely, Slovenia had high rankings in mental well-being, indicating a relatively better psychological state among its citizens. This shows differing outcomes of pandemic management on public mental health.
- Italy implemented a phased vaccination strategy prioritizing vulnerable populations, whereas countries like Cyprus focused on debunking myths about vaccines through information campaigns.
- The economic impact varied, with Bulgaria experiencing a less severe economic downturn compared to its political and social challenges, while countries like Italy, Spain, and Portugal faced deep economic crises with extensive job losses.
- France and Greece took a highly expert-driven approach to crisis management, often relying on expert advice and maintaining clear communication with the public. Meanwhile, Sweden took a more hands-off approach, leading to societal divisions regarding public health versus personal freedom.
- Portugal and Sweden had extensive measures to support women, including domestic violence initiatives and economic support. In contrast, other countries like Bulgaria focused more on specific tools like e-diaries to monitor women's experiences during the pandemic.

While many of these countries faced similar challenges such as overburdened healthcare systems, economic hardship and domestic violence, the approaches to managing the pandemic and implementing recovery strategies were very different. Some countries emphasised digital solutions, others focused on strict lockdowns, and some, like Sweden, took a more relaxed, voluntary approach reflecting different national priorities and capacities.

Policy Recommendations

Based on the findings from the HEARD project, we have formulated the following policy recommendations:

NR.	PANDEMIC SUGGESTION'S	ACTION PLAN FOR PANDEMIC SUGGESTION'S
R. 1	Fostering Interdisciplinary, Sector, and Collaboration Strategic Preparedness Cross-Global for Pandemic	Effective pandemic preparedness requires strong partnerships between governments and experts across sectors like health, transportation, finance, and public services. This interdisciplinary approach ensures coordinated public health strategies, minimizes disruptions, and enhances resilience. Strengthening global supply chain coordination is also crucial for maintaining essential goods flow during crises. Best practices in pandemic management should be documented and integrated into a dynamic guidance framework, drawing from diverse experiences and historical pandemics. This framework will provide strategic insights for long-term planning and informed policymaking, improving global preparedness and response.
R. 2	Enhancing Governance and Promoting Communication to Safeguard Human Rights and Prevent Discrimination in Crisis Management Adaptive and Ethical to Prevent Crisis	Governance systems must be flexible and responsive to emerging challenges. Governments should use real-time monitoring to inform policy adjustments, fostering a culture of learning and continuous improvement. This approach better equips societies to handle uncertainties and mitigate future crises. Independent bodies should oversee decision-making, manage risk assessments, and uphold democratic values and human rights during crises. These entities promote ethical governance and protect against conflicts of interest. Governments must develop ethical guidelines that prioritize justice, equality, and human rights, with special attention to vulnerable groups. Recognizing the unequal impact of crises on marginalized populations, targeted interventions should be implemented to support their well-being and safeguard their rights. Governments should implement measures that promote ethical communication practices by encouraging the use of inclusive language. These practices should be integrated across public institutions, media, and educational platforms to foster a culture of respect, inclusivity, and equal representation. By prioritizing communication that is free from bias and actively promotes diversity, governments can contribute to building a more equitable and inclusive society. Pandemic response policies should be designed to prevent any form of discrimination or bias, ensuring that all individuals receive equal treatment regardless of health status, race, gender, or other factors. These policies must actively promote inclusivity, fairness, and equity, addressing the unique needs of marginalized and vulnerable groups. By prioritizing non-discriminatory practices, governments can foster a

