

MANAGING COVID-19, A JOURNEY THROUGH EUROPE

The member states of the European Union have emerged from the acute phase of the Covid-19 pandemic and are resuming their social and economic activities. How did they manage the health crisis and what are its socio-political consequences? What are the responses to the economic shock? What about the dynamics between European countries and regional trends? While it is still too early to assess the crisis, the Foundation wishes, through this collection, to contribute to the understanding of the sequence we are going through.

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AUSTRIA

SEEN FROM AUSTRIA: AS MUCH FREEDOM AS POSSIBLE, AS MANY RESTRICTIONS AS NECESSARY

On March 13, the Viennese were rushing to the supermarkets to stock up on groceries in large quantities. On the social networks, the rumour that the city would soon close down because of Covid-19 was circulating at high speed. In the evening, the city was empty, the restaurants deserted. It was known that in the ski resorts of the Tyrol, bastions of the virus, no measures had been taken to inform tourists or to limit its spread.

Following the international scandal concerning the spread of the coronavirus in Tyrol, the Austrian "Green-Turquoise" government comprising the ÖVP (People's Party) and the Greens (Die Grünen - Die Grüne Alternative) adopted confinement and social distancing measures for the whole country: on 15 March, the government announced that shops, except those of basic necessity, i.e. food supermarkets, pharmacies, and tobacconists (tobacco and press) would have to close from 16 March. While on that day pubs and bars were still able to open from 12 noon to 3 p.m., the next day they like all sports facilities, were closed; this also included parks and gardens under federal control. Only municipal parks or those managed by the *Länder* were allowed to remain open.

From 16 March on, nurseries were closed and distance learning was introduced for

schools and universities. Of course, the same was true for cultural and sports institutions, whose events and meetings were cancelled. Under confinement, citizens have been allowed to leave their homes for four reasons: shopping, going to work, caring for dependent persons or "stretching their legs". On the first day of its confinement, Austria had officially registered only one death.

In the weeks following these decisions, the so-called "Corona Cabinet" - comprising mainly Chancellor Sebastian Kurz (ÖVP), Health Minister Rudolf Anschober (Greens), Vice-Chancellor Werner Kogler (Greens), Finance Minister Gernot Blümel (ÖVP) and Interior Minister Karl Nehammer (ÖVP) - in which they were joined, depending on the topics discussed, by Agriculture Minister Elisabeth Köstinger (ÖVP), Education Minister Heinz Faßmann (ÖVP) and Environment Minister Leonore Gewessler (Greens) - governed by means of directives and statements, repeatedly using "common sense" to contain the spread of the virus: the number of infections had to be kept as low as possible so as not to overburden the health system. The management of the crisis led to a strengthening of the executive power, a parliamentary effacement in decision-making, and a withdrawal of the opposition from the political scene. It also entailed governance by fear justified by the phrase "Danger is among us" pronounced by Chancellor Kurz at his press conference on 11 April. Opinion polls conducted at Easter showed broad public support for the government's measures and an increase in the popularity of both parties.

The economic effects and social consequences of confinement will be immense, even though they were initially underestimated: in their forecasts published on March 26, Austrian economists had predicted a fall in GDP of at least 2% (Institute for Advanced Studies, Institut für Höhere Studien - IHS) and 2.5% (Economic

Research Institute, Wirtschaftsforschungsinstitut — WIFO) in 2020. At the end of March, the Central Bank (Oesterreichische Nationalbank, OeNB) forecast a decline in economic output of 3.2% in a moderate scenario. In mid-April, the IMF estimated a 7% decline in GDP.

It is not yet known how many companies will go bankrupt. The situation is particularly difficult for businesses in the food industry and their employees, who are exposed to a high risk of infection, as are health professionals. Some businesses have promised their employees a one-off so-called "corona premium" of around €400.

Unemployment has risen rapidly; according to the AMS (Arbeitsmarktservice - Austrian Employment Service), more than 500,000 people were registered as unemployed in March (an increase of more than 65% compared to March 2019). The tourism and catering trades have been particularly affected. In the services sector, it was mainly women who lost their jobs; and men were in the majority in construction.

The closure of childcare centres and schools is proving extremely burdensome for people working in vital economic sectors, as well as for those who now work from home, especially lone parents. The risk of losing one's home is also growing because many people - especially single parents, but also migrant families - are no longer able to pay their rent or utilities. In this context, the government has ordered the postponement of electricity and gas bills and a three-month ban on eviction.

