CRISIS MANAGEMENT, COORDINATION AND CAPACITIES

EUROPEAN PUBLIC ADMINISTRATION COUNTRY KNOWLEDGE
CRISIS MANAGEMENT, COORDINATION AND CAPACITIES
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SUMMARY

As governments and societies across the globe seek to manage the Covid-19 crisis to the best of their abilities, the European Union (EU) is in a particularly favourable position to facilitate learning across its Member States, relevant to a wider set of crisis situations. This study seeks to support this learning by providing an evidence base regarding the experiences with the management of the Covid-19 crisis to date (July 2020). Analysing crisis management from the perspective of the academic field of public administration, the study makes three main contributions, as follows.

First, based on the review of the state-of-the-art literature on crisis management, the study identifies four main building blocks: preparedness; political learning; expertise and crisis communication; and coordination. The literature review shows that crisis management is not mainly a technical issue, but depends on a productive relationship between, on the one hand, executive politics and leadership, and on the other, administrative expertise and capacity.

Second, using this framework, the study presents the findings of an empirical scoping of the Covid-19 crisis management practices in nine EU Member States: Austria, Belgium, France, Germany, Greece, Ireland, Italy, the Netherlands, and Spain. Details on those countries’ crisis management can be found in the Annex. The country selection was driven by seeking to cover diverse EU Member States, but also constrained by language capacities of the research team. The comparison reveals broadly similar approaches at the level of policy response, but differences in underlying processes and structures. As the study highlights, high capacity alone is neither sufficient for effective crisis management, nor always necessary (as the case of Greece shows).

Third, based on the empirical analysis, the study formulates six recommendations for improving crisis management systems and facilitating learning across the EU.

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1. CONTEXT

The Covid-19 pandemic is a global crisis affecting all areas of life. It affects every country and many citizens around the globe. It is unprecedented in its scope in recent history as it rapidly spreads and puts entire continents under lockdown. While the current pandemic is likely to have far-reaching implications and (re)shape how societies deal with crises, it is just the most recent and globally most devastating one. Past years have seen multiple crises and disasters, such as terrorist attacks in many cities and countries, earthquakes, tsunamis, and the global financial and economic crisis. There is a widespread perception that crises increase in number and frequency and accelerate in speed, as many are transboundary in scope and rapidly cross the boundaries of individual countries.

At the time of writing, we count more than 500 000 reported deaths related to Covid-19 worldwide. And while Covid-19 is a truly global pandemic and crisis, there is also huge variation across countries and world regions in terms of the severity of the health, economic and social impact of this crisis. These differences call for an exploration of what good – and poor – crisis management entails and what can be learnt from this for future crises. Existing studies raise more questions than they answer. While studies on health preparedness existed before the emergence of the Covid-19 pandemic, looking at their findings in light of today’s knowledge shows their limitations. For example, the most elaborated indicator study, published just shortly before the global spread of the new Coronavirus in 2020, is the Global Health Security Index (GHSI) that the Johns Hopkins Center for Health Security has developed in collaboration with international philanthropic organisations. While based on an elaborate indicator design – consisting of six categories (prevention, detection and reporting, rapid response, health system, compliance with international norms, risk environment), 34 indicators, 85 sub-indicators and 140 questions mainly applying an ordinal binary structure – the ranking that emerged finds the United States and the United Kingdom in the two leading positions.

If the two negative outliers among rich democracies in managing the Covid-19 crisis end up at the top of a health crisis preparedness ranking, the evidence base needs to be reconsidered. The GHSI suffers from generic problems of indicator studies that often measure formal institutional provisions, rather than actual use of those institutions. The good crisis communication infrastructure, captured by the index, does not help if political leaders do not make good use of them; or the existence of a crisis response plan does not provide insights into their quality. In short, an analysis of the Covid-19 crisis and its implications for learning more about crisis management needs to engage with the nature and challenges of crisis management in general and the specifics of this particular crisis. The rest of this introductory section sets the scene for the subsequent analysis by providing some basic definitions and highlighting key issues to be further explored.

A crisis is ‘a serious threat to the basic structures or the fundamental values and norms of a system, which under time pressure and highly uncertain circumstances necessitates making vital decisions’ (Rosenthal et al., 1989). It implies high pressure to take decisions with potentially far-reaching consequences under conditions of high uncertainty and a direct threat, while the continuation of business as usual is not an option. Uncertainty in crisis arises from two factors: First, the nature of crisis is uncertain. The course of a crisis is not perfectly predictable and characterised by unexpected turns of events, including trigger and cascade effects. Second, the expertise to inform decision-making is uncertain. Crises are often unprecedented, so scientific knowledge is limited, contested and subject to change. Different scientific disciplines will focus on single aspects of the crisis, sometimes leading to contradictory policy implications. During the Covid-19 crisis (see also van Dooren and Nordegraaf, 2020), virologists deal with the medical implications of the virus and its spread, while epidemiologists and health care experts

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1 Global Health Security Index, 2019. Available at: [https://www.ghsindex.org](https://www.ghsindex.org)
are concerned with global containment and the capacity of the health care system. The effectiveness of proposed measures like wearing masks or closing schools is contested among medical experts because knowledge on the virus and its transmission is constantly evolving and studies from different contexts provide mixed evidence. Economists point out the economic consequences, while psychologists and medical experts stress the long-term (mental) health implications of social distancing, home offices, a lack of physical exercise and potential job losses. Gender relations and the impact of the crisis on children and other demographic groups are again the concern of other experts and scientific disciplines.

Crisis management encompasses the set of measures taken to deal with threats prior to, during and after a crisis. Crisis management refers to the set of policies and actions aiming to minimise the direct negative impacts of an urgent threat (Boin et al., 2018). Crisis management is highly political (Boin and t’Hart, 2012), not least because the identification of a crisis as such, and the best way to address it, are contested before, during and after the crisis. It is subject to discourse whether there is an immediate threat and what it constitutes, whether it needs to be addressed urgently and how it should be countered (Boin et al., 2018).

Understanding crisis management requires the analysis of both administrative capacities (Lodge and Wegrich, 2014) and the role of political and administrative leaders (Boin, t’Hart, Stern and Sundelius, 2016). The analysis of good practices in crisis management needs to take into account the respective country context, such as administrative capacities and the institutional system of government. Moreover, such an analysis also needs to consider the challenges and dilemmas political and administrative actors face when taking decisions in crises situations. While any crisis has its specifics, these challenges are recurring across crises and are broadly similar across institutional contexts: crisis management requires measures for prevention – politically unappealing in non-crisis times – and demands contingency preparation and particularly an appropriate policy response once a crisis unfolds. All crisis management systems require considerable administrative capacity to detect a crisis, assess data, access relevant expert networks, and also a strong connection and trust between the administrative level and the political decision makers for the crisis management mechanisms to be effective. Crisis management systems need to be able to cope with urgency and uncertainty, acquire political and expert support for their policy responses and arrange smooth implementation. All this requires substantial coordination capacity on political, strategic and operational levels. That is why coordination is considered vital in crisis management – and often fails. And, that is why calls for centralising competences in crisis management can be heard quite often.

Against this background, this study aims to:

- provide insights into the practical challenges of developing and sustaining good crisis management systems in today’s political world;
- review empirical evidence on the status and quality of crisis management systems in EU Member States (related to Covid-19);
- provide a conceptual map for
  a) the evaluation of national crisis management systems,
  b) levers for improvement and support; and
- provide state-of-the-art conceptual and empirical knowledge on concepts, structures and processes of good crisis management, in particular related to political and administrative coordination.

This study is based on a review of the literature on crisis management and an analysis of the crisis management systems to manage the Covid-19 pandemic of nine EU Member States (Belgium, France, Germany, Greece, Ireland, Italy, the Netherlands, Austria and Spain). Data for the cases were collected in June 2020 and include policy and legal documents, organisational data, and media reporting in the countries under study. Data
The collection was organised based on a common template to ensure comparability. The template is structured according to core categories of crisis management, which the paper discusses in the next section. Details of the nine cases can be found in the Annex.

The next section of the paper discusses the building blocks that make up good crisis management systems based on our literature review. Section 3 presents the comparative empirical analysis of nine EU Member States’ management of the Covid-19 pandemic. Section 4 discusses the empirical findings. The paper concludes by drawing lessons for future crises based on how EU Member States have so far managed the Covid-19 pandemic.

2. KEY ELEMENTS OF GOOD CRISIS MANAGEMENT SYSTEMS

Crisis management is often called the ‘hour of the executive’ because it is a core executive task to immediately and effectively deal with societal risks and protect citizens from negative impacts of crises. As many crises can be prevented or at least their effects mitigated, societal expectations towards executive crisis management are high, especially in contemporary societies with low tolerance for risks and avoidable damage (Beck, 1992). It demands political leadership and challenges government capacity and accountability to effectively prepare for and react to threats under high uncertainty and time pressure. Although the executive plays a key role in crisis management, it has only recently been discovered as a research agenda in public administration (Boin & Lodge, 2016).

Crisis management systems are often analysed based on a cyclical model of four common phases (e.g. Coppola, 2011, Boin et al., 2005), also referred to as the PPRR model (e.g. Crondstedt, 2002; Hustedt, 2019): prevention, preparation, response, and recovery;

- **Prevention** phase consists of measures to reduce risks in order to prevent crises from unfolding.
- When prevention fails, **preparation** includes strategic planning to mitigate the crisis and exercise for crisis scenarios.
- When a crisis occurs, **contingency plans** (if available) are put into action, but in the circumstances that the real-world case does not perfectly fit the conditions of prepared scenarios and exercises, an immediate and specific **response** is required to minimise the negative impacts of the crisis.
- Once the immediate threat is addressed, a phase of **recovery** begins to restore the affected institutions, reconstruct the infrastructure, restore the population’s wellbeing, as well as to evaluate previous steps, including executive accountability, and to adapt the crisis management system in response to identified vulnerabilities.

The model serves as a conceptual tool to also include the temporal dimension of crisis management. While the PPRR model provides the conceptual elements for good crisis management, the quality of crisis management is still difficult to evaluate because it is often contested and difficult to measure (cf. McConnell, 2011).

While the four phases of the PPRR model are all extremely important to understand crisis management, the analysis carried out in this paper will use four building blocks (i.e. are elements of crisis management that require particular attention from political and administrative leaders). These building blocks are presented below:

- **Preparedness**. The high level of uncertainty does not allow for standard solutions and processes. Crises cannot be perfectly predicted and prepared for, but require flexibility and capacity wherever it might be needed. While prevention is the best
crisis management in terms of reducing negative impacts of crises, the political costs of perceived inefficient resource allocation might be high, reducing the incentive to invest in precaution.

- **Political learning.** During and after a crisis it is important to adapt flexibly throughout the crisis and to address learned vulnerabilities.

- **Scientific expertise and communication.** Crises require access to scientific expertise and decision-making based on uncertain, incomplete, contested and changing information.

- **Coordination.** Crisis management requires coordination across levels of government and between sectors, organisations and various actors involved.

2.1. **Preparedness: flexibility and capacity**

This section focuses on the organisational structures for crisis management and on the pre-existing capacities, on which the preparedness to crisis management depends.

Crisis management is contingent on the nature of the crisis because the diverse and uncertain characteristics require flexibility in response. A natural disaster poses different challenges to crisis management than a terrorist attack or a financial crisis and the same type of crisis has different implications depending on institutional and situational contexts.

Preparedness is a prerequisite for effectively managing a crisis. This includes administrative and analytical capacity to foresee and/or detect a crisis and monitor its development, as well as regularly exercising and updating strategic response plans. Preparation means the ability to respond to an unknown threat within a short time frame on a strategic and operational level. The best fire escape plan is not very useful in case of a fire, if it is unknown and not regularly exercised. It is equally useless if the fire, and its extent, is not detected early. The ability to effectively identify a crisis, its nature and the extent of its implications depend on information processing, organisational structure and cultural and professional experience (Boin et al., 2018; Comfort and Okada, 2013; Eriksson and McConnell, 2011).

From a public administration perspective, crises require political and administrative institutions to be prepared and able to detect and develop response measures under conditions of uncertainty and time pressure. Good crisis management depends on the extent to which administrative procedures and institutional provisions are suited to political and administrative institutions (i.e. administrative culture, traditions and political culture). These elements need to be taken into consideration as they shape both the distribution of governance capacity and the need for coordination and legitimacy in crisis management (Christensen et al. 2016a; 2016b, Lodge, 2011). Thus, organisational structures and coordination mechanisms for crisis management vary between countries and have evolved into processes of incremental institutional layering (Christensen et al., 2015; Laegreid and Rykkja, 2019).

While the best crisis management is prevention, successful crisis management through prevention is often not rewarded. ‘There is no glory in prevention’ - because the value of prevention is difficult to measure, the responsibility not clearly attributable and the non-occurrence of crisis does not attract public attention. The costs of prevention could hence be considered as an inefficient use of resources in case of successful prevention because a crisis did not occur or was less severe.

This preparedness paradox creates a political incentive for being cautious to invest in prevention considering the risk of the crisis occurring, the potential negative implications and the estimated effectiveness of prevention (Dalgaard-Nielsen, 2017). Thus, there is a tension between the risk of being blamed for wasting public resources and the risk of being blamed for not having prevented and effectively managed for the crisis when it...
happens. Moreover, uncertainty related to the nature, severity, and risk of crisis strengthens the tendency to avoid the political costs of prevention, which are measurable and attributable.

The effectiveness of prevention is more difficult to measure and demonstrate, which makes it vulnerable to blame even in case of success. The extent to which these blame games in crises occur depends on political culture (see also Boin and Lodge, 2016). Blame is often unavoidable if the crisis occurs either unforeseen or if the mitigation of effects cannot be clearly attributed to crisis management. For example, the austerity measures adopted in response to the fiscal and monetary crisis in the EU since 2008 have been accused of prolonging and deepening the socio-economic impacts of the crisis in southern European economies and the bailouts of having impeded necessary structural reforms in banking and competitiveness, making the next fiscal crisis only a matter of time.

Despite the political costs, effective prevention is the best crisis management to reduce societal damage, but because of its political costs, crisis management cannot rely on prevention and must fit the political culture of the country. Information processing at the outset of a crisis is crucial to recognise crises and to activate prepared capacity in a timely manner.

Whereas the capacity to detect and monitor crises is invaluable in cases of crisis, it is costly to establish and maintain over time, requiring constant exercise and updating. Thus, crisis preparedness can be costly because it requires long-term investments in actionable capacity in a broad range of risk areas and will only be needed in exceptional cases of crises. As preparedness might compete with other legitimate political priorities, investments will be based on risk perception and assessment to avoid blame games by political opponents, public or media that preparations were inadequate, if and when crises arise, or that the interventions were targeted on the ‘wrong’ crisis (Dalgaard-Nielsen, 2017). But such risk perception and assessment will be shaped by a wider political sentiments and recent exposure to risks. For example, German immigration authorities were unprepared for the refugee crisis because it was unexpected, unprecedented in recent history and the risk was perceived as low within the Dublin III Regulation.

2.2. The importance of political learning

This section focusses on the how the experience of a crisis (both during and after the crisis) translates into political learning that influences preparedness and responses to (current and future) crises.

Political learning is already required during a crisis due to the high level of uncertainty and dynamic developments. But priorities and political assessments often change throughout the course of a crisis and with new knowledge evolving, especially ex post. In 2015, while at the immediate arrival of refugees in Europe the priority was to organise some form of accommodation and quick legal processing to prevent them from further direct harm, ex post questions arise on the implications on societal integration of shared or individual accommodation and of legal access to the job market or health care.

In recent years, the concept of resilience emerged in the academic and policy discourse on crisis management. Resilience refers to the capacity to deal with threats and the negative impacts of crises and to restore the structures and norms of the system as quickly as possible (more detailed: Kendra et al., 2018, see also Duit, 2016; Stark, 2014). To ensure resilience, administrative capacity is built in response to systemic vulnerabilities, i.e. identified characteristics of the institutional setting that expose the socio-political system to specific kinds of threats based on experience. Resilience focuses on ex post evaluation of, and a systemic 12 view on, damages caused by crises and institutional recovery. It reduces the political pressure to invest in prevention and
diffuses political accountability (Kendra et al., 2018). From the perspective of resilience, crisis management is a response to vulnerability, and crises are not necessarily seen as indicators of failed prevention and preparedness, but rather as newly identified vulnerabilities that can be addressed through continuous political learning.

For example, in the aftermath of the SARS crisis, some Asian countries reformed their crisis management systems to adapt them to a learned vulnerability (e.g. Lu and Xue, 2016), while others who were not directly affected did not. Political learning is particularly important in the phase of recovery (Broekema, 2016) when political accountability and the adequacy of the crisis preparedness and response are subject to public reappraisal. In democracies, post-crisis recovery often includes enquiry commissions to hold crisis managers accountable and contribute to the development of reform proposals, if the crisis management system is (perceived as) vulnerable (see 9/11 in many countries; see Norway after Breivik). Organisational adaptation happens in response to crisis experiences but also to risk perceptions (Zhang et al., 2018). However, crisis management reforms in recovery do not necessarily entail political learning and strengthened capacity, but might simply signal a political response to perceived higher risk and vulnerability, or to make use of crises as windows of opportunity for a reform with other non-crisis related objectives (Boin et al., 2018).

Based on experience, preparedness might be designed in response to learned vulnerabilities and not be suited to deal with new (types of) crisis. For example, after 9/11, European crisis management systems have strengthened preparedness for terrorist attacks that use physical violence and target mass events. These measures do not necessarily improve preparedness for entirely new kinds of attacks on critical infrastructure or cyberattacks. Consequently, there is a risk that costly investments in preparedness might not be needed, and might still not serve to effectively deal with the crises that do occur.

The perception of vulnerability and crisis management capacity based on crisis experiences can have important implications for crisis response. As Jugl (2020) demonstrates for the management of the refugee crisis in Luxemburg and Germany, perceived high capacity can lead to a weak response, whereas perceived vulnerability can induce more decisive action (see the Covid-19 crisis response in Greece, Portugal and Vietnam). Nevertheless, both political willingness and administrative capacities remain at the core of preparedness and the ability to respond timely and effectively in times of crisis. Good crisis management systems allow for a flexible response during a crisis, e.g. thanks to data collection and evaluation mechanisms that facilitate the adaptation to new developments during crisis response. Throughout Covid-19 in Germany, for example, indicators and measurement methods related to infection rates and reproduction values were updated at various times. Moreover, decentralised crisis management allowed for a variation in response based on different local risks.

Whereas political learning is important for maintaining and building crisis management capacity during and after a crisis, it comes at a political cost in the context of high public attention. Frequent adaptation in response might decrease trust in government institutions to effectively deal with the crisis. Reforms in recovery can be interpreted as an admission of deficient preparedness, without necessarily improving on preparation for future crises that will likely be of a different nature.

In conclusion, crises expose contradictions in public policy. Good preparation before a crisis is based on assessing systemic vulnerabilities, including those identified from previous crises, but it also requires trade-offs as investing in contingencies directs resources away from immediate policy priorities. Paradoxically, the existence of continued systemic vulnerabilities might elicit a better response during a crisis, as inadequate capacities demand political leaders give heightened attention to the immediate effects of the crisis. Finally, learning lessons after a crisis (which is also preparation before the next potential crisis) and addressing learned vulnerabilities, only serves to highlight the previous lack of preparation. Nevertheless, given the high costs of crises themselves (political, societal, economic, fiscal, physical etc), learning and investing
in addressing vulnerabilities would appear the most rational scenario for political and administrative leaders.

2.3. The role of scientific expertise and communication

This section explains the role of scientific expertise in contributing to crisis-management and how the crisis communication can contribute to accepting intrusive mitigating measures.