		more just and effective response that protects the rights and dignity of all citizens.
		Identify and monitor potential cases of domestic violence and ensure that victims have unhindered access to support services and safe environments during the lockdown period. Support should also be given to non-direct victims of domestic violence (such as children, etc.).
R. 3	Building Structures Against Domestic Violence	Resilient Against Governments should implement a comprehensive strategy to combat domestic violence by reinforcing legal frameworks and expanding social support systems to provide holistic assistance to victims. This approach should include strengthening law enforcement measures, increasing the accessibility and availability of support centres, and addressing harmful social norms that contribute to the acceptance of domestic violence. Additionally, governments should introduce integrated social and health initiatives across housing, employment, and education sectors to empower and support victims in rebuilding their lives. It is recommended that additional support centres be set up to provide temporary shelter for victims of domestic violence, with a particular focus on creating a specific code of conduct for pandemic or crisis situations. This protocol would address scenarios where potential victims are forced to stay at home with their abuser, as has been the case during the Covid-19 pandemic. The directive should ensure rapid access to safe accommodation, emergency services and alternative reporting mechanisms to protect vulnerable people during lockdowns or similar crisis situations.
R. 4	Balancing Public Safety, Human Rights, and Economic Safeguarding for Vulnerable Populations in Crisis Response Strategies	Future crisis responses should prioritize both public health and human rights. This includes effective quarantine protocols, border controls, and health infrastructure, alongside coordinated national and international measures like short-term lockdowns for highly contagious diseases. Adopt a holistic approach with efficient testing, contact tracing, and digital infrastructure for remote work and telemedicine. Policies should ensure freedom of movement while respecting basic rights, with guidelines for safe assemblies and promoting digital platforms for civic engagement. Establish early economic relief packages for affected sectors and provide resilience training for businesses to adapt during crises. An integrated approach balancing public health, human rights, and economic stability is essential for navigating future emergencies. Governments should establish clear guidelines and robust oversight mechanisms to protect human rights during crises. Any restrictions on rights must be carefully evaluated to ensure they are necessary, proportionate, and time-limited, avoiding excessive or unjustified limitations. Regular assessments should be conducted to balance

public safety with the preservation of fundamental rights, ensuring that human rights remain at the forefront of crisis response and recovery strategies.

In addition, special attention should be paid to homeless people, as they need increased protection in times of crisis, such as pandemics. Restricted freedom of movement and limited access to healthcare make homeless people particularly vulnerable. Crisis response strategies must ensure that they have access to safe shelter, healthcare and basic services to prevent their further marginalisation and ensure that their rights are respected. This includes customised measures to provide medical care, food and hygiene supplies, as well as clear guidance on how to apply lockdowns and quarantines to people without stable accommodation.

Governments should prioritise inclusive healthcare by addressing the inequalities revealed during the pandemic and ensuring equal access to medical services, testing and treatment for all, especially for vulnerable populations. Universal access should be guaranteed regardless of socio-economic background or immunisation status. Expanding online consultations and services is important to reach those facing barriers while protecting privacy in shared living spaces.

In addition, governments must reduce stigmatisation, provide psychological support and ensure the safety and dignity of medical staff. Strengthening healthcare systems requires clear communication between experts, policy makers and the public.

R. 5 Strengthening Inclusive and Resilient Health Systems to Ensure Equitable Access and Safeguard Human Rights During Crises

To strengthen resilience, governments should diversify medical supply chains, improve hygiene and immunisation efforts and strengthen social distancing measures. Healthcare reform should address poverty and inequalities and focus on improving diagnosis and treatment.

Frameworks for free or affordable testing and timely care should be created to avoid delays caused by overburdened systems. Digital tools must be used judiciously to prevent inequalities from widening and to ensure accessible alternatives for marginalised groups.

Finally, the development of healthcare infrastructure is crucial to ensure equal access to basic services, especially maternal and child health, while providing cost-effective healthcare options.

R. 6 Strengthening Social Security and Essential Services to Build Resilience During Crises

Governments should enhance social security systems to provide robust support during crises by simplifying eligibility criteria, ensuring seamless access to unemployment benefits, and offering direct financial aid to workers impacted by economic disruptions. In addition, comprehensive financial assistance programs should be established for individuals who lose their jobs or face financial hardship due to pandemic-related measures. These programs should offer tailored support, such as rental assistance or food and utility vouchers, addressing the specific needs of those most affected by the crisis.