In order to cushion the economic crisis, the government has adopted a €38 billion package of measures to support the economy (this sum represents half of the national budget). The package includes emergency aid of €15 billion (including support for short-time working and financing of protective clothing and breathing masks, which were provided to

the population at an early stage), a "relief fund" (emergency aid to small businesses, €4 billion), guarantees for loans and debt repayment (€9 billion), and tax deferrals and reduction of tax prepayments (€10 billion). The request for payment of economic aid is being processed by the "[Austria Wirtschaftsservice GmbH](#)" and the Public Development Bank (Förderbank des Bundes). Companies can apply for unemployment benefit for three months (currently until the end of September), and partial unemployment can be up to 100%. The companies concerned undertake to refrain from making any redundancies for operational reasons. From 14 April, support for short time working will be increased to €5 billion (compared to €3 billion initially planned). Up to 14 April, 53,000 companies had submitted applications for short time working. As the payment of benefits to companies is preceded by a review and the first payments are unlikely to be made before the summer, it will probably only benefit companies that have sufficient financial means to resist during this period or that have obtained loans. Finally, a €150 million rescue package for start-ups was put in place in mid-April.

We note that the government has abandoned the policy of a strict zero deficit and has reverted, as it were, to the Keynesian policy of the Kreisky years (1970-1983). A high budget deficit to stabilise the economy and the labour market has become acceptable (a budget deficit of €26 billion for 2021 is estimated in mid-April; the Economic Research Institute — Wirtschaftsforschungsinstitut — forecast at the end of March a deficit of €21.5 billion for 2020, or 5.5% of GDP.

However, the confinement is having social repercussions which initially did not receive sufficient attention or financial compensation, or which cannot be remedied by monetary aid. For example, children from underprivileged backgrounds (6% of all pupils) do not have the possibility of

following their course at a distance due to a lack of computer equipment; they cannot work at home because they live in difficult housing conditions; or cannot be supported by their parents. It was only on 9 April that the Minister of Education announced that 12,000 laptops would be made available on loan. Inequalities in education, which in any case are already significant because of the tripartite school system, will increase further, leading to social and cultural inequalities.

Isolation is increasing domestic violence against women and children, as well as psychological and alcohol and drug-related problems. Since the first week of April, specialized care facilities (for the treatment of these problems) have reported an increase in demand due to isolation.

The crisis also shows the interdependence of European countries: the "care crisis" will develop dramatically: before the Covid-19 crisis, 70,000 nurses from Romania, Slovakia, Hungary, the Czech Republic, Croatia and Slovenia, who provided round-the-clock care, travelled to Austria on a two-week rotation. As a result of the closure of the borders, this mobility is no longer possible, hence a huge gap has opened up in the field of care. At the beginning of April, the Land of Lower Austria flew in the first Slovak nurses. Romania banned the nurses from leaving for Austria in mid-April. On 19 April, scientists warned of an imminent collapse of the health care system. A labour shortage is evident in the agricultural sector, whose seasonal workers come from neighbouring countries.

There will also be consequences for democracy and the rule of law: the dominance of the executive restricts Parliament's right of scrutiny and limits democratic deliberation. During the Easter break, constitutional experts criticized the fact that measures restricting fundamental rights, such as confinement, prohibition of assembly, prohibition of freedom of work

and economic freedom, require laws, while the majority of measures to deal with Covid-19 have been implemented through executive orders. Complaints are pending before the Constitutional Court.

Finally, a new shift in the media landscape in favour of the tabloid press is to be feared. Subsidies to the press are granted according to the volume of the media's audience. The main beneficiaries are tabloids such as the Kronen newspaper or the free press "Heute" and "Österreich/Ö24".

The "Covid-19 Future Operations" network (Chancellery, Office of the President, economists) has developed models and plans to revive the economy. On the one hand, the network is coordinated by "Think Austria", a think-tank that Chancellor Kurz has set up under the leadership of the former director of the Boston Consulting Group, Antonella Mei-Pochtler. On the other hand, the coordinator in the President's office is Thomas Starlinger, who was Minister of Defence in Brigitte Bierlein's transitional government.