Information processing is crucial for decision-making in crises under conditions of direct threats and high uncertainty. The involvement of scientific experts serves to reduce the level of uncertainty. However, scientific knowledge is contested, incomplete, selective and subject to change, especially in times of crisis. Expert advice to inform policy-making from scientists (in the case of health, climate, and other natural and man-made disasters) and social scientists (in the case of economic, financial or migration crises etc.) has its limitations, its policy implications can be contradictory within and between disciplines and it evolves over time with scientific progress. In democracies, the processing, weighing, and valuing of diverse information and ultimately decision-making remains in the realm of political leadership, accountable to the citizenry. Politicians face the challenge of making difficult trade-offs, prioritisations and value judgements under great time pressure. During Covid-19, for example, politicians had to and continue to weigh the diverging interests and values of public health protection, the threat of economic crisis and unemployment, the welfare of disadvantaged groups including children, women, the elderly or the freedom to exercise basic rights like religious and political assembly. Good crisis management therefore requires mechanisms to process the best-available expertise including continuous political learning, for example by bundling information in a task force.

Due to the nature of crises, there will usually not be one clearly optimal response. Decisions need to be informed and justified, which is why crisis communication – seeking and providing timely, credible and authoritative information from and to all involved parties, including and especially the public at key points throughout the crisis – is an inherent component of good crisis management to ensure access to information and evidence bases, but also acceptance of crisis management policies. This is particularly important when a crisis response depends on the political support and implementation of a large number of actors. During the financial crisis of 2008, the famous ‘Draghi address’ (by the then President of the European Central Bank) contributed to avoiding ‘bank runs’. Broad information on Covid-19 served to encourage people to limit social contacts, avoid travelling, wear masks in closed spaces and encouraged habit changes such as handwashing. For natural disasters, crisis communication is part of early warning mechanisms; for example, to implement precautionary measures like evacuation plans. To be effective, crisis communication must be clear, convincing, and legitimate. This can be difficult given the uncertainty of knowledge and learning process inherent in scientific advice, which can undermine the support for science and experts and thus the credibility of a crisis response. Especially in politically polarised environments, such uncertainty might be exploited in public discourse. Therefore, both the response and crisis communication must be tailored to the political culture. Political institutions and culture shape the set of policies that will be considered acceptable, how the chosen response can be implemented, and the risk of blame related to political accountability for crisis management.

As the measures taken in response to crises can be very intrusive, their legality as well as their legitimacy and adequacy of crisis management are often subject to public discourse during and after the crisis (on the relationship of government capacity and government legitimacy in crisis management, see also Christensen et al., 2019). It is often argued that exceptional times require exceptional measures, but what is perceived as exceptional and acceptable depends on the political culture. A crisis communication strategy must therefore be tailored to the 14 political culture to define the crisis in the
public discourse, to get public support for a crisis policy and to justify the adequacy of measures taken under pressure and uncertainty ex post (see also Boin et al., 2005). Bad (and a lack of coordinated) crisis communication throughout the fiscal and monetary crisis of 2008 and the refugee crisis of 2015 have contributed to populist movements in many European countries, questioning the legitimacy and adequacy of the measures taken and leading to a decline in the trust in government institutions.

2.4. Coordination of crisis management

This section explores how crisis management can be coordinated, focusing on the advantages and disadvantages of centralised and decentralised approaches.

As transboundary issues, crises cut across geographical, organisational, institutional, sectoral and cultural boundaries (see also Christensen et al., 2019). Crisis management requires coordination, both vertically across levels of government and horizontally within government, as well as collaboration with civil society and private actors. To effectively address a threat, the actions of a variety of actors need to be aligned on a political, strategic, and operational level (Hustedt, 2019).

Coordination of crisis management is organised differently across countries (e.g. Christensen et al., 2016a; see also the contributions in Laegreid & Rykkja, 2019). While federal states tend to decentralise capacity for crisis management, unitary states have centralised crisis management.

Centralisation of crisis management serves as a means for political control, and centralised systems tend to centralise crisis management at the head of government and/or in task forces. It reduces short-term coordination costs by avoiding inter-ministerial conflicts through top-down decision-making (Wilson, 1975) and signals political control, leadership, and the ability to handle a situation (Jackson, 1976, Kouzmin, 1980, Perry, 1985). For example, prime ministers of German states have centralized the response to floods in 1997. However, centralisation can mean losing access to local expertise because the access points to decision-making are reduced making expertise more selective and exclusive.

Decentralised crisis management can therefore more effectively process diverse and decentralised information and provides more flexibility to adapt to local conditions. (Rosenthal et al., 1991). This can be an advantage during geographically restricted natural disasters or whenever implementation takes place locally, like the accommodation of refugees. Local flexibility further allows to experiment with and develop new solutions that might be transferred to similar contexts. The various approaches tested since the beginning of Covid-19 including non-action, have allowed to incrementally evaluate the effectiveness and implications of individual measures and make adjustments or change direction in real time. A downside is that local variation in rules can undermine acceptance of and compliance with rules, i.e. uniform rules are easier to justify and implement.

The centralisation of crisis management comes at the expense of access to local expertise, the flexibility to adapt to local conditions and the opportunity for quasi-natural experiments with different solutions under similar circumstances (Rosenthal et al., 1991). The trade-off between effective coordination on a political, strategic and operational level on the one hand and local expertise and flexibility on the other is non-trivial, given that crises come with a strong need for coordination capacity as transboundary policy issues and high uncertainty. Centralisation facilitates an immediate and coordinated response at a higher risk of choosing inadequate and undynamic policy measures.
2.5. Main insights

To sum up, the discussion of the building blocks reveals several lessons to take into account for the analysis and reform of crisis management systems.

- First, crisis management systems need to fit the institutional structures and political and administrative culture of a system. What works in one system does not necessarily work in another.

- Second, crisis management creates political costs and the ‘politics of crisis management’ require attention in the design of crisis management systems and in the design of crises responses. Effective political and administrative leadership in crisis management requires to make decisions that run counter to political interests but may be necessary to mitigate crisis implications.

- Third, good crisis management includes the capacity to learn from unexpected and unforeseen dynamics of a crisis. It is the nature of crisis that pre-existing plans and preparedness will not fit exactly the new or evolving nature of the crisis. Learning and adaptation hence are critical, and the science-politics nexus is essential for making such learning effective.

- Fourth, organising and set-up crisis management systems involves trade-offs between centralisation and decentralisation.

3. HOW EU MEMBER STATES MANAGE THE COVID-19 CRISIS

This chapter presents the findings of our empirical analysis of the management of the Covid-19 pandemic crisis in nine Member States. The analysis is based on document analysis carried out in the original language by a team of researchers from the Hertie School. Below, we highlight main general trends and key differences across the nine cases, following the structure of the four building blocks presented in the previous chapter. Details on the individual cases can be found in the tables in the annex. The section broadly follows the dimensions of crisis management introduced in the previous section.

3.1. Preparedness: flexibility and capacity

This section focuses in particular on the role played by organisational structures for crisis management and the pre-existing capacities (i.e. health care capacities) during the Covid-19 crisis.

3.1.1. Organisational Structure

In terms of organisational structures for crisis management, an important success factor is the clear assignment of jurisdiction between relevant ministries and agencies at the central government level.

In Germany, as in most of the countries analysed in this paper, the (Federal) Ministry of Interior is responsible for the coordination of crisis management, while the (Federal) Ministry of Health oversees the technical leadership. In Austria, the latest re-organisation of crisis management (in 2004) led to the establishment of the Staatliches Krisen- und Katastrophenmanagement (SKKM) (State crisis and disaster management). In the Netherlands, the Dutch National Crisis 16 Decision-making Manual provides a
clear distribution of competencies and weaknesses in the crisis response were a matter of political choice for a more pragmatic response, not organisationally driven.

By contrast, since Italy has no clear distribution of responsibilities between national and regional institutions, conflicts arose regarding decision-making. As a result, several regions had issued their own regulations undermining national lockdown policies.

It is interesting to notice that preparedness was higher in countries where these organisational structures for crisis management had already been used and that could rely on response patterns from earlier crises. For example, the economic policy response in Germany benefitted not only from the favourable fiscal conditions, but also from re-activating measures that had been tried and tested during the financial crisis (and were based on established benefit schemes in the German welfare state, such as the short-time work allowance).

In general, while organisational structures for crisis management in the nine Member States analysed in this paper seem to be effective enough, weaknesses can be attributed to the initial reluctance of political leaders to intervene at an early stage with strict and intrusive measures. Under conditions of high uncertainty, severe measures against economic interests were not always adopted early enough (for example, in Austrian ski resorts, where earlier measures could have limited the spread substantially).

3.1.2. Pre-existing capacities

In the case of the Covid-19 crisis, preparedness hinges on pre-existing capacities in the health care system. These include the:

- number of tests that can be administered;
- availability of intensive care units (ICU) and curative care beds;
- contact tracing strategy (associated is the degree of digitalisation); and
- general state of the national health system.

Test capacities vary substantially across EU countries. At the beginning of the crisis, France and Ireland already had high test capacities. Greece ranked in a medium position in comparison to other European countries; there was a sufficient number of tests available for direct contact persons of confirmed infection cases. In contrast, Belgium could focus only on the most important cases. Even Germany, Austria and the Netherlands had some capacity shortages at the outset of the crisis (in particular regarding equipment, but not testing labs). Initially, the Netherlands could only conduct 10 tests per confirmed case. Despite their limited testing capacities (and mild lockdown measures), their health care system did not collapse because its health care institutions were sufficiently equipped.

Also the availability of bed capacities revealed a rather diverse picture among European countries (see Table 1). The countries with higher availability of curative care beds (i.e. Belgium and Austria) strongly benefited from high capacities in the health care system throughout the crisis.

The situation was different in other Member States, such as Spain, France, Ireland, and Italy. Despite the generally medium capacities in France in the EU comparison, local ICU beds (e.g. in France in early March), were quickly used to capacity. Nevertheless, regional coordination allowed the allocation of patients according to capacity.

In Ireland, at the end of March, it was feared that ICUs were nearing maximum capacity, leading to an overburdening of the system. The dramatic situation in Italy and Spain, which experienced early and strong outbreaks, was exacerbated by the low health care capacities. In these two countries the density of curative hospital beds is among the lowest in the EU after 17 Sweden. Countries with lower health care capacities needed to react earlier and stronger in order to avoid an overburdening of the system including triage.
### Table 1: Availability of curative care beds

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of curative care beds per 100,000 inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>544.7</td>
</tr>
<tr>
<td>Belgium</td>
<td>500.5</td>
</tr>
<tr>
<td>France</td>
<td>309.0</td>
</tr>
<tr>
<td>Ireland</td>
<td>276.6</td>
</tr>
<tr>
<td>Italy</td>
<td>262.5</td>
</tr>
<tr>
<td>Spain</td>
<td>242.6</td>
</tr>
</tbody>
</table>

As regards the tracing of infected persons and their contacts, all the EU Member States examined encountered relevant challenges. Belgium, for instance, faced difficulties due to fragmented responsibilities; Ireland had technical issues, including data entry errors, a lack of automation and systems that could not interact with each other, causing a slowdown of tracing. Problems in Germany were rooted in staff shortages within local public health agencies, so that the contract tracing strategy initially could not be fully implemented (these staff shortages were dealt with by new hiring and relocation of public servants from other agencies). The capacity of Greece to trace contact persons was at a medium level. The Netherlands is noteworthy too, insofar as contact tracing has been assisted by a smart phone application since the early stage of the crisis.

Prevention is expensive, particularly in the area of health care, and at the same time, its benefits are uncertain. Therefore, given the challenging fiscal context in some EU Member States, variation was to be expected. For instance, in the recent year, both Greece and Italy saw substantial cuts in health care expenditure, leading to capacity shortages (i.e. medical supplies, staff shortages) during the crisis.

A somewhat surprising result of the review of nine cases is that, while high capacities can be important for effective crisis management, not all high-capacity countries have made effective use of their capacities. Moreover, also countries with comparatively low capacities - mainly understood in terms of the health care system here - have performed relatively well, largely by way of early and strict mitigation strategies. Our nine cases can be clustered into three groups with respect to capacity, namely high, medium and low capacity countries.

- Not all high capacity countries managed the early crisis similarly well. While mitigation of the spread of the virus was relatively effective in Austria and Germany (with regional/local ‘blind spots’), the Netherlands witnessed high case numbers despite high capacities (and high capacities might have contributed to lower political demand for stricter measures).
- Among the medium capacity countries, Italy was affected very strongly by the crisis, mainly because it was hit first among the European countries. After a poor early crisis response, the Italian crisis management system improved over time and adopted measures successfully containing the spread of the coronavirus. France is another medium capacity case that also performed at a medium level in terms of controlling the spread. While a lockdown was implemented strictly and for a relatively long duration, the country still had high caseloads (possibly related to a mutation of the virus).
- Greece is the case of a low capacity country that compensated capacity deficits with early and effective intervention and thus successfully limiting the spread of the virus, while Spain represents a low capacity case with high infection rates despite a strict lockdown. The main difference is the timing of the intervention, Greece could implement mitigation measures at an earlier stage of the spread of the virus.

All countries displayed the willingness to learn and build-up capacities over time, i.e. increasing the number of hospital beds, ICU beds and ventilators. Simultaneously, all countries worked to increase their test and tracing capacities – and increasing the
capacities proved to be a cornerstone in all countries under study. In short, (high) capacities are important, but they cannot guarantee an effective response. Early and rapid response and political learning over time to build capacities might be as important as pre-existing capacities.

3.2. The importance of political learning

In this section, we describe the way in which the nine EU Member States experienced a political learning process during the Covid-19 crisis. First of all, we compare their first response to the crisis, their policy performances or, respectively, their policy changes, as well as the adaptation of capacities as a response to the crisis.

3.2.1. Response to the crisis

At the outset of the current crisis, many countries were reluctant to respond until the spread of the virus forced them to do so. In Italy, serving as a prominent example, several politicians at first neglected the risk of a pandemic and offered false reassurances. After the infection rate had started to increase rapidly, most politicians changed their approach promising to now act fast.

Comparing policy responses across the nine countries, the speed and strictness of response are two key dimensions displaying differences across countries.

In Belgium mitigation measures were applied, generally following the national plan for pandemics and infectious diseases (from 2006), whereas its government authorised a relatively strict lockdown from mid-March until the beginning of May 2020. Eventually, that strategy led to an effective reduction of the infection rate after an initial very high case load.

Germany and Austria responded reluctantly to the upcoming crisis despite their proximity and exchange with Italy. While the stringency of the Italian lockdown and closure measures increased, the president of Germany’s Robert Koch Institute still estimated the risk in Germany as ‘moderate’.

France also reacted rather slowly, although it was affected early on and heavily by a rising infection rate. Differently from Germany and Austria, France still could not mitigate the development effectively, even after it had initiated its political learning process by enacting appropriate measures. In contrast, Greece’s overall policy performance functioned relatively smoothly and their measures led to an effective reduction of new infections. The government responded fast with an immediate shutdown of schools and universities and cancellation of all public events. Ireland, too, responded early but with only partial school closures.

With respect to lockdown measures, Ireland is a prominent example of a very strict version leading to a flattening of the infection rate. The measures were implemented early enough and in a uniform way, in contrast to, for example Italy, which was the first EU country to be affected by the crisis, and had initially substantial vertical coordination problems in adopting mitigation measures. Ireland also adapted its approach by continuously decreasing the lockdown’s stringency over five phases. France and Greece also applied a rather strict lockdown. However, Germany dissociates itself from that group, as it enacted a moderate lockdown with increasing stringency and loosening restrictions did not lead to a renewed rapid increase.

In general, all governments, except the Greek one, were criticised to some extent for either reacting too late and/or with too limited measures or for overreacting with measures that were too strict. The criticism was amplified by the different timing and magnitude of the crisis in different countries, which is why governments had to deal with different levels of uncertainty. Uncertainty was notably high in Italy, Spain and
France which were affected early and strongly. Greece and Germany, for example, were affected later and were able to benefit from the experiences of other countries.

### 3.2.2. Adaptation process

Through a comparison of the countries’ fiscal policy response with their overall adaption process, some interesting results arise in terms of capacities. Although Greece lacked sufficient fiscal resources to launch an effective economic support programme, the government used its limited options to invest in the digitalisation of health care and public services, so that the crisis became a driver for digital innovation. An example of this development is the Greek education system that adjusted quite successfully to online teaching. In Austria though, this relationship was the reverse. Despite promises of high public spending, Austria’s digital capacities did not increase significantly because companies seemed to put investment for innovation on hold.

Apart from that, in several countries, the crisis meant an acceleration of digitalisation. Ireland ranks in 6th place in the world with its innovative solutions responding to Covid-19 (O’Brien, 2020); Dublin ranked 13th among the world’s most innovative cities. As mentioned before, the Netherlands invested highly in eHealth too. For the management of ‘Phase 2’ of the pandemic in Italy, a specific monitoring system has been activated on epidemiological data and on the response capacity of regional health services.

The building of digital capacities often relates to the extent to which countries increase their capacities for contact tracing. This happens mostly by using a smartphone application. Yet, approaches to this differ across Europe. Most countries are in the process of releasing or have already released an application. Austria launched it already at the end of March. The launch was accompanied though by a dispute within the government coalition about the question of whether the application should be mandatory. This question and data security issues were also responsible for the delay in Germany. The app’s publication was initially planned for April; it was eventually launched in mid-June. By contrast, the app in Belgium had not been released at the time of submission of this study (16 July) due to ongoing controversies. Overall, these countries vary in their approach to storing data centrally or on a decentralised basis. The majority applies the latter approach, e.g. Italy, Germany, Austria, Greece, and Ireland, while France prefers central storage of data.

With respect to testing and ICUs, all countries increased their capacities, mostly up to a sufficient level. The only exception is Belgium whose test capacity, despite increasing, remained low in international comparisons. Since the end of April, it was possible to administer more than 10 tests per confirmed case. The insufficiency is obvious when compared with the number of tests the French health institutions are able to run (100 per confirmed case).

Even though most countries have not been sufficiently prepared for an upcoming pandemic, they at least went through a political learning process by launching extensive economic support programmes and by increasing the capacities of their health care systems. In some cases (e.g. Italy, Spain, Greece), this happened under the condition of limited fiscal resources, resulting from years of debt management and austerity policies. Bearing this in mind, a related question is whether European countries, not only as individual states but also as a Union, are willing to learn from previous crises.

### 3.3. The role of scientific expertise and communication

This section outlines the organisation of scientific advice and discusses the role of expertise in crisis response and communication during the Covid-19 crisis.
3.3.1. Support to the crisis response

Scientific advice is essential to good crisis management. It reduces the uncertainty of decision-making by providing scientific data and evidence. However, evidence is contested, selective and changes throughout the course of the crisis, which is why it cannot replace political decision-making. The acceptance of and compliance with policy measures depends on the public perception of the coherence, credibility, and effectiveness of the response. How executive politicians and leaders of agencies and advisory bodies communicate and deal with uncertainty, contradictory scientific evidence and changing circumstances therefore affects the implementation of crisis management.

All of the nine EU Member States referred to scientific experts for policy advice. All countries but Germany and Spain established expert committees. These consist mainly of medical experts like virologists and epidemiologists and are involved in the decision-making processes to various degrees. The institutional set-up varies from public agencies to independent scientific committees to scientific policy advisory committees and task forces as part of government institutions (see Table 2).

Table 2: Scientific advice across Member States.

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>Robert-Koch-Institut</td>
<td>Federal Public Health Agency</td>
</tr>
<tr>
<td>Greece</td>
<td>n/a</td>
<td>An ad-hoc scientific committee</td>
</tr>
<tr>
<td>Spain</td>
<td>the Consejo Superior de Investigaciones Científicas</td>
<td>Public Research Institute</td>
</tr>
<tr>
<td>France</td>
<td>Comité analyse, recherche et expertise (CARE) Covid-19</td>
<td>Independent expert committee of various health experts</td>
</tr>
<tr>
<td>Ireland</td>
<td>Coronavirus Expert Advisory Group</td>
<td>Expert committees including external advisors</td>
</tr>
<tr>
<td>Italy</td>
<td>Comitato tecnico-scientifico della Protezione civile and Comitato tecnico-scientifico del Ministero della Salute</td>
<td>Permanent scientific committees at the Department for Civil Protection and of the Ministry of Health</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Outbreak Management Team</td>
<td>Part of the Public Health Agency</td>
</tr>
</tbody>
</table>

Besides health expert committees, some countries established also task forces or expert groups aiming at providing advice on other aspects related to the crisis (see Table 3).