		Governments should establish robust policies to ensure uninterrupted access to essential services, including food, water, electricity, and healthcare, for all individuals during lockdowns. These policies must prioritize the needs of vulnerable populations and those who have lost their livelihoods, ensuring that no one is deprived of basic necessities. Targeted support programs streamlined access to services, and resilient supply chain management are crucial to maintaining equitable access. By implementing these measures, governments can safeguard the well-being of all citizens and build resilience in times of crisis.
R. 7	Implementing Proportionate and Time-Limited Movement Restrictions for Effective Pandemic Management	Governments should implement clear, time-limited, and proportionate movement restrictions, such as lockdowns or travel bans, only when necessary to protect public health. These measures should be supported by efficient testing, contact tracing, and quarantine protocols. Governments should invest in digital solutions for remote work, education, and telehealth to reduce the need for extended restrictions. Strengthen international coordination for synchronized pandemic responses, balancing public safety and economic stability. Decisions for movement limitations should be based on previously executed research.
R. 8	Strengthening Support and Innovation for Artists and Cultural Institutions	Governments should address the funding gaps and programmatic shortfalls that have adversely impacted artists and cultural institutions, particularly during times of crisis. In addition to providing sustained financial support, governments should develop innovative strategies that enable artists to explore new forms of audience engagement and creative expression. Emphasis should be placed on the role of culture in community-building and collective action, promoting an inclusive approach that bridges societal divides and celebrates diverse cultural expressions. By fostering creativity and resilience within the cultural sector, these measures can ensure long-term sustainability and enrich the social fabric.
R. 9	Implementing Proactive Mental Health Support and Crisis Preparedness in Education Systems	Educational institutions should be equipped to provide comprehensive mental health support and crisis preparedness training for both students and staff. This includes integrating mental health education into curricula, providing accessible counselling services, and training faculty to recognise and treat signs of stress or trauma. In addition, institutions should ensure clear and effective communication with students and staff to prepare them for potential disruptions, including guidance on mental health resources, safety protocols and crisis response plans. By fostering a culture of openness and preparedness, education systems can improve academic continuity while protecting the mental well-being of their communities in times of crisis.
R. 10	Enhancing Mental Health Systems and Promoting Fair, Stigma-Free Support Through Equitable Resource Allocation and	Mental health must be a core element of crisis plans, ensuring universal access through well-funded services, digital platforms, and helplines. Special attention should be given to vulnerable groups, such as frontline workers and the elderly, with tailored support initiatives.

**Integrated
Management Strategies**

Crisis

Create safe meeting places for older people where they can socialise with their loved ones without putting their health at risk. The isolation that many older people have faced during the pandemic, which in some cases has led to severe loneliness or death, emphasises the need to maintain social contact in a safe environment even in times of crisis.

Improve the provision of mental health services by providing accessible counselling, stress management initiatives, and counselling centres, with a focus on addressing the particular difficulties women face as a result of increased caring responsibilities.

A crisis unit should be set up to provide targeted psychological support, especially for young people who have suffered social disruption as a result of the Covid-19 pandemic. This unit would focus on the treatment of trauma, anxiety and mental health issues, including the increasing use of anxiolytics and the increased suicide rate among young people. The trauma that many young people have experienced during the pandemic is comparable to that of war or attack. The initiative should also include a public campaign to raise awareness of the dangers of substance abuse.

Fostering community spirit, promoting physical activity, and advocating for healthy coping mechanisms should serve as an essential tools to combat mental health challenges during pandemic.

Promote early intervention, public awareness, and healthy coping mechanisms to address mental health challenges. Governments should ensure fair resource allocation, prioritizing high-risk groups like refugees.

International exchange of best practices should be facilitated to create a unified mental health response during crises, integrating mental health into public health plans for comprehensive care.

Introduce workshops and resources aimed at reducing mental health stigma and improving societal understanding, particularly in response to increased mental health challenges during the pandemic. These initiatives should be integrated into public health policy to ensure broad access and support, address the psychological impact of the pandemic, and promote a more informed, empathetic approach to mental health issues in all communities.

To prevent the lingering effects of isolation and social mistrust after the pandemic, proactive efforts must be made to manage the post-Covid period. Policies should aim to restore social cohesion and trust within communities to prevent the persistence of isolation-related mental health problems.

Ensure access to cultural facilities such as libraries, cinemas and theatres as these places play a crucial role in maintaining mental

		health and social wellbeing. Whilst there have been digital alternatives such as streaming at home during lockdown, experiencing culture together in physical spaces is just as important for community building and emotional health as physical exercise. Future public health communication should be designed to inform the population without fuelling unnecessary fear or promoting guilt and mistrust. Public messaging during the Covid-19 pandemic has often caused fear and social division. A more balanced approach should be taken in future crises, focussing on clear information and mutual trust to avoid further mental health impacts.
		Governments should support remote work by providing companies with tools and resources, such as equipment and digital software, to enhance productivity and communication. Introduce policies that promote work-life balance, prevent job losses, and ensure fair compensation, particularly during economic downturns. Safeguard employees from unfair dismissals and protect their rights.
R. 11	Enhancing Workforce Resilience by Supporting Remote Work, Promoting Work-Life Balance, and Strengthening Workers' Rights and Advocacy	Foster inclusive workspaces with flexible arrangements and support for childcare. Invest in digital infrastructure and training to ensure equal access to teleworking tools and close the digital divide. Governments should offer educational programs to foster financial independence, especially for vulnerable workers. Strategies must formalize informal workers, granting access to social protection and labor rights. Governments should support workers' rights to organize and advocate for their interests, ensuring stronger enforcement of labor laws. Empowering workers through formalization and collective action builds more equitable labor markets.
R. 12	Strengthen Childcare Systems and Support for Working Parents	Create inclusive, cost-effective, and high-quality childcare facilities by promoting cooperation between the public and private sectors. Ensure that childcare services are aligned with working hours to effectively support working mothers. Encourage flexible working arrangements such as teleworking, adaptable working hours, and part-time alternatives to support caring responsibilities, with employers prioritizing productivity over conventional working hours. Extend generous paid parental leave for both mothers and fathers to provide career stability and economic security during care leave.
R. 13	Foster Support Networks for Women	Establish community platforms to promote networking and mutual support for women to meet, share, and support each other.