The government has taken several measures to justify a gradual revival of the economy. On the one hand, the research institute SORA (close to the Green Party) carried out a representative study with PCR tests on the spread of the coronavirus in Austria between 1 and 6 April at the request of the Ministry of Education, Science and Research. The Austrian-wide representative random sample comprised 1,544 people. The results speak for themselves - only a small proportion (0.33%) of the population is reported to be infected, i.e. Austria has not yet reached the stage of so-called "herd immunity". This would run counter to the lifting of measures to combat the epidemic. However, the mortality rate remains low and the number of people in intensive care units is still far below capacity. As of 18 April, 208 intensive care units were occupied and 951 are still available in the country, with a total of 470 coronavirus-

related deaths out of 14,795 confirmed cases.

In addition, the Government, in close cooperation with the Red Cross, is working towards the establishment of a voluntary tracking application. It is not yet operational, but since the beginning of the epidemic, the population has been supportive of such practices. However, some voices have been raised to underline the danger of such surveillance.

At a press conference on April 14, Chancellor Kurz described Austria's "new normality": "As much freedom as possible, as many restrictions as necessary." In concrete terms, this means a certain easing of restrictions as of April 14. New hygiene rules for shops have been adopted: shops with an area of less than 400 m² are allowed to open, as well as all large DIY stores and garden centres. Only one customer is allowed per 20 m² of space, and opening hours will be limited from 7.40 am to 7 pm. This partial opening in the retail sector is associated with the obligation to wear a mask. There is not yet a schedule for the opening of the hotel and restaurant sector. However, the economic benefit of the restricted opening in commerce remains questionable, and the first few days of opening have shown a very modest recovery in consumption.

Government-administered parks and gardens are gradually reopening; as part of the conflict between the government of the state of Vienna (with a coalition between the Social Democrats and the Greens) and the government, Viennese officials decided to declare certain streets temporary "meeting zones" for pedestrians only.

In day-care centres and primary schools, only one emergency unit is still operational. These facilities, like secondary schools, must remain closed at least until the

beginning of May; the Ministry of Education has no timetable for the reopening of schools and kindergartens, but it is promising that by the end of April, 12,000 laptops will be made available to schools on loan to students who do not have Internet access. Sports such as athletics, tennis and gliding will be available again from 1 May.

At the same time, there have been calls for economic and social transformation in the wake of the coronavirus crisis: on 16 April Environment Minister Leonore Gewessler (Greens) called for State support to companies to be made conditional on environmental measures; for example, the rescue of Austrian Airlines AUA (a subsidiary of Lufthansa) should be linked to greater environmental compatibility, such as the reduction of short-haul flights or the introduction of environmental taxes. On 8 April, Attac Austria demanded the introduction of a wealth tax so that the costs of the crisis might be spread. The Frauenring (women's associations) demanded that this unprecedented period of crisis be used to improve the work of carers and for them to be paid better.

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BELGIUM

SEEN FROM BELGIUM: UNDER THE TEST OF THE CORONAVIRUS

The way Belgium dealt with the Covid-19 epidemic presents several specific features. Firstly, we should remember that it was particularly exposed at the beginning of the epidemic, with a multitude of outbreaks resulting from exchanges with other European countries. This is primarily due to the status of Brussels, the seat of several European Union institutions and, therefore, the centre of human flows on the continent.

In addition, several families returned in February from holidays spent in northern Italy. Faced with this situation, it has to be said that the Belgian Government was not a priori in the ideal political position to pursue an energetic policy. The country was in fact emerging from a political crisis that had witnessed leadership by a caretaker government for more than a year. The federal government no longer held a majority since the departure of the N-VA (Flemish Nationalists) in December 2018 due to disagreement over the migration policy. Since the parliamentary elections of May 2019, attempts to form a new government had been unsuccessful. While this initial weakness was temporarily overcome, political circumstances and institutional characteristics fundamentally influence the way in which the current crisis has been managed. To understand this, the political and health perspectives have to be considered jointly, since these two aspects influence each other.

The establishment of the Wilmès II government

At the onset of the crisis in January, Belgium was still trying to establish a fully-fledged government. As early as February 28, the chairman of the CD&V (Flemish Christian Democrats) saw the opportunity to take advantage of this crisis and the sense of urgency it inspired to finally form a federal government. A government that he called the "Corona coalition", which was as clear as it was ill-timed in terms of communication. A few weeks later, this coalition almost became a reality. On March 13, the intractable enemies -PS and N-VA- agreed to begin negotiations to form such a government. It was even agreed that Sophie Wilmès would remain as head of this supposedly provisional government while the Covid-19 epidemic and the economic and social consequences of containment were addressed.