Table 3: Scientific advice on other aspects of the crisis.

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Economic Risk Management Group</td>
<td>Federal Public Health Agency</td>
</tr>
<tr>
<td>Italy</td>
<td>Task force scuole e didattica a distanza</td>
<td>Task force on distance learning</td>
</tr>
<tr>
<td>Italy</td>
<td>Task force ‘data drive’</td>
<td>Task force on digital innovation</td>
</tr>
</tbody>
</table>

Scientific advice took on different roles in policy advice and crisis communication. While all countries made use of scientific evidence to inform their crisis response to some extent, they did not all include scientists in crisis communication and sometimes deviated from expert recommendations for political trade-offs.

The ability to adapt the crisis management system and corresponding measures as the pandemic unfolds, on the basis of scientific advice, was essential for effective crisis management. All governments in the countries under study here were in close contact with key scientific experts in virology and epidemiology, and medical experts in their respective countries – albeit in different advisory structures. Yet, it was essential for governments to access the relevant specialist expertise and to maintain good working relations with the experts. Constant interaction with relevant expert networks in some
cases (e.g. Germany) also stimulated or enabled governments to learn and ultimately to adapt and update measures with an evolving knowledge (e.g. making facial masks obligatory in public spaces). Engaging experts and scientists comes with political challenges: relying on individual experts or institutions might lead to a biased perspective, but involving too many experts could lead to ‘noise’ and confused messages. Public communication of scientific debates or diverging interpretation is challenging for policy-makers that strive for coherent and consistent crisis management. In Austria, for example, political demand to streamline advice caused conflicts.

Greece followed the expert advice very strictly and the leading scientist became the spokesperson of the Ministry of Health, giving daily press conferences on behalf of the Ministry together with the Undersecretary of Crisis Management and Civil Protection. Overall, the crisis response of the Greek government was praised as timely and effective. Belgium, Germany and the Netherlands included medical experts in their daily press conferences to inform the general public. At the same time, advisory groups were more independent and not all recommendations were fully implemented. Scientific advisors were not part of crisis communication in Italy, France and Spain, where the crisis communication and response have been criticised as incoherent, uncoordinated and not sufficiently determined, although these countries did make use of scientific advice for decision-making. In Germany, Austria, Italy, Spain and Belgium, subnational politicians had an important role in crisis communication depending on local outbreaks and subnational policy measures, which can be perceived as either a flexible response.

3.3.2. Leadership and crisis communication

Crisis communication had implications on the acceptance of measures and the compliance with behavioural rules across Member States. Despite similar policy measures taken across countries, the more coherent and coordinated the crisis communication between the different actors involved and the more important scientific advice was in crisis communication, the higher the acceptance of the national crisis response by the general public.

The French, Spanish and Dutch governments were accused of not communicating clearly the risks associated with the pandemic and of incompetence when adjusting policy measures to new developments. In particular, the fact that the first round of France’s municipal elections went ahead despite the lockdown, and the contradictory messages from the Dutch government concerning the severity and urgency of the crisis, was criticized.

Political leadership and crisis communication were essential for good Covid-19 management. In all countries the heads of government were involved in crisis management. It was vital for effective management of the pandemic that political leaders took responsibility for far-reaching measures that had been taken ad-hoc - these measures needed to be explained and justified by top political leaders to be accepted.

Taking political responsibility was essential for signalling the severity of the threat, but also for demonstrating willingness to learn and adopt. The speech by the Irish Prime Minister Leo Varadkar, which quickly became famous across the EU, is a prime example for good crisis communication. It was companionate, stressed community values but also international solidarity, and was also concise and clear with regards to rules and regulations introduced. In short, it was strong in sense-making and meaning-making. In contrast, crisis communication in Italy and Spain was criticised for being erratic, poorly-coordinated and at times inconsistent. While crisis communication by top leaders showed some but not fundamental variation, the engagement of experts in crisis communication varied. Some countries aimed for a balance of politicians and experts (for example, Germany), others provided a more central role to experts (Greece) and again in others, political leaders were more dominant (the Netherlands).

The analysis shows that involving experts in the crisis communication was effective to maintain support, and to demonstrate that government was seriously concerned
about crisis management - and not only in blame avoidance. Credible political interest in effective Covid-19 management was a cornerstone of successful governments. While for example, the German federal government as well as the prime ministers of the Länder credibly committed to crisis management as their core political priority, the Dutch government put far less emphasis on the threat.

3.4. Coordination of crisis management

This section provides an overview of the responses to the Covid-19 crisis with regards to both vertical and horizontal crisis management coordination. It discusses the role played by the central government and the subnational level (vertical coordination) and the distribution of competences between ministries in responding to the Covid-19 crisis (horizontal coordination).

While the Covid-19 crisis is primarily a health crisis, it affects also other areas like economic and social policy, education, transport, and international affairs as a consequence of crisis response measures. It therefore requires both vertical coordination across levels of government where competences are decentralised or shared between federal and subnational levels and horizontally between ministries.

3.4.1. Leadership and crisis communication

The distribution of competences varies between countries depending on the administrative structure, organisation of crisis management and institutions of the health care system. The central government had an important part in managing the crisis in all countries involving several ministries and governmental agencies.

The central actor in managing the Covid-19 crisis was usually the Health Ministry and/or the Public Health Agency in conjunction with a crisis management body, which is organised differently across countries. Italy and Greece could rely on Ministries for Civil Protection for expertise and resources, while Belgium established an agency for crisis management in 1986, the National Crisis Centre. The Ministries for the Economy, Social Affairs and Finance were involved in mitigating the negative socio-economic impacts of the crisis. Further ministries were 23 involved in the implementation of single measures like travel restrictions, food logistics and investments in research and innovation. The role of the Prime Ministers or Presidents Offices (PMO) varies. While in the Netherlands, Spain and Ireland, it has an important leadership role, the PMO has coordinating functions in France and Belgium. In Greece, Germany, Austria and Italy, the role is mostly limited to crisis communication, while the crisis response is led by the Ministry of Health or the main coordinating bodies.

There are different national responses to the need for interministerial coordination. In Germany and Austria, the Ministry of Interior is responsible for the coordination of the crisis response as a permanent structure. In addition, ad-hoc interministerial crisis committees were established Germany, Greece, Ireland and Austria, to coordinate the crisis response between ministries. The size and composition of these committees varies, but they usually include representatives of a small number of ministries, involved in crisis response, as well as the PMO. They are chaired by the PMO or the leading actor in crisis response coordination, like the Vice Minister for Civil Protection and Crisis Management in Greece or the Minister of Interior in Austria, for example. Similarly, Belgium, the Netherlands and Ireland have established governmental committees for crisis response coordination as provided in their national crisis management plans. These committees are non-permanent, but the structure and competences are defined. The composition can vary depending on the crisis. For Covid-19, most of these committees involved at least the PMO and the ministries of health, interior and economy (and civil protection if applicable). Italy appointed a commissioner to coordinate the crisis response. In France, the main political decisions on crisis management were made by the Conseil de défense et de sécurité around the Président de la République, which can be convened by the
President in crises and is an inter-ministerial committee of the ministries concerned. In Greece and Belgium, additional ad-hoc coordinating bodies were established to deal flexibly with the specificity of the crisis. A governmental task force in Greece and the Economic Risk Management Group in Belgium serve to coordinate the economic and social measures and the easing of the lockdown measures between ministries.

3.4.2 Vertical coordination

As the health care system is often decentralised, subnational government had an important role in crisis management. In all countries, the subnational level had at least implementing functions, for example of the lockdown measures and the health policies in local health care institutions and public health agencies. In addition, regional and local government had important decision-making functions in Germany, Belgium, Spain, Austria, and Italy. Crisis management tends to be more decentralised in federal and highly decentralised unitary states. In France and the Netherlands, local governments have some decision-making functions, for example on quarantine measures and the closure of schools. In many strongly-affected areas, local or regional governments took earlier and more severe measures than the national government. The decentralised structure allowed for a flexible response depending on local developments of infection rates. The crisis response was most centralised in Greece and Ireland. In Greece, regionally diversified measures were taken by ministerial decree at the national level with consultation of the concerned administrative units.

Coordination across levels is mostly hierarchical, which is facilitated by the centralisation of competences. To coordinate the crisis response across levels, most countries made use of centralisation as a provision in case of crisis. The state of emergency allows to concentrate power at the federal executive and to overrule subnational decision-making power. An interesting case in this regard is the so-called federal phase in Belgium, which was legally created after the terrorist attacks in 2015/16. This leads to new distribution of competencies and facilitates top-down decision-making. For example, by activating national pandemic plans, the Ministries of Health hierarchically coordinate the crisis response in hospitals like delaying non-essential surgery and increasing ICU bed capacities and in local health agencies like collecting and reporting data on local outbreaks. The need for vertical coordination increases with decision-making functions at the subnational level. Due to the high degree of centralisation in the Greek crisis management, the need for vertical coordination is rather limited and exercised hierarchically by the General Secretariat for Civil Protection. In Spain, Italy and Belgium, a coordination committee was formed by representatives of regional health authorities and medical practitioners to coordinate the crisis response in the health care sector. In the Netherlands, Belgium and Germany, special coordination bodies were established to coordinate the implementation of economic, social and fiscal assistance measures across levels. The distribution of patients among hospitals in France was coordinated by the Regional Health Agencies. In Belgium, the main decisionmaking body in times of crisis, the National Security Council, was extended to include the regional conference of Ministers-President. The Federal Coordination Committee is responsible to implement decisions in a coordinated manner across levels. In addition, several task forces of national and regional public authorities were established for vertical coordination in implementation and crisis communication. In Germany, the federal states’ policies are coordinated in the conference of Ministers-President joined by the German chancellor. Such coordination bodies can be seen as a necessary, but not sufficient condition for effective crisis coordination.

The decentralised structure of the health care system was an advantage in collecting local data on infection rates and ICU capacities. They were coordinated and analysed by the national public health agencies to inform decision-making at a national level. Subnational decision-making functions allow for a dynamic crisis response tailored to local conditions. However, in Greece too, regional variation was possible despite the high degree of centralisation. Decision-making on lockdown measures was mostly
centralised or at least coordinated across levels, which facilitated a coherent implementation. Subnational decisionmaking functions facilitate a tailored approach to easing and to testing the effectiveness of different measures. In terms of policy performance, there is no clear link to the level of centralisation in crisis management. Institutional responses to the crisis depend on the administrative structure, organisation of crisis management and the resulting need for coordination in each country.

3.4.3 Selecting the appropriate structure

While policies have been broadly similar, coordination structures varied across countries, reflecting different state architectures and structures of governance. While our analysis does not allow for conclusive findings, the evidence from nine countries suggests that centralised structures do not provide clear advantages over decentralised ones. Centralised crisis management contributed to an effective response in Greece, while a lack of coordination between central and regional contributed to the initially slow response in Italy. In contrast, Belgium combined a centralised coordination structure led by the Prime Minister with decisionmaking and implementation functions at the subnational level resulting in a well-coordinated crisis management. While centralised structures allow for more rapid responses, decentralised and hybrid structures allow for better adaptation to local conditions, provide conditions for political learning, and often come with higher analytical, delivery and coordination capacities at local levels, while centralisation allows for hierarchical intervention in local units, such measures have costs (e.g. distortion of information processing across levels). Decentralised coordination structures come with higher consensus requirements and only work when conditions for consensus are given (i.e. low levels of political polarisation, and a consensus-oriented political culture). Our findings indicate that the ‘institutional fit’ of the coordination structures with the state and governance structures is crucial for a good crisis management system. Selecting the appropriate structure is key – and there is no functionally superior model of centralised or decentralised crisis coordination.

3.5. Main insights

The comparative analysis of Covid-19 crisis management of nine EU Member States confirms that administrative capacities, coordination, leadership and crisis communication are key for effective crisis management.

Crisis management policies included similar measures such as lockdowns and developing digital tools. However, in particular the scope or extent of lockdown measures varied between mild versions (e.g. in Germany, with closed shops, restaurants and educational institutions) and strict measures (e.g. in Italy, France and Spain, with substantive restrictions on people leaving their own homes).

Crisis management structures are somewhat similar with a central role for the Ministries of Health and the Head of Government.

But the most consequential variation across countries are the following:

a) How early and consistent measures were taken;

b) How robust health care and public health capacities were;

c) The quality of political leadership and crisis communication; and

d) The coordination across levels and sectors.

An open question remains: how well will the different countries adapt over time, both in terms of responding to a second wave of Covid-19 infections and in terms of continuously updating tools and measures (such as tests and tracing, the role of an app, coordination between local and higher levels etc.)?
4. LESSONS LEARNED

This study analyses the Covid-19 crisis management systems in nine EU Member States regarding capacities, coordination, leadership and crisis communication and cooperation with experts. According to crisis management research, these categories represent building blocks of good crisis management. The analysis shows some common structural traits and similar policy measures, but considerable variation in the concrete design of crisis management systems and policy measures. Based on our analysis, we arrive at the following six recommendations for policy-makers to take into account for the design or reform of crisis management systems.

(1) Invest in detection capacities: early responders perform better

Both capacity to act and early crisis response contribute to good crisis management, for which the ability to detect and understand a crisis, the scope of the threat and its possible implications are crucial. Hence, we recommend to carefully reflect on the capacity to detect crises through establishing effective early warning mechanisms that enable policy-makers to understand the nature of an emerging crisis quickly. Regarding a pandemic, early warning mechanisms could include systematic links between experts and decision-makers, data collection and reporting mechanisms. A key challenge for institutional design is striking a balance between specialised knowledge and tools for the detection of specific crises, and more generalist knowledge and the detection of new types of crises.

(2) Balance centralised and decentralised responsibilities: coherence matters

The consistency and coherence of crisis management are vital for its effectiveness, as well as for creating acceptance and legitimacy of mitigation measures. However, there is an inherent tension in times of crises between the demand for consistent response and the demand to take local conditions into account. There is no one-size-fits-all solution and finding the appropriate balance is no trivial choice to make, but the coordination system needs to fit the institutional context of a country and needs to accept the insight that all coordination structures involve trade-offs. Both centralised and decentralised systems have their strengths and weaknesses and the latter need to be addressed in the reform of crisis management systems.

(3) Be pro-active in the politics of crisis management: ‘credible committers’ have an advantage

Crisis management is not a technical task - it involves highly political decisions, leadership and responsibility. Though political incentives may signal otherwise in the early stages of a crisis, government leaders that early and ‘correctly’ interpret the scope of the threat and make crisis management a priority perform better when the crisis unfolds; they are better able to create acceptance for their crisis management policy. Therefore, we recommend linking the early warning system to responsible executive politicians and establishing firm links between expert advisory structures and executive politicians. Being pro-active in the politics of crisis management also involves developing a credible communication strategy involving experts and politicians to explain and justify crisis measures.

(4) Develop self-reflection mechanisms: flexible learners do well

Flexible adaptation to changing circumstances and evolving knowledge and political learning of how to best address a threat or prepare for the next to come is essential for good crisis management. However, in particular when a crisis is still unfolding, flexible adaptation and political learning requires a considerable capacity to act. We recommend establishing self-reflection mechanisms on the performance and effectiveness of the crisis management systems on a regular basis, and implementing changes as quickly as possible. Again, the nexus between experts, executive politicians and civil society is key for developing such self-reflection mechanisms.
(5) Better safe than sorry: be prepared

At the time of writing, the first wave of the Covid-19 outbreak appears to be over in Europe and governments would be well advised to prepare for a potential second and third wave to hit the EU Member States in the foreseeable future. Preparing for a second wave of the coronavirus involves developing a testing strategy, enhancing testing capacity (if needed), developing a tracing policy, adapting tracing capacity (if needed), further developing digital tracing tools, investing in the capacity of the health care system (if needed), and stockpiling relevant medical and protective gear.

(6) Institutional learning: be prepared

Political learning from crisis works well, when the next crisis is of the same type as the previous one, or when tools and building blocks from previous crises can be usefully deployed in a new type of crisis (i.e. economic rescue packages, engaging local government leaders). Both types of learning need to be strengthened and institutionalised. The EU has a central role in facilitating such learning between and across EU countries and beyond.

5. REFERENCES


Jugl, M., Blind spots and the paradox of vulnerability: Why Germany was less prepared to respond to the refugee crisis than Luxembourg, Chapter in the PhD Dissertation, Hertie School, Berlin, 2020.28


ANNEX A - COUNTRY CASES OF COVID-19
POLICY AND CRISIS MANAGEMENT

Each of the following nine country case studies is presented in a common format covering 10 dimensions:

- **Policy performance**: This section examines three policies in turn: detection, pandemic mitigation, and economic and social policies, providing a rating (++, +, +/-, -/+,-, or --), and a commentary in each case.

- **Central government role in crisis response**: This section describes and assesses the tasks, relevant ministries and agencies, their division of competence at central government level, the role of the centre of government, and who was the most influential actor for crisis response at central government level.

- **Coordination between ministries**: This section describes the bodies or government organisations that are responsible for inter-ministerial coordination of crisis response, and whether they have been established specifically to coordinate the pandemic response or are regular coordination bodies. It also describes and assesses the quality of crisis response coordination, and assesses the level of conflict between ministries.

- **Subnational government role**: This section describes the relevant subnational authorities (if any) and their tasks and competences, assessing the role of the subnational government level using a five-point system: (1) no relevant role; (2) some implementation functions; (3) extensive implementation functions; (4) some decision-making functions; and (5) extensive decision-making function.

- **Coordination across levels**: This section describes the bodies or government organisations that are responsible for coordination across levels of government, and whether they have been established specifically to coordinate the pandemic response or are regular coordination bodies. It also assesses the level of conflict across levels of government.

- **Centralised – decentralised**: This section describes the overall balance between central government and subnational levels in crisis management, and which is more important, using a six-point system:

  (1) centralised in executive government
  
  (2) centralised in executive government with agencies
  
  (3) central government engages regional government
  
  (4) shared competences between central and sub-national levels (more centralised)
  
  (5) shared competences between central and sub-national levels (more decentralised)
  
  (6) decentralised.

- **Scientific advice**: This section describes the government institutions that provide scientific advice on crisis response to the government, as well as the key scientific advisors, whether part of the government organisations or, for example, university professors. It also describes and assesses the role of the scientific advisers in crisis response, and the quality of interaction between the scientific advisors and the government, including whether the government followed the advice.

- **Capacities**: This section describes and assess the capacities to address the pandemic overall, and specifically with regard to: (1) test capacities; (2) ICUs; (3) tracing strategy implementation; (4) digital tracing (app); and (5) the scaling of innovations in crisis response measures (for example: drive-through testing). It also describes any other capacities relevant for crisis management, and assesses whether capacity has been changed during the crisis response (e.g. strengthening...
specific agencies), how strong/weak are public health authorities and public research agencies for infectious diseases/pandemics/epidemiology, and the ratio between public and private hospitals.

- **Communication.** The section describes the key actors that communicate the governments crisis response, and assesses the coherence and comprehensiveness of the crisis communication.

- **Leadership.** This section describes the key political and/or administrative leaders in crisis response, and assesses their role and leadership style, whether they are strong and powerful, whether they follow transparent principles, or they rather try, test and adopt, how they cope with uncertainty and changing circumstances, and whether they are able to convince citizens of the appropriateness of their crisis response policies.
Belgium

Policy performance

**Detection (+)**

(+) First cases in February controlled as the people repatriated from China are isolated and tested. In early March, the virus begins to spread rapidly in Belgium following the holiday season. Belgian authorities react immediately following the health risk containment strategy.