R. 14	Simplify Government Support Systems	Simplify government support systems to improve accessibility and practicality while minimizing the excessive complexity of bureaucratic processes.
R. 15	Promote Awareness and Advocate for Equitable Distribution of Caregiving and Domestic Responsibilities	Implement initiatives aimed at educating the public about the importance of sharing caregiving responsibilities and recognizing women's important contribution to the economy and family dynamics. Eliminate cultural biases that impose unequal care responsibilities on women and advocate for a more equitable distribution of domestic tasks.
		Government should establish robust social safety nets that provide economic support and health care services tailored to women's needs, including low-cost childcare and expanded telemedicine services. Improve access to digital education to ensure that women and girls can continue to learn and work remotely if necessary. Governments should provide financial and logistical support to women entrepreneurs and small business owners who have been disproportionately affected by the pandemic. Offer grants, low-interest loans, and tailored support programs to help women rebuild and sustain their businesses. Governments should implement gender-specific policies to reduce the gender pay gap, combat discrimination, and remove barriers to women's career advancement. Ensure fair treatment and equal opportunities in all professional environments.
R. 16	Implement Comprehensive Gender-Inclusive Recovery Plan	Flexible working arrangements that consider the caregiving responsibilities often shouldered by women should be encouraged and support should be given to initiatives that allow for teleworking, adaptable working hours, and part-time opportunities without penalizing career progression. Awareness of the gender pay gap should be promoted and the critical role of paternal involvement in caregiving should be highlighted. Advocate for equitable sharing of domestic responsibilities and encourage the establishment of effective support systems that cater specifically to the needs of women. Measures to combat gender-based violence, which has increased during the pandemic, should be implemented. This includes improving legal protections, access to justice for victims, and supporting services such as shelters and counselling. Childcare facilities should be enhanced to better support working parents, particularly mothers. Ensure that these facilities are affordable, accessible, and aligned with working hours to facilitate greater participation of women in the workforce.

		Governments and institutions should address the digital divide that disproportionately affects women, especially in low-income households. This includes ensuring access to digital infrastructure, such as affordable internet, devices, and digital literacy programs, to empower women in remote work and education. By investing in these areas, women will be better equipped to navigate future pandemics and crises, minimizing educational and professional disparities.
R. 17	Enhance Support for Single Parents, Especially Women	Single-parent households, particularly those headed by women, faced significant challenges during the pandemic. Governments should create support programs tailored to the needs of single parents, including financial assistance, accessible and affordable childcare services, mental health support, and job security measures. These initiatives should be prioritized during crisis planning and recovery to ensure that single parents are not left behind.
R. 18	Ensuring Compassionate Care and Visitation Rights During Pandemics to Protect Mental Well-being	In future pandemic situations, it is crucial to implement compassionate care protocols that prioritise people's mental and emotional well-being, especially in end-of-life situations and long-term care facilities. Governments and healthcare organisations should ensure that people have the opportunity to say goodbye to dying loved ones by using safe, health-compliant measures such as personal protective equipment (PPE) and supervised visitation to provide comfort during these critical moments. They should establish and maintain visiting rights in nursing homes and long-term care facilities, balancing the need for infection control with the need to alleviate social isolation and prevent mental health issues. They should also develop clear guidelines that enable safe visiting protocols in coordination with public health measures to ensure both the protection of public health and the maintenance of emotional support for vulnerable individuals. These measures should be designed with sensitivity and flexibility to mitigate the negative psychological impact of isolation and separation during health crises.

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