Indeed, Sophie Wilmès had already distinguished herself through her leadership and communication skills, combining clarity, empathy and determination. However, the establishment of this coalition finally failed due to a lack of support within the PS, the leading French-speaking party. The result was a hybrid and degraded formula: the caretaker government, unchanged in its composition, would henceforth be supported from outside by all the political parties, with the exception of the Vlaams Belang (Flemish extreme right) and the PTB (extreme left). This government continued as three parties only (MR, VLD and CD&V), without any change of ministerial portfolio. While this minority government formula is common in some parliamentary democracies, it is very rare in Belgium. In addition to this, the Wilmès government was given special powers for it to be able to take the necessary decisions to deal with the health crisis. To complicate matters, the N-VA, the country's largest party, voted for special powers but refused to support the

establishment of a full government. This initial fragility went almost unnoticed both because of the urgency of the crisis and the personality of Sophie Wilmès, who seemed to rise above these political quarrels.

Strict lockdown – in theory

As they faced the pandemic and the emergency situation, the authorities' response was twofold. From March 12 onwards, strong, specific measures were taken: there was a ban on all gatherings, schools and universities were closed, likewise cafés and restaurants. On March 17, the epidemic reached the so-called phase 3 stage, with the lockdown and closure of non-essential businesses. In detailing these measures, it is tempting to make a comparison with France. Indeed, the Belgian measures were taken a few hours after Emmanuel Macron's first speech on March 12, and the day after the announcement of the French lockdown on March 17.

Similarly, the confinement measures taken in Belgium were fairly similar to those in force in France: citizens had to stay at home on pain of a fine, with strictly enumerated exceptions. But this similarity with the French situation was in fact very theoretical. In practice, the lockdown practised in Belgium was much more flexible than in France. People did not have to carry a certificate when they went out and, above all, police repression mainly concerned gatherings or breaches of confinement that were considered excessive. Here, as in other areas, Belgium's confinement policy placed it on the borderline between the particularly strict policies pursued in the Latin countries (France, Italy, Spain) and the much more flexible policies pursued in Germany or the Netherlands. It was nevertheless clearly in the first group rather than the second.

Belgian federalism: peculiarities and parenthesis

Before looking at the results of this policy, let us consider the particular decision-making process during the period beginning on March 12. A specific body took the decisions: the National Security Council. This body has the particularity of including, in addition to the Prime Minister and some competent federal ministers, all the Minister-Presidents of the country's federated entities. Decisions are taken by consensus and it was decided from the outset to pursue a uniform policy throughout Belgium. This led in practice to suspend Belgian federalism. Indeed, the interest of federalism is to have differentiated policies according to the realities of each federated entity. In the Covid-19 crisis, Germany demonstrated the advantages of decentralized action. In Belgium, the governments of the different power levels were keen to have uniform action throughout the national territory.

Thus, like unitary countries such as France, Belgium was unable to take action that matched local realities as close as possible. The same restrictions applied whether one was in a large city where the epidemic was rampant or in rural areas that were little affected. In the end, Belgium accumulated the defects of the unitary and federal systems. The advantage of a unitary country is indeed that it can take strong decisions quickly. With the exception of the first decisions in March to implement the confinement, this was not the case in Belgium. It was necessary to reach agreement between seven governments, each of which comprises coalitions of different parties. Moreover, a body set up for this specific purpose took the decisions falling within the remit of the federal government: the kern+10. Usually, the "kern" (restricted government) consists of the Prime Minister and the Deputy Prime Ministers. The presidents of the 10 parties supporting this government were added to the kern to take account of this particular situation. This institution underlines both the importance of party chairmen in

Belgium and the ability to create ad hoc bodies with no constitutional basis. It is above all a source of additional constraint for public action in the context of the pandemic.