**Pandemic mitigation (+)**

(+) On 10 March, the Prime Minister recommends not to attend large public events and to work from home if possible. 

(+) Following a meeting of the National Security Council on 12 March, the federal phase of crisis management begins. The closing of schools and gastronomy and the cancellation of public events are decided. On 17 March shops are closed, travel restrictions and social distancing introduced. 2

(+) Relatively strict lockdown 17 March to 3 May. Effective reduction of infection rates. The measures broadly followed the Belgian plan for pandemics and infectious diseases from 2006.

(+) Incremental easing of the lockdown conditional on testing and contact tracing. Schools, retail and services are partially reopened.

**Economic and social policies**

(+) Economic and social support measures in the Federal Plan for Social and Economic Protection including tax deferrals, financing for hospitals, wage support and short-term work, expansion of social and unemployment benefits, regional financial support to businesses, reduction of social security contributions for self-employed, state loans and guarantees.

(+) The regions have taken additional economic and social support measures

Central government role in crisis response

National Security Council

● Main crisis management decision-making body at federal level

● Consists of the Prime Minister, Deputy Prime Ministers and was extended to include the Ministers President of the Regions and Communities

National Public Health Institute

● Key actor in crisis management

● Represented in the main decision-making bodies for Covid-19

● Main actor in crisis communication

Other ministries and Federal Public Services are represented in some of the decision-making bodies for crisis management (see below)

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2 https://ourworldindata.org/policy-responses-covid
5 https://www.oecd.org/coronavirus/country-policy-tracker/
### Coordination between ministries

**National Crisis Centre**
- Provides expertise and infrastructure for crisis management to the government
- Assists in coordination of crisis management
- Collects and analyzes information to prepare decision-making in crises

**Risk Management Group**
- Takes decisions to protect the public health based on advice from the Risk Assessment Group
- Consists of representatives from federal and regional health authorities
- Chaired by the Federal Public Service Health
- Implements the decisions of the Federal Coordination Committee

**Economic Risk Management Group**
- Takes decisions to mitigate the socio-economic impacts

**Evaluation Unit**
- Chaired by the Federal Public Service Health and is made up of representatives of Sciensano, the Scientific Committee, the Superior Health Council, the administrations responsible for public health at the level of the Regions and Communities, and the Federal Public Service Home Affairs and Mobility
- Receives advice from the Risk Assessment Group, the Risk Management Group and the Scientific Committee
- Gives advice to the public authorities on health matters

**Socio-economic Unit**
- Chaired by the Federal Public Service Economy
- Consists of representatives of the Ministers for the Economy, Employment and Public Health and for SMEs, as well as from the FPS Economy, Employment, and Labour, Mobility, Social Security and from the Government Department (POD) Social Integration.
- Analysis of the socio-economic impact of the measures

### Subnational government role

(S) extensive decision-making function
- While the overall crisis management is at federal level with representation of the Regions and Communities, the Communities still have extensive decision-making competences in several important policy fields including public health, transportation, justice, economic and social policy. The complex distribution of responsibilities requires coordination across levels.\(^8\),\(^9\)
- Some mayors and local authorities take early measures like closing schools and quarantining incoming travellers from high risk areas earlier than the national level
- Initially, there was some conflict about the crisis management approach, especially related to the lockdown. The Flemish Prime Minister preferred the Dutch approach of a mild lockdown to protect the economy, while others accused the Dutch and French governments of not taking fierce enough measures. Conflicts at the regional level are challenging to a coordinated approach to easing the lockdown measures including the reopening of schools and mitigating the economic impacts.\(^11\),\(^12\)

Some task forces were established to coordinate the implementation at local level:
- The Operational Unit – coordinated by the National Crisis Centre
- Facilitates the flow of information between the authorities
- Ensures that the crisis infrastructures are operational
- The Legal Units are responsible for drafting the legal texts and providing answers to legal questions
- The Task Force Integrated Police coordinates the actions of the police services.

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\(^8\) [https://centredecrise.be/fr/content/sur-le-centre-de-crise-national](https://centredecrise.be/fr/content/sur-le-centre-de-crise-national)


Coordination across levels

Federal Coordination Committee\textsuperscript{13, 14}
- Coordinates the implementation of federal decisions from the National Security Council by the regional authorities
- Chaired by the National Crisis Centre
- Chair of the Risk Management Group and representatives of the Prime Minister, the Federal Ministers for Home Affairs, Justice, Finance, Foreign Affairs, Public Health, Budget, Mobility, Defence, Employment and Labour, as well as the Ministers-President of the Regions and Communities. The following administrations are also represented: the FPSs Public Health, Mobility, Economy and Defence as well as the regional crisis centres and the federal police.
- Health policy measures are coordinated by the Federal Public Service Health (including testing and health care capacity)

Risk Management Group\textsuperscript{15}
- Takes decisions to protect the public health based on advice from the risk assessment group
- Consists of representatives from federal and regional health authorities
- Chaired by the Federal Public Service Health

The Information Unit
- jointly chaired by the Federal Public Service Health and the National Crisis Centre
- ensures the coordination of all local, regional, community and federal authorities and advises them in crisis communication
- Consultations with the Provincial Governors, the Senior Official of Brussels and the Minister-President of the Brussels-Capital Region also serve coordination across levels.
- The International Unit facilitates the flow of information at European level between the equivalent crisis management authorities.

Centralised - decentralised
\textsuperscript{(5) shared competences between central and sub-national levels (more de-centralised)}
- The federal stage of the crisis was announced on 12 March. This is possible based on a federal executive decision from 2003 (last updated with the royal decree from 22 May 2019) and implies that all important crisis management decisions are taken by a crisis management committee consisting of the Prime Minister, federal ministers and Prime Ministers of the Regions and Communities\textsuperscript{16, 17, 18, 19}
- Yet, the Regions and Communities have important decision-making and implementation functions. Every municipality designates a crisis manager and a task force. The provinces have crisis management teams with a coordinating role.\textsuperscript{20}

\textsuperscript{14} https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=5, %20Governance&Type=Chapter
\textsuperscript{15} https://stiplab.github.io/Covid19/Belgium.html
\textsuperscript{17} https://uacetenpol.wordpress.com/2020/05/05/the-impact-of-the-covid-19-crisis-on-the-federal-dynamics-in-belgium/
\textsuperscript{18} https://theconversation.com/la-belgique-prise-dans-la-tourmente-de-lurgence-137330
Scientific advice
Risk Assessment Group21,22
- Consists of experts from Sciensano and health authorities
- Created in January 2020 to monitor the health risk
- Analysis of scientific data
Group of experts for an exit strategy23,24
- Advises the National Security Council on the loosening of the lockdown
- Composed of scientists and business representatives
Scientific Committee for Coronavirus
- Advises the public health authorities by providing data

Capacities
- Testing capacities were limited and had to be focused on the most important cases in the beginning of the crisis. Belgium also faced shortages in other medical supplies. Testing capacities were increased throughout the crisis, but remain low in international comparison. Since end of April, more than 10 tests per confirmed case are performed25
- High ICU capacity in relation to population, which was still increased early in the crisis. ICU were not used to capacity throughout the crisis, patients were effectively distributed between the hospitals through federal coordination26,27
- Contact tracing is difficult because of the fragmented responsibilities at regional level. The use of a digital tracing app is discussed controversially.

Communication
- The Federal Public Service Health and the National Crisis Centre gave daily press conferences including two doctors
- The Prime Minister was the leading actor in crisis communication.28
- Crisis communication was consistent and coherent
- The website of the Federal Public Service Health informs about the virus and governmental measures
- The Belgian Institute for Health publishes daily data and updates

Leadership
- Belgium was criticised for reacting too late and not sufficiently determined while watching the situation in Italy and France. Criticism mainly targets the lack of preparedness of the health care sector in terms of medical supplies, personnel capacity and coordination of management processes.29
- Overall, the crisis approach was consistent and praised as surprisingly well coordinated and capable thanks to the centralisation of crisis management and despite the difficult political situation since the 2019 elections with a minority caretaker government set up in March 2020 to respond to the crisis30,31
- The decisions were taken by ministerial decree based on special powers delegated to the executive in times of emergency, except in the Flemish Community32,33

22 https://stiplab.github.io/Covid19/Belgium.html
23 https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=5. %20Governance&Type=Chapter
25 https://ourworldindata.org/coronavirus/country/belgium?country=~BEL
27 https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=5. %20Governance&Type=Chapter
Germany

**Policy performance**

**Detection (+/-)**
- Response to threat relatively late
- Triggered by Italian example
- Extensive testing early on
- Reluctancy prohibiting events of mass gatherings (carnival, public ('beer') festivals in Bavaria and Swabia)

**Pandemic mitigation**
- Moderate version of lock down
- Approach of increasing stringency
- Successful decline of R rate
- Loosening of restrictions does not lead to a renewed increase
- Recurring scandals of mass infections happening in the meat industry
- Some coordination issues among federal states: First contest of restrictions, then contest of ease.

**Economic and social policies**
- Swift and extensive support. Diverging opinions: First support received mostly positive reviews. After a while criticism arose: it is doubtful whether the measures will mean a boost to the economy (especially the reduction of the VAT is criticised). Even before the measures have been decided the scientific advisory board of the finance ministry was dubious about their effectiveness.
- Supplementary budget of EUR 156 billion (4.9 percent of GDP)
- Short-time compensation (Kurzarbeitergeld) as policy model for other countries
- Spending on healthcare equipment, hospital capacity and R&D (vaccine)
- EUR 50 billion in grants to small business owners and self-employed persons severely affected by the Covid-19 outbreak in addition to interest-free tax deferrals until year-end, EUR 2bn of venture capital funding for start-ups
- Temporarily expanded duration of unemployment insurance and parental leave benefits
- Credit guarantees increase the total volume of economic support by at least EUR 757 billion (24 percent of GDP).
- Federal states and municipalities have announced support, as well: in total 141 billion (+ 63 billion guarantees)
- Promise of ‘swift and unbureaucratic support’ was not realised in every aspect - criticism that applying for basic security benefits remained bureaucratic, therefore tedious

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54 https://www.bundesregierung.de/breg-de/themen/coronavirus/beschluss-zu-corona-1730292
55 https://www.bundesregierung.de/breg-de/themen/coronavirus/besprechung-der-bundeskanzlerin-mit-den-rege-
   ringschefs-der-laender-1733248
57 https://www.sueddeutsche.de/kultur/corona-grundsicherung-kuenstler-1.4856790
Central government role in crisis response

Relevant ministries

- Federal Ministry of the Interior: Coordination of crisis management
- Federal Ministry of Health: technical leadership in pandemic times (according to IfSG §5), most influential/active ministry mitigating the crisis
- (+++) Federal Ministry of Labour and Social Affairs: economic and social support (more employees side), mostly approval for dimension and areas of public spending, short-time compensation as role model
- (+) Federal Ministry of Economic Affairs and Energy: economic and social support (rather business and economic system), mostly approval for dimension and areas of public spending, Debate about support of biggest German airline (Lufthansa)
- (+++) Federal Ministry of Finance: financial support, public financing for support plans, mostly approval for dimension and areas of public spending
- (-) Robert Koch Institute: main political adviser. Agency of the Federal Ministry of Health. Mostly criticised for its crisis communication (underestimating the pandemic risk, changing conviction of effectiveness of certain measures (masks))
- (+/-) Federal government: Coordination between federal states, public communication. Praised for its calm crisis communication, got problems keeping federal states in line with general guidelines

Coordination between ministries

- Coordination of crisis management: Federal Ministry of the Interior (regular coordination body in pandemic times)
- Crisis committee established (Members: Ministry of Health and Ministry of Interior)
- Crisis response coordination worked relatively smoothly and without in-/extensive conflict

Subnational government role

- In case of closure and most of the restrictions policies federal government is only allowed to give recommendations. Each federal state government is responsible for enacting restrictions (businesses and citizens) (5 - extensive decision-making function)
  - Critique in Berlin for example that remote work is only for 10 % of public employees possible
  - Mostly good coordination work, some coordination issues between some federal states (Bavaria, North-Rhine Westphalia, Thuringia)
  - Question of authority: Doubts whether Bavaria has the necessary authority to enact its Infection Protection Act
- The local government agencies are responsible for enforcement and monitoring that restrictions policies are being complied with (3 - extensive implementation functions)

Coordination across levels

- Federal Government is in charge of coordination (regular body)
- The lockdown measures were coordinated in the regular Bund-Länder-Konferenzen between federal government and state governments. Participants were the PMOs and task forces of the federal and state governments. The Ministers of the Economy took part when the economic and social assistance measures were discussed. The cooperation mostly worked out relatively well. The state governments are responsible for the implementation of joint policies. Although individual states chose to slightly deviate from the guideline on some lockdown provisions, the overall crisis approach was well coordinated.

Centralised – decentralised

(5) shared competences between central and sub-national levels (more de-centralised)

In terms of mitigating the Covid-19 related crisis management is de-centralised as central government releases recommendation in terms of restriction and closure policies.

- After the first period of the pandemic the crisis management got more de-centralised: According to the federal government it is the phase in which federal states should tighten or loosen restrictions with respect to each federal states’ circumstances.
- The economic and social support measures are mostly decided at central level and implemented jointly by the federal and state governments.

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40 https://www.tagesschau.de/inland/lockerungen-merkel-105.html
41 https://www.berlin.de/rbmskzl/politik/bundesangelegenheiten/die-ministerpraesidentenkonferenz/artikel.23573.php
Scientific advice

- Robert Koch Institute (government institution, subordinated to the Federal Ministry of Health): Criticised for its crisis communication, e.g. changing convictions of certain measures’ effectiveness.
- Charité – Berlin University of Medicine:
  - Christian Drosten (university professor): Praised for his calm public communication style; he is not only interpreted as a government adviser but also a public educator (especially through podcasts).
- Hendrik Streeck (professor at the University of Bonn): chief conductor of a controversial study financed by North-Rhine Westphalia.

Role of scientific advisers:

- From the beginning of the crisis management scientific advisers were integrated into the process.
- Government decisions were generally scientifically grounded.
- Public controversy about role of individual advisers. The question was raised whether governmental advice is too one-dimensional focusing on only one scientist (Drosten).
- Campaign against Drosten led by the newspaper ‘Bild’ about the question of children’s contagiousness.

Capacities

(1) At the beginning of the crisis capacities were small. In the further course of the pandemic capacities increased. In May, however, capacities remained unused; only 1/3 is used. Approximately 1 Million tests could be done per week.

(2) In March capacities of ICU were increased dramatically. Respirators were bought on a large scale. Berlin were example enacted that ¼ of intensive capacity shall remain reserved for Covid-19 patients. From May on when the infection rate decreased intensive care beds remained free (Merlot 2020, Stalinksi 2020).

(3) Problems with tracing of contact persons due to staff shortage within the public health departments. More than 50 % cannot implement their tracing strategy as it was decided by the federal government and federal state on 25th March.

(4) Tracing App was published two month later than scheduled (April). Among others the delay can be associated with data security issues. Additionally, the app is not available for many smartphone users. It is criticised that the implementation of the app is not founded on an accompanying legal act. Hence, the question whether the app remains unanswered.

(5) Digital innovation especially in the way working expected.

Communication

Key actors (see below: leadership)

Coherence and comprehensiveness of crisis communication

- Chancellor Merkel was praised for her calm communication style. The difference between her and e.g. Austrian Chancellor Kurz is obvious. He wants to be perceived as strict leader, according to Merkel the crisis is a ‘democratic imposition’ (demokratische Zumutung).
- Due to different policies of the federal states, it was hard to keep track, ‘even’ for the chancellor.
- Recurring discourse on closing and loosening among federal states and between those and the federal government.

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44 https://www.sueddeutsche.de/medien/corona-drosten-virologe-1.4843374
46 https://www.tagesschau.de/investigativ/corona-tests-rki-101.html
47 https://www.tagesspiegel.de/wissenschaft/medizin/coronavirus-wie-viele-freie-intensivbetten-hat-deutschland-a-082c4472-1e2a-4613-bc16-75fd9a06b300
48 https://www.tagesschau.de/inland/intensivstationen-interview-101.html
51 https://www.faz.net/aktuell/politik/inland/merkel-zu-corona-pandemie-ist-demokratische-zumutung-16737917.html
Leadership

Minister of Health, Jens Spahn:

- Continuing criticism regarding several policy drafts. In the stage of draft policies are outlined more strictly than enacted.
- At the beginning, the Anti-Corona App should collect more personal information. After immense critique, it works pseudonymously.

Chancellor, Angela Merkel

- Calm, less media presence than other actors
- Moderating among prominent actors (Söder, Laschet, Spahn), e.g. demanded caution when Bavaria and NRW thought about easing the measures (she cautioned against a discourse of increasing loosening (Lockerungsdebatte)).

Minister of Finance, Olaf Scholz:

Prime Minister of Bavaria, Markus Söder:

- Prime Minister Söder had a huge media presence.
- Bavaria was the first federal state implementing closure policies and contact barriers.
- At the time when some federal states wanted to ease lockdown measures (April/May), Söder was cautious.