The effectiveness of the fight against the pandemic

Despite all of these political and institutional handicaps, Belgium fought effectively against the Covid-19 epidemic. In terms of hospital infrastructure, we should remember that it was much better equipped than most other European States, with 16 intensive care beds per 100,000 inhabitants. In addition, the appropriate messages were very quickly communicated to the population, which, at least at the beginning, largely respected them. These included instructions on what to do in case of symptoms similar to Covid-19, namely to consult one's general practitioner by telephone and above all to avoid going directly to the emergency room. These instructions, coupled with the work of primary care medicine, helped to avoid an influx of patients to hospitals and contamination in waiting rooms. In Belgium, as elsewhere, the initial objective was to avoid overcrowding in the intensive care units. The fear of any government was indeed to witness a repeat of the scenes seen in Lombardy. Belgium was never really affected by this. Thus, while some hospitals (especially in Brussels) may have been saturated at one point, a national distribution plan prevented this local overcrowding from becoming a problem. At national level, 1,900 intensive care beds were devoted to potential Covid-19 patients. At the height of the crisis, only 1,285 (68%) of these were occupied.

Hence, the Belgian hospital coped very well. But the dramatic number of deaths in nursing homes overshadowed this optimistic picture. This situation was of course witnessed in other European countries. But Belgium noted a record 64% of deaths occurred among residents of

residential care facilities for the elderly. To spin the military metaphor, the enemy was contained where it was expected, but hit hard on another front. This relative neglect of nursing homes can partly be explained by the importance given to hospital medicine and its representatives, whether in the media or in decision-making bodies. In any case, it raises questions about the effectiveness of the containment strategy. Indeed, these structures followed the containment measures to the letter. However, the strict observance of these instructions did not prevent both the staff and the residents of these establishments from being heavily contaminated.

More generally, the result is a sad record for Belgium: with 84 deaths from Covid-19 per 100,000 inhabitants, Belgium is proportionally the country most affected by the disease in the world. Admittedly, this very high figure must be put into perspective due to a particularly broad method used to count the number of deaths. But these methodological subtleties do not explain everything. Indeed, if the excess mortality rate during the crisis is taken into account Belgium is placed among the most affected countries in Europe. It thus ranks on the same level as Spain, which had less hospital capacity. In any case, these observations tend to challenge the idea that strict confinement prevents more deaths.

Experts in office?

The lockdown period in Belgium was marked by the emergence in the media of a series of public health experts: virologists, epidemiologists and doctors. This media presence was quickly coupled with an institutionalisation of their influence. Indeed, at the beginning of April, the Belgian government created the "Group of Experts in charge of the Exit Strategy" (GEES) to plan the country's end-of-lockdown. This council is unique in two ways. First of all, it is not a council of specialized experts that would include, for example, experts in public health. There are

economists, a lawyer and a representative of the social sector. In a traditional format, the specialized expert groups inform the political authorities, who are responsible for reconciling the conflicting demands and interests of different sectors. Here, however, the GEES carried out this process itself, which the political authorities have had the freedom to follow or not. The other element, which is as peculiar as it is disturbing, is the regular media appearances by members of the GEES, including since their appointment to this strategic council. The same experts (virologists, epidemiologists or doctors) always intervene to convey the same message: one must be extremely cautious and restrictive in the pace of ending lockdown. On one occasion, the report sent by this GEES to the National Security Council was leaked to the press, without it being known whether this leak came from a member of the GEES or from political leaders. In any case, it seems that the GEES and some of its members set themselves up as autonomous powers trying not only to influence, but also to compete with a weakened political power. With the height of the crisis over, the tensions between some GEES experts and political leaders came to light². The position adopted by the experts is incomprehensible if one does not bear in mind the weakening of the political class in Belgium. Indeed, in addition to the structural mistrust of the Belgian population towards its political figures, there was a context in which the latter were particularly discredited, both because of the repeated failures to form a permanent federal government and because of their unpreparedness in the face of the health crisis. It should also be remembered that political power is split between the federal government and the federated entities. In these circumstances, it is understandable that the role of experts might be preponderant, especially when they

intervene directly in the media or on social networks.

Slow and erratic end of lockdown

This is probably one of the reasons why the end of the Belgian lockdown was one of the slowest in Europe. From an economic point of view, the relaxation of the rules regarding home working allowed a partial resumption of activity as of May 4, while all non-essential shops reopened on May 11. But it has been the timing of other aspects of end of lockdown, which contrasts with that of neighbouring countries. For example, no schools reopened before May 18. And this one was almost symbolic with only three levels taking classes two half-days a week. As for the kindergarten and primary classes, they were heading towards closure until the start of the school year in September. But an open and mediatized challenge on the part of paediatricians changed the situation. They stressed the psychological and social damage of prolonged confinement on young children and their low rate of contagion. They relied on foreign examples, particularly from Denmark. This public intervention shows that the problem may not have been the power of the experts, but rather the priority given to certain experts. As a result, the Flemish government decided to proceed with the complete reopening of its nursery and primary schools. Put under pressure, the French-speakers finally decided to follow suit.

With regard to social contacts, the initial plan was so restrictive that the National Security Council had to decide, again as a matter of urgency, to allow home visits by a maximum of four people from May 10. This decision followed criticism from the French-speaking environmentalist party and fears that the Belgians would largely violate the instructions on Mother's Day. A

² On this issue see: « Pressions, lobbys, désaccords : trois mois de tensions entre experts et politiques », *La Libre Belgique*, 23 June 2020.

last-minute decision was also taken on access to second homes, under pressure from the mayors of municipalities on the Belgian coast. All these examples are based on the same operating mode: a very restrictive initial end of lockdown plan (in which virologists, epidemiologists and doctors were given a leading role) caused a certain amount of pressure to which politicians gave in, most often as a matter of urgency. We must also mention the major inadequacies of the tracking policy, which has been both largely ineffective and apparently contrary to the rules of respect for private life. The anti-racism demonstration in Brussels at the beginning of June, which attracted 10,000 people, gave the final impression that the process of ending lockdown was far from under control.

After the crisis, further elections?

Although the Belgian end of lockdown has been particularly slow, the political game has quickly regained its rightful place. As a sign of the end of this period of national unity, the special powers granted to the Wilmès II government, initially planned for two three-month terms, were finally not extended beyond June. Negotiations to form a fully-fledged federal government have resumed, but no serious prospects have emerged for the time being.

Hence, the coronavirus crisis has failed to unite Belgium, and it has not provided it with a sustainable federal government. The national union perceived in March will not have survived the passage of the epidemic peak. On the other hand, the crisis will leave an economic and budgetary slate behind, which will be all the more substantial in view of the slow pace of end of lockdown. If elections were to be held in the autumn, one can legitimately fear a rise in extremist parties (extreme right in Flanders and extreme left in Wallonia), boosted by the economic crisis that is looming and easy criticism of the management of the epidemic.

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³ Text published on 07 July.

CZECH REPUBLIC

CZECH REPUBLIC'S RESPONSE TO THE CORONAVIRUS PANDEMIC: CHAOTIC SUCCESS STORY?

According to the various statistics, the Czech Republic seems to be handling the COVID-19 pandemic relatively successfully. Numbers of infected and deceased are lower compared to other states of similar size and number of inhabitants – Czech Republic has 63.87 reported cases per 100 000 population and 188 victims in total, while Belgium or Portugal recorded 337.03 and 196.52 patients per 100 000 inhabitants and significantly higher losses.⁴

The country's hospitals are not overflowing, testing is currently at 8 000 per day and after the government announced the compulsory wearing of face masks in public, the public mobilised equipping the country with homemade facemasks within just a few days. A month and a half after the first case was confirmed on March 1st, the country's representatives presented a plan of gradual de-confinement. The Czech government takes immense pride in this. However, looking closer, the situation is less worthy of applause. The

praised steps, such as early lockdown of the country, compulsory face masks and relatively quick re-stocking of protective equipment, which eventually helped to slow down the pandemic, are happening in an environment of populist measures, battles for the spotlight among politicians, chaotic communication, questionable business practices and heavy dependence on civil society and self-sufficiency of citizens.

Facing the unknown

The Czech government, just like all of the others in the world, was not prepared for a pandemic of this scale. When the first warning by the ECDC came in the end of January 2020, the Minister of Health, Adam Vojtěch, reassured the Parliament that there was enough protective equipment and hospital capacity and that sufficient measures had been taken.⁵ In February, politicians warned against skiing holidays in the Alps and trips to Northern Italy, where the outbreak was progressively spiralling out of control.⁶ During the second half of February, testing started to be available for those returning from regions deemed to be risky. The first cases were confirmed on the March 1st, all with epidemiological connections to Northern Italy.⁷ Nine days later, the first community transmission of the infection on Czech territory was recorded, after a taxi driver from Prague tested positive without any traceable contact.⁸ From there on, numbers of those tested positive started to rise and some restrictive measures were introduced just seven days later. The first victim was recorded on March 22nd.⁹

⁴ Current data as of April 20, 2020

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<https://www.psp.cz/eknih/2017ps/stenprot/040schuz/s040161.htm>