Prime Minister of North Rhine Westphalia, Armin Laschet:

- First, he acted cautiously to enact closure policies. Then, earlier than others, he demanded to ease them.
## Greece

### Policy performance

**Detection**  
(+++) first cases registered on 26th and 27th February 2020, contact persons were tested and isolated, immediate shutdown of schools and universities and cancellation of all carnival events\(^58\),\(^59\)  
(+/-) Tests performed increased slightly in April\(^60\); only symptomatic patients are tested, number of patients in intensive care stabilised

**Pandemic mitigation**  
(++) mid-March incremental closure of public venues, services and stores in response to rising number of infections\(^61\), schools, shops and services gradually reopened, no workplace closures since beginning of May  
(+ ) relatively strict lockdown 23rd March – 4th May: people can only leave the house for specific reasons and with a permit and ID card, limitation of assembly to up to 10 people, strict implementation\(^62\)  
(+ ) International travel restrictions, ban on travellers from high risk regions and non-EU citizens, but no total border control, quarantine for incoming travellers  
(+ ) The early and rigorous measures allowed to contain the virus in Greece and to reduce the number of active infections, which allowed to open the borders to tourists in mid-June  
(+ ) effective reduction of number of new infections per day\(^63\)

**Economic and social policies**  
(+/-) large-scale economic and social support package including tax and social security exemptions for businesses, VAT tax reduction for medical supply, support for self-employed, increased unemployment benefits, support to short-term work, leave opportunities for parents, loan guarantees, participation in the emergency asset-purchase scheme of the ECB. These measures are not sufficient to deal with the expected economic crisis, especially if the tourism sector does not recover quickly during the summer\(^72\),\(^73\),\(^74\),\(^75\)

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\(^61\) [https://ourworldindata.org/policy-responses-covid](https://ourworldindata.org/policy-responses-covid)


\(^64\) [https://www.oecd.org/coronavirus/country-policy-tracker/](https://www.oecd.org/coronavirus/country-policy-tracker/)


\(^68\) [https://euobserver.com/opinion/148397](https://euobserver.com/opinion/148397)


\(^71\) [https://www.oecd.org/coronavirus/country-policy-tracker/](https://www.oecd.org/coronavirus/country-policy-tracker/)


\(^73\) [https://euobserver.com/opinion/148397](https://euobserver.com/opinion/148397)

Central government role in crisis response

Central government
- Ministry of Civil Protection and Crisis Management
  - Most influential actor in crisis management
- Ministry of Health
  - Responsible for the containment of the virus and protection of public health
- Ministry of Finance, Ministry of Investment and Development and Ministry of Labour
  - Mitigation of the economic and social effects of the crisis
  - Joint package of economic and social support policies
- No significant role of the PMO except in crisis communication

Government agencies
  - Functions: epidemiological surveillance, risk assessment, health crisis management, scientific consultation and epidemiological data collection and analysis, public health education and information
  - Goals: monitoring of public health, epidemiological surveillance, health prevention, preparedness and response to health risks
- General Secretariat for Civil Protection
  - Responsible for crisis management including prevention, preparation, organisation, coordination, information and evaluation
  - Plan, organise and coordinate action to prevent and deal with natural, technological and other disasters or emergencies, as well as to inform the public about these issues.
  - Collect and analyse scientific evidence
  - Coordinate the operational response to the crisis
- Hellenic Police, Hellenic Coast Guard and National Transparency Authority
  - Implementation of the lockdown measures
- National Aviation Agency
  - Implementation of the travel restrictions
- Food Control Agency
  - National guidance on the re-opening on the gastronomy and tourism sectors

Coordination between ministries
- Inter-ministerial Committee
  - Coordinates the policy response
  - Chaired by the Vice Minister for Civil Protection and Crisis Management
  - Includes members from the PMO, the Ministry of Interior, the Ministry of Health, the General Secretariat of Civil Protection, the Ministry of Finance and the Ministry of Development and Investments
- National Experts Committee on Public Health
  - Consists of scientists, mostly epidemiologists, virologists and infectious disease experts
  - Established in early February
  - In charge of coordinating crisis management
- Covid-19 observatory
  - Established to monitor the development after the lockdown
  - Chaired by the President of the Council of Economic Experts
  - Function: data collection and analysis to inform decisions taken by the Government Committee
- Governmental task force
  - Established in response to the pandemic
  - Function: Develop plans to mitigate the negative economic impact of the crisis, especially in the tourism sector

https://stiplab.github.io/Covid19/Greece.html
https://stiplab.github.io/Covid19/Greece.html
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<th>Subnational government role</th>
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<tr>
<td>(2) some implementation functions</td>
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<tr>
<td>- Local government has some implementation functions, e.g. of the lockdown measures</td>
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<tr>
<td>- The division of authority in case of crisis is defined in the General Civil Protection Plan</td>
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<tr>
<td>- Some local authorities have taken even stricter lockdown measures than the national government</td>
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<tr>
<th>Coordination across levels</th>
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<tr>
<td>- The Ministry of Civil Protection and Crisis Management takes decisions by decree and consults the regions and municipalities concerned</td>
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<tr>
<td>- General Secretariat for Civil Protection</td>
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<tr>
<td>- Established by Article 4 of Law 2344/1995, responsible to the Ministry of Interior</td>
</tr>
<tr>
<td>- The types of crises the agency deals with and the distribution of authority between levels of government in case of crisis are defined in the General Civil Protection Plan</td>
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<tr>
<td>- Due to the high level of centralisation of crisis management, the need for vertical coordination is rather limited.</td>
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<th>Centralised - decentralised</th>
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<tr>
<td>(2) Centralised in executive government with agencies</td>
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<tr>
<td>- Crisis management in Greece is highly centralised</td>
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<tr>
<td>- Decisions are taken at national level, but include regional variation, e.g. in strongly affected regions, schools were closed earlier by ministerial decree</td>
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<th>Scientific advice</th>
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<tr>
<td>- National Experts Committee on Public Health, consists of external scientific advisors.</td>
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<tr>
<td>- The Greek government followed the advice of the Expert Committee very closely.</td>
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<tr>
<td>- The government was accused of delegating political decisions to a scientific expert committee.</td>
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<th>Capacities</th>
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<tr>
<td>- Test capacities are sufficient to test direct contacts of confirmed infection cases, medium in comparison to other European countries</td>
</tr>
<tr>
<td>- While there are only 605 Intensive Care Units in Greece (for a population of 10 million people) and personnel shortages in the health care system, the early response to the crisis prevented an overburdening of the health care system. The government invested in the increase of ICU capacities (which were doubled), medical equipment and the hiring of health care professionals. ICU are not used to capacity, the number of patients in intensive care was stabilised quickly after the first breakout. Despite personnel cuts in the health care sector throughout the financial crisis, the health care system was able to deal with the outbreak.</td>
</tr>
<tr>
<td>- Medium capacity for tracing. Direct contacts of confirmed cases are tested. Quarantine for incoming travellers.</td>
</tr>
<tr>
<td>- The government invested in digitalisation in health care and public services. On 26th March an online portal was launched offering online services like e-prescriptions. The education system adjusted quite successfully to online teaching. The crisis was a driver for innovation in digitalisation.</td>
</tr>
</tbody>
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80 https://ourworldindata.org/coronavirus/country/greece?country=GR  
83 https://www.theguardian.com/world/2020/apr/14/how-greece-is-beating-coronavirus-despite-a-decade-of-debt  
84 https://www.oecd.org/coronavirus/country-policy-tracker/  
86 https://ourworldindata.org/policy-responses-covid  
**Communication**

- Ministry of Civil Protection and Crisis Management took charge of communicating the direct response measures to the pandemic.
- In early February, Professor of Pathology and Infectious Disease, S. Tsiordas, became the spokesperson of the Ministry of Health on the corona crisis.
- Prof. Tsiordas and the Undersecretary of Crisis Management and Civil Protection gave a joint press conference every evening reporting on infection rates, scientific evidence and policy measures.
- In a public address, the Prime Minister communicated saving public health was a priority over economic consequences, later he commented on economic and fiscal measures.
- The Greek government has a joint website informing about case developments and measures taken by the different ministries.
- Information by the Ministry of Health 'We stay home'.
- Overall, coordinated crisis communication of Prof. Tsiordas, the Prime Minister, the Minister for Health and the Deputy Minister for Civil Protection.

**Leadership**

- The Greek government demonstrated strong political leadership and coordinated communication (see above). The main leaders were Prime Minister, the Minister for Health, the Deputy Minister for Civil Protection and Prof. Tsiordas who presented a coherent and determined crisis management approach.
- The communication strategy was successful, citizens overall accepted and complied with the measures.
- While the infection rates are largely under control, uncertainty arises from the future economic consequences of the lockdown and potential spread of the virus through international tourists that are economically needed. The Greek government pushes for a joint EU approach through Corona bonds and containment of the virus that reduces the risk of EU-internal tourism.

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94 [https://menoumespiti.gr/](https://menoumespiti.gr/)
97 [https://euobserver.com/opinion/148397](https://euobserver.com/opinion/148397)
### Policy performance

**Detection**

(-) The first case was detected on 31 January. The virus has been imported through tourism early in the pandemic from other European countries and spread across the country without notice by Mid-February. The risk was underestimated in Spain at that time. The first death cases were only post-mortem attributed to Covid-19. Large-scale public events still took place on 8 March despite rapidly rising cases.

(--) Very late response considering the dimension of the outbreak, lockdown measures were implemented only on 14 March (after it had been implemented in other European countries) and tightened on 29 March ordering all non-essential workers to stay at home for 14 days

(--) Very high death rates, especially among retirement homes, high infection rates among medical professionals increasing the pressure on the health care system, infection rates and fatalities are expected to be underreported due to lack of testing and reporting issues. The Spanish army found elderly people dead in retirement homes, a formal investigation was launched.

(+/-) Overall successful reduction of infection rates, the R value fell below 1 on 3 April

### Pandemic mitigation

**Quarantine/confine ment**

(+/-) The state of emergency was announced on 13 March by the Prime Minister. It has ended on June 21. Regions will make decisions on the management of the crisis.

(-) While the State of Alarm limits economic and social activity, it does not directly limit travel. Due to the delay in implementation, many people kept traveling across regions at first

**Travel bans/restrictions**

Since June 21: Movement across regions allowed and travelers from other European Union countries, including the United Kingdom, and those coming from the Schengen area allowed (except for Portugal, with which borders will open on July 1).

### Closure of schools/universities

(+/-) Since 12 March, most autonomous regions have closed schools.

(+) June 10: The government published guidelines on safe return to schools in September, including class size, social distancing measures (agreed on by most regions).

### Cancellation of public events / Closure of public places

There remain some rules on large events, but they vary by region.

### Economic and social policies

(++) Extensive economic support package despite fiscal constraints

**Income support measures for individuals and households excluding tax and contribution changes**

(+) May 26: Classification of benefits for health workers affected by Covid-19 as derived from an accident at work, which means greater coverage in cases where the illness causes permanent disability or death.

(+) May 12: Extension of the use of temporary employment adjustment schemes (ERTEs) until June 30 for firms who can’t resume activity and the introduction of a new partial ERTE category for firms who can partially resume activities (combination of active and suspended workers), with different % of SSC exemptions depending on firm size and worker status.

(+) May 6: Extraordinary access to unemployment benefit to workers in the cultural sector.

March 31 package:

(+) A temporary allowance for temporary workers whose contracts (with at least two months duration) expires during the state of emergency and have not reached the minimum contribution period to receive UB (around EUR 430). (EUR 17.6 million)

(+) A temporary subsidy for household employees affected by the crisis (70 % of the regulatory base). (EUR 3.1 million)

(+) Extension of the temporary contracts of university teachers and research staff during the state of emergency. (EUR 3.8 million)

(+) Specific program for victims of gender violence, homeless people and others who are especially vulnerable to provide them with an immediate housing solution. (EUR 50 million)

(+) Rental assistance programs for vulnerable renters and additional state contribution to the State Housing Plan 2018-21. (EUR 400 million)

(+) Workers affected by the suspension of all non-essential activities will receive their full salary during the suspension, and will be required to compensate the lost working hours before December 31, 2020.

(+) March 27: Dismissals for reasons related to Covid-19 will not be considered justified from March 27 until the end of the health crisis.
Policy performance

Obligatory shut down of economic activities
(+/-) relatively late and strict lockdown 15 March – 11 May, to leave home is only allowed for special reasons like going for groceries or to the pharmacy and to work, stricter lockdown since 28 March – 13 April ordering all non-essential workers to stay at home. From 27 April, children were allowed to go for walks with their parents.
(+/-) Some Spanish regions took earlier lockdown measures by 14 March for strongly affected municipalities, closing schools, shops and cultural institutions
(+/-) Incremental easing of the lockdown measures since 11 May, there remain some rules on capacity requirements in establishments and large events, but they vary by region, the government approved social distancing requirements and hygiene measures in workplaces on June 9, including mandatory use of masks in closed spaces and on streets when a safety distance of 1.5 meters cannot be maintained.
(+/-) Strict implementation with fines of at least 100EUR or prison sentences for up to 4 months for violating the lockdown and social distancing, control using drones and police visits in nursing homes

Health system measures
(+/-) The use of masks mandatory on public transport from May 11, and in closed spaces and public roads where social distancing can't be observed from May 20.
(+/-) Making public and private clinical diagnostic laboratories available to regions for extensive Covid-19 testing and introducing the possibility of adopting the necessary measures to regulate the prices of these tests. (April 13)
(+/-) EUR 1.4 billion for the Ministry of Health to cover expenditures related to healthcare needs. (March 12)
(+/-) EUR 2.8 billion advance payment to the regions to meet increased healthcare needs. (March 12)

March 17 package:
(+/-) Changes in the temporary employment adjustment schemes (ERTEs) in order to avoid outright dismissal: simplification, extension of access conditions, entitlement of unemployment benefit for workers affected by ERTE, with no requirement for prior minimum contribution or reduction of accumulated entitlement. (EUR 17.8 billion)
(+/-) An extraordinary allowance is provided for self-employed workers affected by the suspension of economic activity (70 % of the SSC base, at least for one month). (EUR 3.8 billion)
(+/-) Additional budgetary funds of EUR 300 million to ensure the provision of assistance to dependent persons.
(+/-) Automatic extension of the social benefit for energy provision ('bono social') until September 15 (expanded on March 31).
(+/-) Broadened scope for protected families in the supply of water and energy. Telecommunication services are also guaranteed. (expanded on March 31).
(+/-) Increased flexibility of working conditions, encouragement of telework and adjustment of working times. Reduced working times are permitted for workers having to take care of children, elderly or dependent persons (extension to 2 months after the end of state of emergency on April 21).
(+/-) March 12: Supplemental credit of EUR 25 million to cover meal allowances to ensure the basic access to food for vulnerable children affected by the suspension of educational activity in schools.
(+/-) March 10: Increased sick pay for coronavirus infected workers or those quarantined, from 60 to 75 percent of the regulatory base, paid by the social security budget. (EUR 1.4 billion)
Tax and contribution policy changes

April 21 package:
(+ ) Measures to align the tax bases to the current situation: the use of the ‘direct estimation method’ by self-employed workers for the calculation of certain personal income tax and VAT payments, which will allow to adjust these payments during the state of alarm to the real income received; the adjustment of advance corporate tax payments to the estimated revenues in 2020. (EUR 1.1 billion)
(+ ) Reduction of VAT applicable to the supply of medical equipment from national producers to public entities, non-profit organisations and hospital centres to 0 %, in line with the EU. (EUR 1 billion)
(+ ) Reduction of the contributions for certain agricultural workers during periods of inactivity in 2020 and simplification of the procedure for deferring Social Security debt. (EUR 43 million)
(+ ) March 17: Exemption of social security contributions by impacted firms that maintain employment under ERTE: 100 % for SMEs, 75 % of employer’s social security contributions for other companies (EUR 2.2 billion). Exemption from the payment of contributions for self-employed persons affected by the declaration of the state of emergency (EUR 980 million).
(+ ) March 12: 50 % exemption from employers social security contributions, from February to June 2020, for workers with permanent discontinuous contracts in the tourism sector and related activities. (EUR 45 million)

Public sector subsidies to businesses
(+ ) March 17: Support to the digitalisation of small and medium companies through grants and loans to finance investment in digital equipment or solutions for remote working conditions (programme ACELERA PYME). (EUR 250 million)
(+ ) Deferral of taxes and social security contributions and bringing forward expenditures within current fiscal year, Public sector loans or capital injections to businesses, Loan guarantees by the state benefiting private borrowers

Overall fiscal measures
(+ ) EUR 138.2 billion (of which EUR 104.4 billion is liquidity measures). Main items: Health (EUR 4.3 billion), selected labour market policies for EUR 23.8 billion), selected tax policies (reduction of VAT on medical goods, deferrals/moratorium of SSC for the self-employed and firms (EUR 6.3 billion).
(+ ) June 15: Plan to Promote the value chain of the Automotive Industry towards a Sustainable and Connected mobility (EUR 3.725 billion)
(+ ) June 16: Creation of Covid-19 fund of EUR 16 billion for the regions.
(+ ) June 18: Tourism Sector Promotion Plan, EUR 4.25 billion
Reforms in health care provision in Spain have led to the development of regional agencies for health care purchasing with a semi-autonomous status (commonly public corporations) brought away from the Health Departments.

At present, all Autonomous Communities enjoy full health care responsibilities, although still with limited fiscal capacity. The State maintains the competence of the ‘coordination’ of healthcare, whose regular exercise, according to repeated sentences of the Constitutional Court, does not, however, allow the imposition of any ordinary management measure to the CC.AA., but only the adoption of extraordinary public health or service management measures in situations such as the current one.103

The minority government also needed political support from the opposition to implement crisis management. Coordination did not work well as leading politicians of the opposition parties criticised that they were not sufficiently informed about the policy approach, which might have retarded the response.

Central government role in crisis response

- The most important ministries during the state of emergency in Spain were the Ministry of Health, Ministry of Interior, Ministry of Defence and Ministry of Transport.
- The Royal Decree 463/2020 of 14th March98, through which was declared the state of emergency to manage the health crisis caused by the coronavirus, established that the central government was the competent authority throughout Spain for at least 15 days. Under the direct command of the Prime Minister, Pedro Sánchez, four ministers - those of Health, Interior, Defence and Transport – had executive responsibility in order to check that the approved decree was carried out throughout Spain. The text also included measures to guarantee food supplies and plans to use the private health network if necessary.99
- The PMO and the Ministry of Health were the leading actors in crisis management.

Coordination between ministries

- The crisis management is coordinated in the Council of Ministers and the Alarm State Managing Board consisting of the Ministries of Health, Interior, Defence and Transport under leadership of the Prime Minister. Scientific support to the Managing Board is provided by the Ministry of Science and Innovation.
- The minority government also needed political support from the opposition to implement crisis management. Coordination did not work well as leading politicians of the opposition parties criticised that they were not sufficiently informed about the policy approach, which might have retarded the response.

Subnational government role

(5) Extensive decision-making function

- At present, all Autonomous Communities enjoy full health care responsibilities, although still with limited fiscal capacity. The State government maintains the competence of the ‘coordination’ of healthcare, whose regular exercise, according to repeated sentences of the Constitutional Court, does not, however, allow the imposition of any ordinary management measure to the CC.AA., but only the adoption of extraordinary public health or service management measures in situations such as the current one.102
- During the State of Emergency, the health care competences of the autonomous regions were superseded and concentrated in the Ministry of Health at central government level.

Coordination across levels

- The Conference of Presidents103 is a multi-lateral cooperation body between the national Government and the respective Governments of the Autonomous Communities. It has become the operative instrument for multi-level dialogue and facilitates communicating containment measures, and coordinating resources based on territorial needs. 104
- The Coordination Centre for Health Alerts and Emergencies (CCAES)99 created in 2004 (ORDER SCO / 564/2004, February 27 ), is a centre under the General Directorate of Public Health, Quality and Innovation (DGSPCI) ( Royal Decree 200 / 2012, of January 23 ) of the Ministry of Health, Social Services and Equality whose function is to: coordinate the management of information and support in response to alert situations or national or international health emergencies that pose a threat to health of the population. For this, the National System of Early Warning and Rapid Response (Sistema Nacional de Alerta Precoz y Respuesta Rápida (SIAPR))99 has been created. It allows rapid and permanent communication of situations of risk to the health of the population with the purpose of improving prevention and preparedness and coordination of response measures when there is affectation at the national or international level. The CCAES acts as the National Liaison Centre of the system and is the central node that establishes collaboration agreements within the different systems and surveillance and alert networks that operate in the General State Administration (AGE). CCAES is also responsible for coordination at the international level.

- In Spain, regional coordination committees have been established, chaired by the regional ministers of health and comprising representatives from different medical specialties including emergency units, ambulance service, internal medicine, intensive medicine, primary care, microbiology, preventive medicine, occupational health and geriatric departments.107
- Reforms in health care provision in Spain have led to the development of regional agencies for health care purchasing with a semi-autonomous status (commonly public corporations) brought away from the Health Departments.

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99 https://elpais.com/espana/2020-03-14/todas-las-administraciones-quedan-bajo-el-mando-de-sanchez-y-cuarto-ministros.html
100 https://elpais.com/espana/2020-03-14/el-gobierno-prohibe-todos-los-viajes-que-no-sean-de-fuerza-mayor.html
103 http://www.mptfp.es/portal/policia-territorial/autonomia/coop_autonomia/Confer_Presidentes.html
105 http://www.mscbs.gob.es/profesionales/saludPublica/ccayes/queEsCCAES/missifuncihtm
107 https://www.euro.who.int/__data/assets/pdf_file/0006/457469/1TG2-CreatingSurgeAcuteCUcapacity-eng.pdf?ua=1
Centralised – decentralised

(5) shared competences between central and sub-national levels (more decentralised)

- Due to the state of alarm caused by Covid-19, it was established through Royal Decree 9/2020, art. 3\(^{108}\), that all administrations, and in particular the autonomous health companies, were put under the command of the Government (for at least 15 days)\(^{109}\); however, these 'powers' do not invade those of the autonomous communities, as the Catalan and Basque presidents have demanded, nor do they exempt the regional administrations from continuing to exercise their responsibilities as managers of their health services and to adopt the necessary measures to face the crisis. Without the state of alarm, crisis management is decentralised with extensive decision-making functions of the regions.

- The centralisation of competences with the State of Emergency led to a new and very unusual distribution of competences in Spain, which led to more hierarchical coordination and might have contributed to a rather reluctant response to the crisis. In the early stage of the crisis for example, the Presidents of the Balearic Islands and Catalonia asked the Prime Minister for internal travel restrictions. The coordination between the 17 autonomous regions and central government was one of the main challenges in addressing the crisis in Spain. Political conflict between the regions and the national level was particularly apparent in crisis communication, which was not well coordinated, but different actors tried to claim credit for the successful measures.

Scientific advice

- CSIC (Consejo Superior de Investigaciones Científicas) – Is the largest public institution in Spain dedicated to scientific and technical research and one of the most outstanding in the European Research Area. It is attached to the Ministry of Science, Innovation and Universities through the General Secretariat for the Coordination of Scientific Policy.\(^{111}\)

- The Carlos III Health Institute provides scientific expertise to the government

- The key scientific advisor is Fernando Simón\(^{112}\), epidemiologist and Director of the Center for Health Emergencies.

- The government has appointed a COVID-19 Scientific and Technical Committee with 6 medical experts to provide policy advice to the State of Alarm Managing Board.

- A group of 16 scientific advisors (Grupo de Trabajo Multidisciplinar) was established in Spain by the fourth vice-president and minister for the Ecological Transition, Teresa Ribera, and the minister of Science and Innovation, Pedro Duque with the role to advise the Government on scientific matters related to Covid-19 and its future consequences.\(^{114}\) The 16 advisors are Professors, PhD researchers in mathematics, economy, biology, biochemistry, physics, etc.\(^{115}\)

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109 https://elpais.com/espana/2020-03-14/todas-las-administraciones-quedan-bajo-el-mando-de-sanchez-y-cuatro-ministros.html
110 https://elpais.com/espana/2020-03-14/el-gobierno-prohibe-todos-los-viajes-que-no-sean-de-fuerza-mayor.html
111 https://www.csic.es/
114 https://www.ciencia.gob.es/portal/site/MICINN/menuitem.edc7f2029eb2a2be2767010721001432ea0/?vgnextoid=e468478f6d1a1710VgnVCM1000001d04140aRCRD&vgnextchannel=c7fd8357ad4c4b210VgnVCM1000001a04140a8VCM
The Spanish hospital network is made up of approximately 800 hospitals largely dispersed among AC. With the exception of Catalonia, where just 36% of total beds are provided by public hospitals, the system is predominantly integrated (approximately 68% being publicly owned), although contracting out implies about a 15% of public expenditure (see figure 2). The majority of the staff is salaried employees and hospital payment has moved from retrospective to quite-prospective payment systems. Spain displays one of the lowest EU rations of hospital beds/1000 inhabitants. The average length of stay is about 9 days and the bed occupancy rate roughly 80%. The number of beds per 1000 inhabitants is 3.9 and inpatients admissions. Interestingly, the ageing process places its effects as the most frequent age cohort, whereas in 1982 discharges of people among 75 were 6.6% in 1998 they were 17.59%. Trends exhibit a reduction in acute beds and a small rise of long term care centres. From 1997 some few public hospitals are self-governed and from 1999 some other public hospitals have become independent agencies. This has caused trade unions complaints on differences on wage and working conditions, although there is no evidence on the effects of these changes on hospital performance yet. Along with primary and inpatient care, the NHS funds 92% of the total pharmaceutical expenditure. Long term care coverage is limited and mostly means tested, regulated at the AC level and provided at the local level. Private health care plays a complementary role for the NHS when it does not provide coverage for certain services (e.g., dental care), fulfils the demand for quality of care (hospital hotel facilities and waiting list avoidance in primary care). Moreover, private provision is substituting NHS coverage, financed by public funds, for some civil servants, at no additional cost.

With regards to ICU, before the Coronavirus, Spain had 4627 ICUs in the whole country, between public and private hospitals. Seven Communities, like Madrid, Catalonia, Andalusia, etc., have more ICUs than before Covid-19. In relation to the population, ICU bed capacities were low in European comparison. Despite the increase of capacities and international delivery of medical supplies like respirators, in several regions, ICUs were used to capacity in March. The hospitals made use of triage to save patients with higher life expectancy. The lack of protectionary equipment was problematic increasing the risk for medical professionals to get infected.

Over 3 290 000 PCR (Polymerase Chain Reaction) tests have been carried out in Spain (dated 18th June 2020). Above that, another 1 872 521 rapid tests have been done.

Spanish science and innovation are developing multiple projects to alleviate the health emergency caused by Covid-19. Research centres and innovative companies throughout Spain have received public funding and private donations to carry out I+D+I (investigation, development and innovation) projects on the SARS-CoV-2 virus and the disease it causes.
Communication

- Key actors: Pedro Sánchez (Prime Minister of Spain), Isabel Díaz Ayuso (President of the community of Madrid), José Luis Martínez-Almeida (Mayor of Madrid), Pablo Casado (Leader of the People’s Party), Fernando Simón, (director de Alertas y Emergencias Sanitarias), Alba Vergés (Ministry of Health of Catalonia), Ada Colau (Mayor of Barcelona).

- Overall, crisis communication lacked streamlining across levels of government and could have been clearer. Media scandals on the filtering of questions and the spread of fake news at a governmental press conference did not contribute to public perception of good crisis management.

- According to the analysis of several experts in political communication, as mentioned in the newspaper ‘El Pais’, ‘In the case of Spain, the Government has had communicative successes such as the de-politicisation of the message, the attempt not to enter into the rag of partisan confrontation at this time, the constant recognition of citizens for their efforts, but also important failures such as the cacophony of voices, the lack of clarity, the long extension of appearances, a certain excess of self-publicity, delays and unjustified rectifications’.

- Marta Rebolledo, professor of Political Communication at the University of Navarra, affirms that the Prime Minister Sánchez lacks in specificity and this can create stress, uncertainty and confusion in the population. Prof. Rebolledo also says that the Prime Minister lacks in empathy – ‘he does not arrive, does not connect, uses a similar tone for everything he says’.

- According to an article published in the Expansión The communication process has sometimes been on the point of giving the appearance of being purely chaotic. And this because many of the messages transmitted have seemed incomprehensible. Some of the presidential appearances will be remembered as living examples of the inability of some advisers to twist a coherent, reassuring, clear and at the same time concrete message, and above all empathic. Far from it, the general trend, except for the first two weeks of crisis in which Sánchez did show firmness, has been somewhat insecure. The lack of self-confidence and something else: the lack of a concrete and organised roadmap to fight the pandemic... The opposition, that has been excessively critical and ‘destructive’ of the work of government, has not helped at all.

Leadership

- The two main leaders during the coronavirus have been the Prime Minister Pedro Sánchez and the leader of the People’s party, Pablo Casado.

- According to a survey made by Sigma Dos for the newspaper El Mundo the Prime Minister Sánchez has the highest approval rating, particularly from the youngest and those voting for Podemos. Pablo Casado, the opposition’s leader, is in the second place.

- The Spanish Ombudsman has launched a formal investigation on whether the State of Alarm was used in a constitutional manner.

- Overall, the risk of the crisis was strongly underestimated at the outset of the crisis and the capacity of the health care system overrated contributing to a reluctant crisis response.

See also: https://www.upf.edu/documents/220602201/233560922/Definitiu+Comunicació%20Coronavirus/1c1d3def-34ae-fe5d-0019-ef40c936b0e3
https://www.expansion.com/opinion/2020/04/30/5eaa16dd468aebe7548b45f3.html
https://elpais.com/elpais/2020/05/12/icon/1589280407_260764.html
https://www.elmundo.es/espana/2020/04/19/5e9b8072f5e83a50b8b45d1.html
https://www.theregreview.org/2020/05/20/de-la-sierra-old-norms-new-challenges-spain-response-covid-19/

123 https://www.expansion.com/opinion/2020/04/30/5eaa16dd468aebe7548b45f3.html
124 https://elpais.com/elpais/2020/05/12/icon/1589280407_260764.html
125 https://www.elmundo.es/espana/2020/04/19/5e9b8072f5e83a50b8b45d1.html
France

Policy performance

Detection\(^{128}\) (-)

(-) The first cases were registered on 24th January. Numbers of patients requiring intensive care rose quickly in the beginning, especially in Mulhouse since the beginning of March where a religious meeting of more than 2000 people contributed significantly to the spread of the virus in France, mostly showing no or mild symptoms. A study showed later that a mutation of the virus had been circulating in Northern France since January mostly without causing any symptoms, which is why it was not detected earlier. While the measures were mostly successful in containing the Chinese and Italian types of the virus, the French mutation proved much harder to control.\(^{129}\)

Pandemic mitigation\(^{130,131}\) (+/-)

(-) Late government response to the outbreak, the crisis management plan for epidemiological risks, the plan Orsan, was activated 23 February by the Ministry of Health. France was rather slow to increase testing capacities and access to medical supplies. Public events with more than 1000 people are prohibited on a national level on 9 March. The general prohibition of public assembly including political and religious meetings is legally contested by the State Council.

(+/-) The lockdown is announced on 14 March by Prime Minister Edouard Philippe, the first round of the local elections on 15 March take place, the second round is later delayed. From 17 March to 11 May, people can only leave the house for special reasons with a permit. The measures are taken by ministerial decree based on the Public Health Code, since 23 March based on the Health Emergency State, for which the legal basis was created the same day.

(-) France was affected early and strongly by rising infection rates. The spread of the virus was slowed down, but the number of infections is still rising. The virus was controlled later and less effectively compared to other European countries

(+ ) relatively late and cautious loosening of the lockdown since 11 May, education and childcare institutions reopen 22 June, conditional reopening of shops since 15 June

Economic and social policies\(^{132,133,134}\) (+)

(+ ) Governmental wage support, short-term work, loans and guarantees, tax deferral, research funding, emergency funding for hospitals, expansion of unemployment benefits and social benefits, support for small businesses and self-employed, postponement of rent payments for small businesses


Central government role in crisis response

Conseil de défense et de sécurité autour du Président de la République
- Coordination of the crisis approach
- President: crisis communication

PMO
- Crisis communication
- Coordination of the crisis approach

Ministère des Solidarités et de la Santé, Direction-générale de la santé
- Prevention and protection of public health
- Coordination of the Regional Health Agencies
- Crisis communication
- Collection and analysis of scientific evidence
- Most important actor in managing the Covid-19 crisis

Ministère de l’économie et des Finances, de l’Action et des Comptes Publics, Ministère du Travail
- Economic and social assistance measures
- Digital tracing application

Coordination between ministries
- The crisis management approach is coordinated by the Conseil de Défense et de Sécurité Nationale\(^{135}\)
  - Regular crisis management body reunited by the Président de la République
  - Smaller interministerial council, can have different formations, involves the ministries concerned by the crisis
  - Met every few days around the President since 29th February to decide on the Covid-19 crisis management.
- Further coordinating role: Ministerial Council (Conseil des Ministres) and the PMO.

Subnational government role
- (4) some decision-making functions
- The departments in the most affected regions reacted much earlier than the national government following the plan to deal with epidemics activated by the Minister of Health. Schools and early childcare were closed and public events prohibited.
- Some departments took stricter lockdown measures than the national government, e.g. Paris prohibited physical activity between 10-19h. The lockdown measures are loosened by the departments based on the performance on 4 nationally defined criteria as presented by the Prime Minister.

Coordination across levels
- On 11 May, ContactCovid run by the public health insurance is established for contact tracing
- On 11 May, an information system managed by the Directorate-General for Health is created to centralise test results and to automatically coordinate medical supplies and health care capacities.\(^{136}\)
- Within the economic councils Etats-Régions, regional task forces are set up to coordinate the implementation of the fiscal support programme\(^{137}\)

Centralised - decentralised
- (5) shared competences between central and sub-national levels (more de-centralised)
- Crisis management is shared between the local and national levels
- Important health care measures to deal with the crisis are managed locally by the Regional Health Agencies
- The departments decide on and implement lockdown measures, they did so independently at the outset of the crisis based on emergency plans, whereas the easing of the policy measures follows national guidelines for a coordinated approach.
- However, once the Covid-19 crisis was identified as a national emergency, the political guidelines are decided at the national level
- Economic and social policy measures are decided at national level, implementation is decentralised

\(^{135}\) https://www.gouvernement.fr/info-coronavirus/les-actions-du-gouvernement
Crisis Management, Coordination and Capacities

Scientific advice

- Scientific Council 138
  - Established on 11 March by the Minister of Health on the request of President Macron
  - 11 scientific members from different disciplines, chaired by Prof. Jean-François Delfraissy
  - Meets every day and provides scientific evidence on the policy measures to deal with the pandemic and informs the general public
  - It was criticised for the lack of legal basis, while there are already institutions to provide scientific evidence like the Public Health Agency
  - The independence of some members was questioned having accepted financing from pharmaceutical companies

- Research Analysis and Expertise Committee
  - Established on 24 March based on the law from 23rd March 2020 to advise the French government on crisis management
  - 12 scientific experts from different disciplines, chaired by virologist Françoise Barré-Sinoussi
  - Works closely together with the Scientific Council
  - Develops recommendations on the loosening of the lockdown, especially on testing and contact tracing

- The National Medical Academy has issued various opinions

- The consortium REACTing: REsearch and ACTION targeting emerging infectious diseases was created in 2013
  - it is assisted by a scientific expert committee of 8 members
  - functions: increase preparedness to crises, coordinate research in times of crisis and advise decision-making

The government considered the scientific advice, but did not always follow it. For example, the recommendation to keep education and childcare institutions closed until September was not followed.

Capacities

- High testing capacity, almost 100 tests performed per confirmed case since March 139

- Local ICU were quickly used to capacity in the beginning of the outbreak in Mulhouse in early March. Military hospital units (Elément Militaire de Réanimation du Service de Santé des Armées) were deployed and ICU capacities adjusted and reserved for Covid-19, as there was no time for the creation of new ICU capacities. The Alsace Regional Health Agency coordinated the transportation of Covid-19 patients to other regions and the neighboring countries. Effective coordination to distribute patients among hospitals prevented an overburdening of the health care system in affected regions. Initially, the hospital system prepared for the epidemic wave by implementing a guideline issued by the Ministry of Health on 20 February, which soon proved insufficient and was adjusted on 12 March in a letter of the Health Minister to the regional health agencies to reserve all non-essential hospital capacities for Covid-19 patients. 140

- The digital tracing app StopCovid 141 was approved by the National Assembly on 27 May.

Communication

- The Director-General for Health gave daily press conferences on the developments; the Directorate-General for Health was the key actor in crisis communication.

- President Emmanuel Macron also addressed the general public on 16 March 142 announcing that France was ‘at war against the Coronavirus’.

- Joint government website to inform about the crisis 143

- The policy measures and communication have been criticised as inconsistent and insufficiently determined 144, e.g. the closure of restaurants and bars while still holding local elections was seen as irritating for understanding the severity of the crisis and to inspire acceptance of and compliance with the measures 145

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138 https://stiplab.github.io/Covid19/France.html
139 https://ourworldindata.org/coronavirus/country/france?country=FRA
141 https://www.gouvernement.fr/info-coronavirus/stopcovid
143 https://www.gouvernement.fr/info-coronavirus
Leadership

- Overall, late and slow response to the outbreak in a difficult situation as France had the first registered cases in Europe and most patients showing no symptoms.
- Trust in government to handle the crisis is low in France. The government is accused of negligence to deal with the pandemic and of lying to the general public when adapting the policy response with new developments (e.g. #OnNoubleraPas). Public opinion is rather hostile as the expectation to be protected by the state is deeply rooted in French political culture. The critical situation in Mulhouse is interpreted as lack of capacity in the health care system, which in European comparison is generally high in France.
- A preliminary investigation of the crisis management with regard to possible criminal offences by public officials was officially launched on 1 June by the Paris Public Prosecutor having received various formal complaints targeting in particular the Head of the Public Health Agency and the Ministry of Labour.

Ireland

Policy performance

<table>
<thead>
<tr>
<th>Detection (+)</th>
<th>Pandemic mitigation (++)</th>
<th>Economic and social policies (++)</th>
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<tr>
<td>- On 27 February, the first case on the island of Ireland was announced</td>
<td>- One day after WHO declared the outbreak a pandemic, on 12 March Ireland closed all schools, colleges and childcare facilities.</td>
<td>- gradual reopening plan starting on 18 May</td>
</tr>
<tr>
<td>- First fatality on 7 March</td>
<td>- On March 27, the government has issued strict restrictions on business activity, social distancing and travel. Until that day Ireland counted 2 121 cases and 22 fatalities. Before that there were only recommended restrictions on social contact, not movement.</td>
<td>- fiscal package of EUR 6.8 billion (about 2 percent of GDP)</td>
</tr>
<tr>
<td>- Early response with partial school closures</td>
<td>- Drastic measures. Prime minister: “There isn’t much more we could do beyond this to restrict movement.”</td>
<td>- income support measures (Wage subsidy scheme)</td>
</tr>
<tr>
<td></td>
<td>- The 'stay-at-home' order is eased in five phases, starting on May 18th</td>
<td>- enhanced illness benefit</td>
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<tr>
<td></td>
<td>- After the de facto lockdown the rise in the death rate had flattened.</td>
<td>- pandemic unemployment payment</td>
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<td></td>
<td></td>
<td>- liquidity support for affected businesses which has been increased to EUR 1 billion</td>
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<td></td>
<td></td>
<td>- EUR 2 billion health expenditure</td>
</tr>
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<td></td>
<td></td>
<td>- 2 May, the government announced a range of additional supports for businesses amounting to EUR 6.5 billion, bringing the total pledged package to 4 % of GDP</td>
</tr>
</tbody>
</table>

147 https://www.politico.eu/article/coronavirus-frances-strange-defeat/
### Central government role in crisis response

#### Relevant ministries (and other agencies or committees)
- Department of Health
- Department of Business, Enterprise and Innovation: support of SMEs
- National Treasury Management Agency: manages the Pandemic Stabilisation and Recovery Fund. It will invest up to EUR 2 billion of ISIF’s readily available capital in medium and large enterprises (more than EUR 50 million in annual revenue or more than 250 employees)
- Department of Rural and Community Development: leading the government effort to encourage and facilitate a community response to Covid-19
- Ministry of Finance
- Coronavirus Expert Advisory Group: scientific advice to the National Public Health Emergency Team
- Central government: Prime minister and Ministry of Health as most influential actors

### Coordination between ministries

Cabinet sub-committee chaired by prime minister, Leo Varadkar (non-regular body). The three members of the sub-committee are Taoiseach Leo Varadkar, Minister for Health Simon Harris, and Minister for Finance Paschal Donohoe.\(^{152}\)

### Subnational government role

(2) some implementation functions

- Crisis management of the Covid-19 crisis was highly centralised in Ireland.
- The regions are mostly responsible for implementing central government policies. The cancelling of public events can serve as an example. Several local politicians refused to call off St. Patrick’s Day parades until the government forced it upon them by cancelling all parades.\(^{153}\)

### Coordination across levels

- Due to the high level of centralisation of crisis management, the need for vertical coordination is limited.
- The crisis response in the health care sector is hierarchically coordination in the Health Service Executive\(^ {154}\)

### Centralised – decentralised

(2) Centralised in executive government with agencies

- Executive government gives recommendations and enacts policies mostly on its own. Policy decisions are planned within a body consisting of the prime minister and the ministers of health and finance.
- There is no provision for a state of emergency in the Irish Constitution that could be applied except in times of war. With the Health Act 2020, powers to address the pandemic were concentrated at the Ministry of Health and implemented in the health care sector by the Health Service Executive.\(^ {155}\)

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152. [https://www.instituteforgovernment.org.uk/explainers/cabinet-committees](https://www.instituteforgovernment.org.uk/explainers/cabinet-committees)
154. [https://www.hse.ie/eng/](https://www.hse.ie/eng/)
Scientific advice

National Scientific and Regulatory Advice

Coronavirus Expert Advisory Group: subgroup of the National Public Health Emergency Team (NPHET, group within Ireland’s Department of Health)\textsuperscript{156}

- The Expert Advisory Group will monitor and review national and international research and developments in relation to Coronavirus (2019-nCoV) and provide expert advice to the National Public Health Emergency Team, the Health Service Executive and others, as appropriate.