⁶ February 24, when the first Italian cities in Lombardy were put into isolation, the Ministry of Foreign affairs issued a recommendation to avoid travels to the regions https://twitter.com/mzvcr/status/1231874391660748800?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Cwtterm%5E1231874391660748800&ref_url=https%3A%2F%2Fwww.novinky.cz%2Fdomaci%2Fclanek%2Fmini-sterstvo-zahranici-nedoporucuje-cesty-na-sever-italie-40314453

[2F%2Fwww.novinky.cz%2Fdomaci%2Fclanek%2Fmini-sterstvo-zahranici-nedoporucuje-cesty-na-sever-italie-40314453](https://ct24.ceskatelevize.cz/domaci/3056228-v-cesku-jsou-tri-lide-nakazeni-koronavirem)

⁷ <https://ct24.ceskatelevize.cz/domaci/3056228-v-cesku-jsou-tri-lide-nakazeni-koronavirem>

⁸ https://www.denik.cz/z_domova/koronavirus-cesko-zlin-epidemie-20200309.html

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<https://ct24.ceskatelevize.cz/specially/koronavirus/30655>

Response in terms of health care

Tests

In the early days of the coronavirus outbreak, the biggest problem was access to testing – or the lack thereof. Only people with epidemiologic anamnesis and symptoms were eligible for testing. As there was originally only one laboratory capable of processing the tests, and the waiting time for both testing and results was long, many people were deprived of access to testing by official authorities because they did not “fulfil the epidemiological criteria”, and later tested positive in private laboratories. Currently, tests are processed in hospitals; private and state-owned laboratories and “testing tents” have been set up at major hospitals. At the same time, medical vehicles are testing those who cannot reach the hospital on their own, especially elderly citizens, at their homes.¹⁰ Overall, more than 8,000 tests are currently being processed every day.¹¹

Lack of medical equipment

In spite of early reassurance from both Prime Minister Andrej Babiš and Minister of Health Vojtěch, it soon became clear that there was a crushing lack of all protective equipment – not only for hospitals, but also GPs, dentists, retirement homes etc. The state’s original reaction was unfortunate – its decision to prevent price speculation and to ensure sufficient supplies of equipment for state/region run hospitals by banning the free sale and export of protective equipment to private companies backfired. This hit the private medical facilities hard, which suddenly lost their chance of obtaining supplies with many having to close.¹² At the same time, other European states

criticised this decision and accused Czechs for their lack of solidarity. The measure was eventually revoked, as in other EU countries. The situation surrounding supplies of protective equipment has been improving only slowly, with first major supplies of medical equipment arriving only on March 21st from China. In a surprising PR move, the plane (provided by NATO) bringing purchased supplies a month after a similar delivery was donated to China, was cheerfully greeted by a delegation comprising the PM, the Minister of Interior and Minister of Finance – many other praises sent out to China followed, most notably on the part of President Miloš Zeman, a long term supporter of China. The image of China as a provider of help continues to dominate the government’s political discourse– and even more visible in contrast is the vocal criticism of the EU by both Babiš and Zeman.¹³

Compulsory use of facemasks in public places

In another attempt to slow the spread of the virus, the Czech Republic became the first European country to introduce face coverage in public space, even though the situation with mask supplies was the same as elsewhere in Europe – it was practically impossible to buy them. While any piece of fabric was allowed and scarfs or shawls were considered equally as acceptable as facemasks, what followed was an unprecedented level of mobilisation on the part of people and civil society. Whoever had a sewing machine started to sew masks and within few days, temporary scarves were replaced by colourful homemade masks, often provided for free to the public and donated to hospitals and retirement homes. Quick adoption of the mask-wearing, supported by a civil society-led

[92-do-ceska-priletely-dalsi-ochrannepomucky-pocet-nemocnych-se-blizi](https://www.uzprava.cz/2020/03/22/do-ceska-priletely-dalsi-ochrannepomucky-pocet-nemocnych-se-blizi)

¹⁰ <https://www.uzprava.cz/2020/03/22/do-ceska-priletely-dalsi-ochrannepomucky-pocet-nemocnych-se-blizi>

¹¹ <https://echo24.cz/a/SXuBf/laboratore-v-cr-se-blizi-testovaci-kapacite-az-10000-vzorku-denne>

¹² <https://archiv.ihned.cz/c1-66729940-lekarum-chybi-masky-vlada-planuje-nakupy-ridit>

¹³ <https://www.respekt.cz/komentare/at-zije-cina-at-mlci-opozice>,

https://www.idnes.cz/zpravy/domaci/koronavirus-evropska-unie-pomoc-penize-narok-andrej-babis-premier.A200327_160250_domaci_aug

campaign “my mask protects you, your mask protects me” was later often given as an example by the PM Babiš, for example in his Twitter advice to president Donald Trump¹⁴ or in the world-wide campaign “Masks4All”.¹⁵ Those initiatives, however, fail to highlight the questionable bottom line,; the Czech state made face coverage compulsory without providing the public with any masks or other protective equipment.