- The Chief Scientific Advisor is Prof Mark Ferguson, Director General of the Science Foundation Ireland

Health Protection Surveillance Center

- Part of the Health Service Executive
- Responsible for data collection and analysis to inform decision-making

Office of the Chief Medical Officer

- Staff consists of medical professionals
- Advises the government on health issues

Capacities

(1) In April, daily test capacities were doubled up to 4,500 tests daily. In May there was a capacity of 13,000 tests a day. Test capacity has improved over the weeks. Ireland’s Health Services head said that the Irish testing regime is one of the best in Europe.\textsuperscript{157} \textsuperscript{158}

(2) At the end of March: ‘there is deep concern that intensive care units are already nearing capacity and could be overwhelmed.’\textsuperscript{159}

(3) In May, it got publicly known that Ireland’s testing and tracing system has been slowed by a range of technical issues, including data entry errors, a lack of automation and systems that cannot interact with each other.\textsuperscript{160}

(4) Ireland is ready to launch a contact-tracing app, based on Apple and Google’s technology.\textsuperscript{161}

(5) Ireland is ranked on the 6th place in the world for its innovative solutions responding to Covid-19. Dublin ranked 13th among the world’s most innovative cities.\textsuperscript{162}

Communication

Prime minister Leo Varadkar is the most prominent and influential communicator during the crisis. This may be reasoned with the political situation in Ireland. A new government coalition has not yet established, so the actual resigned prime minister remains in a caretaker capacity until the formation of a new government.

In March the prime minister addressed the nation on Saint Patrick’s Night during ‘A Ministerial Broadcast by An Taoiseach Leo Varadkar, TD’ The speech was the most watched television event in Irish history.\textsuperscript{163}

Leadership

Prime minister Leo Varadkar: In April, he re-joined the country’s medical register and will begin working one shift a week. He will assist in conducting phone assessments of people who may have been exposed to Covid-19.\textsuperscript{164}


\textsuperscript{157} https://www.irishtimes.com/news/health/coronavirus-testing-capacity-there-but-faster-results-and-tracing-needed-1.4271032


\textsuperscript{159} https://www.theguardian.com/world/2020/mar/27/stay-home-varadkar-urges-irish-in-drastic-lockdown


\textsuperscript{161} https://www.bbc.com/news/technology-53322751

\textsuperscript{162} https://www.irishcentral.com/news/irish-covid19-response-innovative


\textsuperscript{164} https://time.com/5816126/irish-prime-minister-doctor-covid-19/
**Italy**

<table>
<thead>
<tr>
<th>Policy performance</th>
<th>Pandemic mitigation</th>
<th>Economic and social policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detection</strong></td>
<td><strong>Quarantine/confinement</strong></td>
<td><strong>Overall fiscal measures</strong></td>
</tr>
<tr>
<td>(+) first cases identified on 31 January, immediate announcement of the state of emergency and introduction of temperature controls at international airports</td>
<td>(+) initially, 12 municipalities were quarantined since late February, strict lockdown in the most affected region Lombardy and several provinces in Northern Italy since 8 March, extended to the entire country on 9 March; violations of the lockdown measures are sanctioned with fines and up to three months of prison, implementation and control by the Italian police and military</td>
<td>(+) EUR 25 billion of measures, including EUR 20 billion of net debt measures; 1) EUR 3.2 bn for health care and civil protection; 2) EUR 10.3 bn for employment and incomes; 3) EUR 5.1 bn support to raise liquidity for businesses and households; 4) EUR 1.6 bn tax payment support.</td>
</tr>
<tr>
<td>(-) the first case in Lombardy in Mid-February was initially not attributed to Covid-19, the patient infected further social contacts and health professionals. In the following days, infection rates rose quickly in the region. Later, a soccer game in Milan on 19 February was identified as a major amplifier.</td>
<td>(-) The gradual lockdown induced many Italians to travel to the South contributing to the further spread of the virus, especially because the extended lockdown for the Lombardy region was leaked by the media before the official announcement.</td>
<td>Income support measures for individuals and households excluding tax and contribution changes</td>
</tr>
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<td><strong>Pandemic mitigation</strong></td>
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<td><strong>Overall fiscal measures</strong></td>
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<td>(+++) initially, 12 municipalities were quarantined since late February, strict lockdown in the most affected region Lombardy and several provinces in Northern Italy since 8 March, extended to the entire country on 9 March; violations of the lockdown measures are sanctioned with fines and up to three months of prison, implementation and control by the Italian police and military</td>
<td>(+) Effective May 4, restrictions relaxed, with greater freedom to move around residences and commercial areas, and to move between regions.</td>
<td>Over EUR 10 bn allocated:</td>
</tr>
<tr>
<td>(-) The gradual lockdown induced many Italians to travel to the South contributing to the further spread of the virus, especially because the extended lockdown for the Lombardy region was leaked by the media before the official announcement.</td>
<td>(+) Effective reduction of infection rates</td>
<td>- EUR 5.0 bn to strengthen the wage supplementation scheme for furloughed employees, and increase to a last-resort fund for workers not qualifying for these measures. This includes about EUR 1.3 bn for ordinary wage supplementation schemes, EUR 300 m for wage supplementation schemes to firms that already participate in the cosso integrazione guadagni straordinaria supplementation scheme, and EUR 3.3 bn for firms already that already participate in of the <em>cossa integrazione in deroga</em>. A Last Resort scheme is established for workers not qualifying (EUR 300 million).</td>
</tr>
<tr>
<td>(+) Effective May 4, restrictions relaxed, with greater freedom to move around residences and commercial areas, and to move between regions.</td>
<td>(+) Travel bans/restrictions</td>
<td>- EUR 2.3 billion for one-off EUR 600 payment to various categories of self-employed and seasonal workers. A Last Resort scheme has been established for those not qualifying.</td>
</tr>
<tr>
<td>(+) Strict travel restrictions nation-wide, reinforced from 23 March and, on 10 April, were extended to 2 May. These prohibit movements out of the municipality where individuals reside. Non-nationals or residents cannot enter Italy except for limited, prescribed reasons.</td>
<td>(+) Closure of schools/universities</td>
<td>- EUR 400 m for one-year suspension in the repayment of real estate mortgages by workers having lost their job.</td>
</tr>
<tr>
<td>(+) Closure of schools and universities from March 4 until April 3, extended most likely to September.</td>
<td>(+/-) Cancellation of public events / Closure of public places</td>
<td>- Allowance of EUR 500 per month for up to 3 months for self-employed workers in the municipalities most affected.</td>
</tr>
<tr>
<td>(+/-) Bars and restaurants along with many other retail trade activities (e.g. shopping centres; indoor and outdoor markets) closed from March 10 until 2 May, and all sporting competitions suspended over the same period along with other public gatherings.</td>
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<td>- EUR 1.3 bn to strengthen childcare support for children up to 12 years old (15 extra days at a 50 % wage replacement rate, compared with 0 % or 30 % of the ordinary leave) or, alternatively, a EUR 600 transfer to pay childcare services.</td>
</tr>
<tr>
<td>(+/-) All but prescribed essential production activities suspended from March 23, with the list of permitted activities further limited from March 26.</td>
<td>(+/-) On March 30, closures extended from April 3 to 30 April for sports, bars and similar activities.</td>
<td>- EUR 30 m for EUR 1000 childcare payment to employees in the healthcare and law enforcement sectors.</td>
</tr>
<tr>
<td>(+/-) On March 30, closures extended from April 3 to 30 April for sports, bars and similar activities.</td>
<td>(+/-) Some smaller gatherings allowed from 4 May.</td>
<td>- EUR 0.5 bn to raise by 12 days the paid leave for disabled workers and workers caring for a disabled relative.</td>
</tr>
<tr>
<td>(+/-) Some smaller gatherings allowed from 4 May.</td>
<td></td>
<td>- EUR 130 m to extend sick leave to cover days spent in quarantine.</td>
</tr>
</tbody>
</table>

[105] https://journals.sagepub.com/doi/pdf/10.1177/2516602620936037
Health system measures
(+) EUR 3.2 billion for the national health service and to support civil protection.
Within this package:
- EUR 1.4 bn to raise funding for the health care system for 2020, including EUR 845 m
to recruit 20 000 more health workers.
- Ease burden of hospitals: dedicate entire facilities to patients infected with Covid-19,
while redirected non-infected patients for other facilities.
- Increased cleaning of public transportation facilities, such as metro transit, buses, boats.
- Measures to increase purchases and production of medical materials (masks, ventilation machines)
- Repurposing of medical equipment and buildings (e.g. hotels) for the medical emergency.
- The production of face masks is incentivised
- Retired medical personnel are encouraged to come back to work

Public sector subsidies to businesses
- Increase to EUR 1.7 bn for the Fund to provide fee-free guarantee for SMEs loans.
Eligibility has been enlarged, admission fees and costs reduced. Private individuals can contribute to the SMEs Fund’s financing.
Maximum guarantees raised from EUR 2.5 m to EUR 5 m.
- Further guarantees for firms most affected by the virus. Facilitate guarantees for self-employed workers, freelancers and individual entrepreneurs.
- Suspension of 6 months (until end of September) of loan repayment by SMEs.
- State guarantee for up to EUR 10 bn in new loans for medium-large firms.

Deferral of taxes and social security contributions and bringing forward expenditures within current fiscal year
- EUR 540 m for 60 % tax credit on commercial rents.
- Suspension for 2 months of tax and social security payments in the municipalities most affected.
- For firms with an annual turnover below EUR 2 m, suspension of all the tax and social security payments coming due in March (valued at EUR 10 bn in deferred payments).
- Non-application of withholding tax for professionals without employees, with revenues below EUR 400 000 until 31 May 2020.
- Suspension of collection of tax collection files (valued at EUR 0.6 bn).
- EUR 50 m allocation for one-year suspension in repayment of loans to Invitalia to support SMEs in the most affected municipalities.
- Suspension of 2 months (until end of April) in the payment of the electricity, gas, water and waste bills in the most affected municipalities.
- Suspension of 6 months (until end of September) of loan repayment by SMEs.
- State guarantee for up to EUR 10 bn in new loans for medium-large firms

Support to individuals and households
- EUR 400 m for one-year suspension in the repayment of real estate mortgages by workers having lost their job.
- Moratorium on debt payments, including mortgages.  

166 https://www.oecd.org/coronavirus/country-policy-tracker/
Central government role in crisis response

The most important ministries and agencies during this crisis were:

- Ministry of Health
- Ministry of Economy and Finance
- Ministry of Economic Development
- Department of Civil Protection - together with the Regions and Autonomous Provinces, the department is responsible for all activities aimed at risk prediction and prevention, rescue and assistance to populations affected by disasters. Central role during the Covid-19 crisis, together with the Ministry of Health.
- Extraordinary Commissioner COVID-19 - its duties are the implementation and coordination of the necessary measures for the containment and contrast of the COVID-19 epidemiological emergency. Angelo Borelli, the Head of the Department of Civil Protection, was appointed by the Council of Ministers on 31 January.
- Special Commissioner for the COVID Emergency - Domenico Arcuri, Head of the Economic Agency Invitalia, was appointed special commissioner by the Government to coordinate the medical and economic crisis response.

Coordination between ministries

- Department of Civil Protection
  - Established in 1892
  - Coordinates the crisis response
- Extraordinary Commissioner COVID-19
  - Established in March 2020 to deal with the emergency situation of Covid-19
  - Head of the Department of Civil Protection
  - Coordinates the decision-making at central government
- Council of Ministers
  - Regular body for inter-ministerial coordination

Subnational government role

(4) some decision-making functions

- The subnational level in Italy was mostly involved in implementing the national measures.
- Some municipalities and regions took earlier or stricter lockdown measures than the national government depending on the magnitude of the outbreak
- The regions are responsible for the management of the health care system. They developed regional mitigation plans for testing and contact tracing based on national guidance.

Coordination across levels

- The initial lockdown measures were taken centrally by the national government with consultation of the regions.
- As crisis management was mostly centralised, the need for vertical coordination in decision-making was limited. The hierarchical coordination to implement national decisions
- The Department of Civil Protection, especially the Operational Committee (Comitato operativo della Protezione Civile – 21 members), existing as such before Covid-19, ensures the unitary direction and coordination of Civil Protection activities in emergency situations in close cooperation with the autonomous regions

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167 https://www.gazzettaufficiale.it/dettaglioArea/12
168 http://www.protezionecivile.gov.it/dipartimento
Centralised – decentralised

(4) shared competences between central and sub-national levels (more centralised)

According to the Italian Constitution, art.117 and 120, comma 2, the centralised government has exclusive competence and, therefore, can replace the powers of the regions, in case of an international prophylaxis (as the one of Covid-19). However, the general legislative power in Italy belongs to the state and the regions, placed on the same level (principle of loyal collaboration). Art. 117 of the Italian Constitution, therefore, contains a long list of the exclusive competences of the State and the competing competences between the State and the Regions. This solution has only created confusion, conflict, difficulties in decision-making processes, constitutional litigation... and this is what has happened during these past months of Covid-19. Many regions have overcome the decisions of the centralised state issuing many orders (over 60).

https://www.gazzettaufficiale.it/atto/serie_generale/caricaArticolo?art.progressivo=0&art.idArticolo=31&art.versione=1&art.codiceRedazionale=16A03075&art.dataPubblicazioneGazzetta=2016-04-15&art.idGruppo=4&art.idSottoArticolo1=10&art.idSottoArticolo=1&art.flagTipoArticolo=0

http://www.governo.it/it/costituzione-italiana/parte-seconda-ordinamento-della-repubblica/titolo-v-le-regioni-province-e-

https://www.camera.it/temi/ap/documentazione/temi/pdf/1203754.pdf?_1588279335853

- https://formiche.net/2020/03/coronavirus-stato-regioni/
Scientific advice

- **Task Force of 300 doctors**\(^\text{177}\) to help with the most affected areas in Italy (participation on a voluntary basis).
- **Technical-scientific Civil Protection Committee (Comitato tecnico-scientifico della Protezione civile – 12 members):**
  - dates back to February 3, the very first phase of the Covid-19 emergency
  - Its task - provide opinions and indications on the prevention measures necessary to face the spread of the virus - is crucial in the fight against contagion. In practice, they provide the health recommendations that the Government and Civil Protection then adopt with their own measures.\(^\text{178}\)
  - Created by the head of the Civil Protection Department, Angelo Borrelli, and consists of the Coordinator of the Office for the Promotion and Integration of the National Civil Protection Department as coordinator, the Secretary General of the Ministry of Health, the Director General of Health Prevention (Ministry of Health), the Director of the Office for the Coordination of Maritime, Air and Border Health Offices of the Ministry of Health, the Scientific Director of the Lazzaro Spallanzani National Institute for Infectious Diseases; the President of the National Institute of Health and a member designated by the President of the Conference of Regions and Autonomous Provinces.\(^\text{179}\)
- **Task Force ‘Phase 2’ – experts in economic and social matters (17 members).** Established by Prime Minister Conte on the 10th April 2020.\(^\text{180}\) This is led by the manager Vittorio Colao, former CEO of Vodafone. Its mission is to dialogue with the technical-scientific committee and study the necessary measures for the restarting phase of Italy after the ‘lockdown’ caused by the coronavirus emergency.
- **Comitato tecnico-scientifico del Ministero della Salute** (10 experts). Permanent expert committee at the Ministry of Health
- **Schools and distance learning task force (Task force scuole e didattica a distanza)** – Established by the Minister of Education during Covid-19.\(^\text{181}\)
- **Task force ‘Data drive’ (74 members).** This task force is operating since the 31 March. Its task, explains a ministerial note, ‘is to identify and evaluate data driven technological solutions to support the Government and other public decision-makers in defining policies to contain the contagion from Covid-19’. One of the first commitments is to support the government in the development of an app in order to ‘map’ the contagion, along the lines of South Korea.\(^\text{182}\)
- **Task force ‘Women for a new Renaissance’ (Task force Donne per un nuovo Rinascimento – 13 members, all women).**\(^\text{183}\) Its task is to elaborate ideas and proposals for the social, cultural and economic revitalisation of Italy after the epidemiological emergency from Covid-19.

All these task forces are part of the government organisations. The members of the task forces are university professors, managers, scientists, etc. Some of the task forces has been established due to Covid-19 and the government in Italy has followed their opinions and recommendations.

\(^\text{177}\) [http://www.governo.it/node/14341](http://www.governo.it/node/14341)
\(^\text{179}\) [https://stiplab.github.io/Covid19/Italy.html](https://stiplab.github.io/Covid19/Italy.html)
\(^\text{182}\) [https://innovazione.gov.it/DM-task-force/](https://innovazione.gov.it/DM-task-force/)
### Capacities

- With regard to intensive care, in 2017 Italy had 2.62 beds per 1,000 residents, less than half the beds available in Germany (6.02). The European Commission also noted that the number of doctors in Italy was declining and over half of those practicing were over 55, "raising serious concerns about future shortages." At the same time, Italy reported fewer nurses than other western European countries. In the midst of the Covid-19 crisis, the government unlocked new resources for the national healthcare system. 3,360 new intensive care beds were added to the already existing 5,300, with 2,400 more scheduled to come, according to the Banca d'Italia report. Although new beds are being added in hospitals all over Italy, for those regions hit hardest by Covid-19 a greater percentage of beds are being allocated. Moreover, an additional 20,000 healthcare workers have been hired, including 4,300 physicians as well as 9,700 nurses, resulting in a total increase of 3.5% in medical staff. 184

- Until now, in Italy has been made 4,984,370 tests. 185

- In Italy, several regions developed different digital solutions for tracking and containing infection based on the analysis of movements and gatherings generated by anonymous data. For example, Lazio activated a portal for reporting gatherings called ‘Unique Alert System’. The Lazio Region also launched Lazio DrCovid, an app that provides secure bidirectional text-audio communications via smartphone between the citizen and their doctor. In some cases, it is also accompanied by diagnostic kits for home monitoring. Liguria, Lombardy, Sardinia and Umbria have started analysing phone records and interactions. Citizens’ health status is monitored in regions like Lombardy, which created the ‘LOM Alert’ app. Piedmont has designed ‘COVID-19 Piedmont Region Platform’ for the Regional Crisis Management Unit to track and monitor all the activities concerning patients with Covid-19. Puglia and Tuscany also have regional web platforms that support assistance, care, and monitoring of patients from a distance.

- ‘The city of Milan has used dashboards to understand where citizens were located on the city map and how they could connect them to private sector offering services. Based in this data, and in partnership with a telecommunications company, the city was able to provide free internet access to vulnerable families connected to the internet’. 186

- For the management of ‘Phase 2’ of the pandemic in Italy, a specific monitoring system has been activated on epidemiological data and on the response capacity of regional health services (decree of the Ministry of Health of 30 April 2020). 187

- The most recent report on the state of the National Health Service was published in September 2019 and contains data referring to 2017. Three years ago, hospital care made use of 1,000 treatment institutions, of which 51.80% public and the remaining 48.20% private accredited. 188

- Ten years earlier, in 2007, there were 1,197 health institutions, of which 55% public and the remaining 45% accredited private and, again, the decreasing trend in the number of institutions, was already evident over the years. 189

- So not only in 10 years the number of healthcare institutions has decreased by about 200 units, but the downward trend was already underway in 2007, before the economic crisis and austerity. Even if the state expenditure on health care has steadily increased in absolute terms over the last 20 years, it is true that in the last ten years, in particular, it has grown less than promised in the various budget laws and, above all, from 2010 onwards, it has started to fall as a percentage of GDP (from 7% to 6.6%). 190

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https://www.comeret.it/cronache/20_marzo_16Coronavirus-quanti-posti-terapia-intensiva-ci-sono-italia-quanti-ne-arriveranno-0fba5a76-678a-11ea-95ad-d1ab8a3abaf1.shtml
http://www.salute.gov.it/imgs/C_17_notizie_4922_0_file.pdf
185 http://www.salute.gov.it/imgs/C_17_pubblicazioni_1195_allegato.pdf#page=56
188 http://www.salute.gov.it/it/nuovoCoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id=5351&lingua=italiano&menu=vuoto
189 http://www.salute.gov.it/it/nuovoCoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id=5351&lingua=italiano&menu=vuoto
190 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2879_allegato.pdf
191 http://www.salute.gov.it/imgs/C_17_pubblicazioni_2879_allegato.pdf#page=55
- https://www.repubblica.it/economia/2020/03/14/news/sanita_verita_e_bugie_sull_aumento_della_spesa-251254662/
Communication

- The main communications from the government have been made by Giuseppe Conte (Prime Minister), Roberto Speranza (Minister of Health), Angelo Borrelli (Head of the Civil Protection agency), Giuseppe Sala (Mayor of Milan), Attilio Fontana (Governor of Lombardia), Vincenzo De Luca (Governor of Campania), Luca Zaia (Governor of Veneto), etc.

- A lot of critiques have been made towards the communication response of the government in Italy. For a detailed analysis, see also Ruiu, 2020.

- At the beginning, many politicians tried to diminish the risk and offered false reassurances that end up by inducing people to ignore the danger of contagion.

- When the virus started to spread rapidly, then, all politicians seem to be adopting the same position: act fast!

- Prime Minister Conte, after a disastrous start where he made 16 appearances in one day, managed to obtain the approval of the population and, the security and tone of his speeches, not politicised, improved and made him the unexpected hero on social networks.

- Marco Travaglio, the director of the Il fatto Quotidiano newspaper, explained his opinion regarding the behaviour of the Prime Minister during the Coronavirus emergency. He affirmed that Conte has managed the situation well, particularly with regard to graduation of the communication of important decisions. However, Travaglio then continues by saying: ‘In my opinion, we will need of more institutional figures’ who can explain ‘not only the measures adopted’, but also the practical ways in which they can be accessed.

Leadership

https://www.wired.it/attualita/politica/2020/04/20/coronavirus-errori-emergenza-governo-regioni/?refresh_ce=
https://www.ilpost.it/2020/03/23/coronavirus-milano-non-si-ferma-sala/
https://www.repubblica.it/politica/2020/04/16/news/salvini_e_i_cambi_di_rota_sulle_aperture_attivita_-254162048/
https://video.corriere.it/cronaca/coronavirus-conte-stiamo-distanti-oggi-abbracciacon-piu-calore-domani/0ff97ab2-63e8-11ea-9cf4-1c175f5b7f7c
https://formiche.net/2020/03/governo-conte-coronavirus-paura/
The Netherlands

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<td>Detection (+)</td>
<td>(+) Late and mild lockdown (16 March – 5 May) allowing people to leave their houses for important reasons; approach to decrease infection rates while developing herd immunity through an intelligent or targeted lockdown instead of general measures, schools and shops were closed, cancellation of all public events until 1 September, no restrictions on internal movements and social contacts, reliance on voluntary compliance</td>
<td>(+) Large-scale emergency scheme for job retention supporting wage costs, support to self-employed, loans and guarantees to SMEs, direct payments to businesses affected by the lockdown measures, deferrals on tax payments, childcare compensations, favourable conditions thanks to budget surplus</td>
</tr>
<tr>
<td>(+) First cases identified since 27th February, mostly among tourists returning from Northern Italy, cases are effectively detected, contacts traced, tested and quarantined</td>
<td>(-) No travel restrictions on high risk areas and insufficient testing at the outset of the crisis, later international travel restrictions were introduced, since 15 June travel restrictions are eased, quarantine for travellers from high risk areas including UK and Sweden</td>
<td></td>
</tr>
<tr>
<td>(-) Travel warnings for Northern Italy, but overall reluctant response to rising infection rates and fatalities, first lockdown measures are limited to the most affected region of North Brabant with a ban on large-scale events, recommendation to stop shaking hands</td>
<td>(+) Successful reduction of infection rates and patients in intensive care throughout the lockdown, supported by increased testing capacities and digital contact tracing</td>
<td></td>
</tr>
</tbody>
</table>

References:

203 https://ourworldindata.org/policy-responses-covid
204 https://ourworldindata.org/coronavirus/country/netherlands?country=~NLD
Central government role in crisis response

- The distribution of competencies in case of crisis is defined in the National Crisis Decision-making Manual.\(^{210}\)

Interdepartmental Crisis Management Committee
- Chaired by the National Coordinator for Security and Counterterrorism
- Advises the Ministerial Crisis Management Committee

Ministerial Crisis Management Committee
- chaired by the Prime Minister or the Minister of Justice and Security
- takes all important crisis management decisions
- coordinates the crisis management approach

Ministries
- Ministry for Health, Welfare and Sport
  - Responsible for the protection of public health
  - Oversees the National Institute for Public Health and the Environment
- Ministry of Economic Affairs and Climate Policy, Ministry of Social Affairs and Employment
  - Responsible for the mitigation of economic and social consequences of the lockdown
- PMO
  - crisis communication
  - Head of the Ministerial Crisis Management Committee, most important actor in crisis management

Agencies
- Institute for Public Health and the Environment (RIVM)
  - Provides scientific advice on public health, e.g. guidelines to the municipal public health services
  - Infectious disease control, prevention and monitoring of public health
  - Coordinates population screenings
  - Agency of the Ministry of Health, Welfare and Sport
- Netherlands Enterprise Agency\(^{211}\)
  - Implementation of economic support measures

Coordination between ministries

Ministerial Crisis Management Committee\(^{212}\)
- chaired by the Prime Minister or the Minister of Justice and Security
- takes all important crisis management decisions
- coordinates the crisis management approach across ministries

Subnational government role

(4) some decision-making functions

- According to the Public Health Act, the decision-making power on quarantine measures in case of an infectious disease outbreak is at municipal level. The Minister of Public Health can instruct the municipalities in case of an emergency. The Minister of Health made use of this power in the Covid-19 crisis. The instruction goes to the Security Regions as Defined in the Security Regions Act, rather than all municipalities, and the Chairman of the Security Region takes charge of the emergency powers of mayors.\(^{213}\)
- Variation in local measures, for example the lockdown measures were first introduced in the province North Brabant which was most severely affected. Since 1 June, mayors have been delegated the power to close public venues if necessary

Municipal Public Health Services
- Implementation of testing, quarantine and contact tracing

\(^{212}\) [https://stiplab.github.io/Covid19/Netherlands.html](https://stiplab.github.io/Covid19/Netherlands.html)
\(^{213}\) [https://verfassungsblog.de/the-netherlands-of-rollercoasters-and-elephants/](https://verfassungsblog.de/the-netherlands-of-rollercoasters-and-elephants/)
Coordination across levels

- A working group with representatives from ministries and local government associations has been established to discuss financial compensation for the negative fiscal impacts at local level.²¹⁴
- A think tank was established to coordinate the economic and social policy measures between national and local levels, including the Social Partners, and other relevant actors like the Central Planning Office, the Socio-cultural Planning Office, the National Office for Statistics, The Dutch Central Bank, the scientific committee for Government policy and Clingendael.²¹⁵
- Joint platform of the national and local governments in cooperation with social partners to coordinate the labour market.²¹⁶
- See above on the role of the Security Regions

Centralised – decentralised

4) shared competences between central and sub-national levels (more centralised)

- Crisis management is mostly centralised in the interdepartmental and the ministerial crisis management committees.
- The municipalities have important decision-making and implementation functions in crisis management, which are bundled in Security Regions in case of emergency and can be instructed by the national level.²¹⁷
- In case of emergency, the central level prevails.

Scientific advice

- National Institute for Public Health and the Environment (RIVM)²¹⁸
  - Can convene an outbreak management Team in case of an infectious disease outbreak, chaired by the director of the National Institute for Public Health and the Environment and the head of the National Coordination Centre for Communicable Disease Control, other members are invited in personal capacity based on their organisational position and expertise.
  - Based on meetings of the Outbreak Management Team, the National Institute for Public Health and the Environment drafts an advisory report for the Ministry of Health, Wellbeing and Sport.
- Members of the Covid-19 Outbreak Management Team.²¹⁹,²²⁰
  - 9 Permanent members: scientists from different medical disciplines
  - 36 Invited experts: further scientists from medical disciplines
  - 25 Participants from RIVM (Public Health Agency)
- Experts can be invited to participate in the meetings of the Interdepartmental and the Ministerial Crisis Management Committee

Capabilities

- Testing was initially low with less than 10 tests per confirmed case, testing capacity increased since April, patients with mild symptoms are usually not tested before 1 June. The relatively low testing capacity in part explains the high fatality rate in the Netherlands.²²¹
- 925 Intensive Care Units available, the number has been increased to 2400, of which 1900 are reserved for Covid-19 patients. Due to the high capacity, the health care system was not overburdened despite the mild lockdown measures and limited testing.²²²
- Contact Tracing is implemented by the Municipal Health Services and has since the early stage of the crisis been assisted by a tracing app.
- The Netherlands are an international frontrunner in eHealth. In the Covid-19 crisis, an online platform was developed in cooperation with the Ministry for Health, Wellness & Sport, the Erasmus Medical Centre and Philips to digitally share patient information between hospitals, the usage of online consultations and baby-monitors to communicate with patients in quarantine has been increased. Since 16 March, a Corona-check app is used to analyse the risk of infection, people with high risk are contacted by doctors for testing. The app Zo voel ik mij NL was used to monitor the (mental) wellbeing of the Dutch population throughout the pandemic. The City of Rotterdam, Erasmus MC, Life Sciences & Health O10, VR-developer VR Gorilla, philogirl care communications, and Cardboards.nl jointly developed virtual reality training tools for healthcare professionals on how to treat Covid-19 patients, which is available via an app.²²³

²¹⁶ https://nlwerktdoor.nl/
²¹⁷ https://verfassungsblog.de/the-netherlands-of-rollercoasters-and-elephants/
²¹⁸ https://www.rivm.nl/en
²²⁰ https://stiplab.github.io/Covid19/Netherlands.html
²²¹ https://ourworldindata.org/coronavirus/country/netherlands?country=~NLD
²²² https://nvic.nl/sites/nvic.nl/files/Nieuws%20aanmaken/20200424%20IC%20capaciteit%20benodigd%20COVID.pdf
²²³ https://www.oecd.org/coronavirus/country-policy-tracker/
Communication

- 16th March public address of Prime Minister Rutte outlining the policy approach chosen and the possible policy options considered.\(^{225,226}\)
- The Prime Minister has the lead role in crisis communication together with the National Institute for Public Health and the Environment, which is very present in governmental press conferences.
- Crisis communication was mixed, stating that action against the crisis was necessary, while the virus was not a direct threat to most of the population.\(^{227,228}\)
- The government website provides information on the policy measures including infographics in different languages.\(^{229}\)

Leadership

- The Dutch government presented an incoherent approach to deal with the crisis. In the attempt to tailor the measures to the political culture of the country, the measures were not sufficiently differentiated and relied mostly on voluntary compliance and recommendations. The Prime Minister communicated very clearly that the virus could not be completely contained in an open country, but controlled as much as possible to protect the most affected groups and to preserve the capacity of the healthcare system. The measures taken did not entirely reflect this approach, which was focused on protecting the economy as much as possible.\(^{230,231}\)
- Overall, good compliance with the policy measures among the Dutch population, but recommendations to limit movement and to keep social distancing were not followed strictly.\(^{232}\)
- The Dutch approach to the Covid-19 crisis is controversial.\(^{233}\) On the one hand, the policy measures to control infection rates were less determined and less consistent than in other European countries. On the other hand, the approach is tailored to the Dutch political culture and can rely on strong capacity of the health care system and digital applications. Prime Minister Mark Rutte is the main leader in crisis management. His approach was received as pragmatist in the Netherlands and has high approval ratings.\(^{234}\)

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\(^{229}\) https://www.govøernment.nl/topics/coronavirus-covid-19
\(^{232}\) https://www.politico.eu/article/belgium-is-tired-of-dutch-coronavirus-tourists/
\(^{233}\) https://www.politico.eu/article/belgium-is-tired-of-dutch-coronavirus-tourists/
Austria

Policy performance

Detection (+/-)
- Italian lockdown measures did not trigger Austrian rethinking, despite proximity and exchange.
- Ischgl as uncoordinated chaotic trigger
- Extensive testing early on

Pandemic mitigation (+/-)
- Information available that pandemic could have been mitigated earlier. Ropeway companies are said to have a powerful voice in Tyrol. Another reason for the delay is that there was a dilemma: either you inform mayors and hotel managers who send their guests home without official information, since Ischgl hadn’t been acknowledged as a hotspot at that time (there were just several information from Icelandic and Norwegian organisations) or you decide on quarantine without caution. The latter was decided, which caused dozens of new infections leading to it spreading Europe-wide.235
- Early and strict lockdown. Criticism that it was too strict. Social contact decreased by 90 %, 50 % could have sufficed. Yet, rate of new infection diminished rapidly.236
- The government is criticised for purchasing safety equipment too late (first mention of necessity March 16th).237

Economic and social policies238 (+)
- Swift and extensive support promised; decision and financing though was too late and too selective (EUR 38 billion, 9.5 % of 2019 GDP, with guarantees volume increases up to EUR 757 billion, 24 %)
- Expanded access to short-term work (Kurzarbeit) subsidy to preserve jobs and workers’ incomes, expanded childcare benefits for low-income parents and easier access to basic income support for the self-employed
- Spending on healthcare equipment, hospital capacity and R&D (vaccine)
- EUR 50 billion in grants to small business owners and self-employed persons severely affected by the Covid-19 outbreak in addition to interest-free tax deferrals until year-end, EUR 2 billion of venture capital funding for start-ups
- Temporarily expanded duration of unemployment insurance and parental leave benefits
- Guarantees for firms of different sizes and credit insurers, some eligible for up to 100 percent guarantees

Central government role in crisis response

Relevant ministries
- Federal Ministry of the Interior: Coordination of crisis management; Division II/3 SKKM – Staatliches Krisen- und Katastrophenmanagement und Koordination Zivile Sicherheit; according to the SKKM model of horizontal and vertical coordination.
- Federal Ministry of Social Affairs, Health, Care and Consumer Protection: technical leadership in pandemic times, most influential/active ministry mitigating the crisis.
- Central government: Public crisis communication. Criticism was levelled especially at Chancellor Kurz for his self-praise in contrast to other EU countries.239 Austrians acknowledge measures.240 241

Coordination between ministries
- Coordination of crisis management: Federal Ministry of the Interior (regular coordination body in pandemic times)
- Crisis committee established (chaired by the general director for public security (Generaldirektors für die öffentliche Sicherheit (section II, BMI)) Members: Ministry of Interior; external experts, ministries, federal states, operational organisations)

Subnational government role
(3)(4) federal states have extensive implementation functions. The legal basis are federal states’ Emergency Aid Acts (Katastrophenhilfegesetz). However, they authorise federal states to enact additional measures.

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237 https://www.falter.at/zeitung/20200512/was-passiert-wenn-es-eng-wird
239 https://www.sueddeutsche.de/politik/coronavirus-oesterreich-kurz-kommentar-1.4870454
240 https://www.faz.net/aktuell/feuilleton/medienlob-und-und-qed-vom-kanzler-oesterreichts-medienforderung-16736773.html
241 http://www.statistik.at/web_de/presse/123051.html
Coordination across levels

- SKKM - Staatliches Krisen- und Katastrophenmanagement is the official crisis management programme that is led by Division II/3 SKKM - Staatliches Krisen- und Katastrophenmanagement und Koordination Zivile Sicherheit (division of the Ministry of Interior). It has already been established prior to the crisis (latest re-organisation in 2004).242
- Conflict between Minister of Interior Nehammer, and the federal state of Vienna. In May, Nehammer demanded that Vienna should work better on its cooperation and communication with the Ministry of Interior. The background of the conflict is a rising number of new infections in Vienna. That dispute is followed by further conflict within the government between Nehammer and Anschöber (Minister of Health).243
- The government is criticised for privileging the Austrian Red Cross in favour of other help organisations.244

Centralised – decentralised

(4) shared competences between central and sub-national levels (more centralised)

- Crisis management is divided between central government and federal state levels.
- Coordination and main communication acts is done by central government actors (SKKM, chancellor, ministers)
- Federal states authorise implementation and are allowed to enact further measures.
- Also, competences are divided in terms of coping with the economics effects. Central government and federal states launched economic support measures.

Scientific advice

- Coronavirus Taskforce: chaired by Minister of Health, Anschöber.
- Task: Evaluation of the current pandemic situation, provision of most recent scientific insights, feedback regarding latest measures
- Consists of members of the Ministry of Health and external scientific advisers from medical sciences
- COVID-Prognose-Konsortium: data scientists, physicians, Gesundheit Österreich GmbH (public research institute, sub-ordinated to the ministry of health)
- Task: forecasting of development of infection rate.
- Scientific advice is further provided by the Austrian Academy of Sciences and the Medical Universities.

Role of scientific advisers

- Confidential minutes show that, from the midst of March on, scientific advice became continuously less important in government decision-making. Warnings of shortages regarding test and safety equipment capacities were ignored for too long. Experts recommended a less strict approach that never appeared to be considered by the government.245
- Chancellor Kurz accuses health care experts whose advise diverges from the government's policies of trivialising the risk.246
- A conflict between Martin Sprenger, expert in public health and previous member of the Coronavirus Taskforce, and Chancellor Kurz illustrates that Sprenger, among others, criticised the closure of parks and hiking areas. Kurz reacted to the critique by stating that he is happy not to listen to "false experts".247

Capacities

(1) At the beginning test capacities were small (there was also not enough protective equipment). Afterwards they were increased.248 (2) At the end of March, just a few intensive care beds were occupied. As the infection rate increased, the intensive care system did not collapse. According to an OECD study, Austria is in second place regarding intensive care beds.249
(4) One of the first countries implementing a tracing app. Until June, only 300 000 Austrians had installed the app (3.7 %).250
(5) Even though the way of working is changing, companies tend to put investment for innovation on hold.251

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242 https://www.bmi.gv.at/204/skkm/start.aspx
244 https://www.derstandard.at/story/2000116877597/rotes-kreuz-vor-tuerkisem-hintergrund-kritik-an-enger-kooperation
245 https://www.falter.at/zeitung/20200512/was-passiert-wenn-es-eng-wird
246 https://www.falter.at/zeitung/20200512/was-passiert-wenn-es-eng-wird
251 https://www.derstandard.at/story/2000117024705/innovationen-gegen-die-corona-krise
**Communication**

**Relevant actors**

- Minister of Health, Rudolf Anschober: highly praised for his (calm) crisis management and communication. In March, his role was perceived as rivaling the chancellor.
- Chancellor, Sebastian Kurz:
- Minister of Interior, Karl Nehammer:

Central government, especially Chancellor Kurz, tries to establish a media perception of a harmonic governmental crisis management. Conflict though arose when Anschober announced discontent with the lockdown measures. Legal experts state that they were formulated too unclearly. Additionally, there was a dispute within the government coalition on the question whether the anti-corona application should be mandatory.

Experts analysed the phases of government communication: At the beginning, it put an emphasis on showing presence, empathy, and credibility, having a clear schedule, and omitting panic. The second step was to create fear among the people for example by stating publicly that soon everyone will know someone who died because of Covid-19 (Chancellor Kurz).

**Leadership**

Minister of Health, Rudolf Anschober

- Highly praised for his (calm) crisis management and communication. Perceived as chancellor-like behaviour.

Chancellor, Sebastian Kurz

- His public appearance were interpreted insofar as he mostly intended to be perceived as the strong leader who is capable of solving the crisis. His rhetoric was strong and strict.
- He intensified the cooperation with ‘smart countries’ that, according to Kurz, are as successful as Austria in managing the crisis applying a fast and strict approach. For the time being, the cooperation is limited to research. The aim is to become more independent from “superpowers”.
- He blames the government of the federal state of Vienna for its lack of cooperation and communication with the Federal Ministry of the Interior. The background it an increase in the infection rate in a refugee accommodation near the city of Vienna.
- Executives from the city government of Vienna responded by accusing him of using such incidents for campaigning purposes since in autumn Vienna will hold elections.
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