Measures restricting free movement of citizens

Quarantine and lockdown

The first restrictive measures were introduced relatively early after the first confirmed case and what followed was a whirlwind of measures, press conferences and daily changes. On March 7th, a compulsory 14-day quarantine period was introduced for people returning from Northern Italy.¹⁶ Three days later, all schools were closed and events over 100 people banned.¹⁷ After a further two days, on March 12th, the government declared the state of emergency, which introduced speedy legislative procedure and gave more power to the government for a month. The state of emergency was later prolonged until April 30th. It also meant a ban on events of over 30 people, limiting restaurants’ opening times, the closure of sports venues and travel restrictions. Just two days after that, on March 14th, all non-essential stores and restaurants were closed. Free movement of citizens was restricted to the “essential trips” for work, doctor’s appointments and helping family members, placing the country in total quarantine on

March 16th. Two days later, covering one’s face in public became compulsory.¹⁸ All of these measures were implemented before the first recorded COVID-19 related death, which came on March 22nd. The opposition largely supported the steps taken by the government, but many also criticised the speed of change and chaotic communication with which various provisions were introduced in quick succession.

Travel restrictions

All border crossings were checked as of March 7th, when the country recorded only 21 cases of the COVID-19 disease. The state of emergency, declared on Thursday March 12th brought a ban on international public transport by trains and buses. Border checks were introduced on selected border crossings with Germany and Austria and others were closed. Furthermore, a ban on travelling to 16 “risk countries” – among them China, Germany, Italy, France, Belgium and other EU countries was introduced. At the same time, citizens of those countries were banned from entering Czech territory.¹⁹ After March 13th, travel abroad was limited to strictly defined exceptional cases (such as work trips, journeys to a doctor or to help a family member living abroad).

The group especially hit by those measures were the commuting workers, people living in the Czech Republic and working abroad – or the other way around. After being called “too great a risk” by government officials,²⁰ their trips across the border were banned and they were forced to choose a country in which they would stay. This

¹⁴ <https://www.praguemorning.cz/babis-calls-on-trump-to-introduce-obligatory-face-mask/>

¹⁵ <https://www.youtube.com/watch?v=jZtEX2-n2Hc>

¹⁶

https://web.archive.org/web/20200306163554/http://mzcr.cz/dokumenty/ministerstvo-zdravotnictvi-vydalo-mimoradne-opatreni-tykajici-se-karanteny-obcan_18653_1.html

¹⁷ http://www.mzcr.cz/dokumenty/mimoradne-opatreni-uzavreni-zakladnichstrednich-a-vysokych-skol-od-11320_18696_4135_1.html

¹⁸ <https://www.e15.cz/domaci/zakaz-vychazeni-bez-ochrany-obliceje-potravinu-budou-moci-dopoledne-nakupovat-jen-duchodci-136777>

¹⁹ <https://ct24.ceskatelevize.cz/domaci/3061328-zive-brifink-po-mimoradnem-zasedani-vlady-kvuli-koronaviru>

²⁰ <https://www.novinky.cz/domaci/clanek/pendleri-maji-smulu-karantena-je-nemine-40319794>

caused problems especially for Germany and Austria, as many hospitals and companies in the border regions rely heavily on commuting workers based in the Czech Republic. It took direct intervention by Angela Merkel to convince Andrej Babiš to find a temporary solution, under which commuting workers are allowed to stay abroad for 3 weeks and then come home for 2 weeks, during which time they have to spend in quarantine. The provision also features exceptions for medical staff and other “essential” workers, for whom it does not apply – they can show a certificate for their work and cross the border as usual.²¹

Easing of the restrictive measures

Given the slowing rate in new infections, the government decided to start easing restrictive measures on April 7th, when some “non-essential” stores, such as DIY stores, repair services and outside sports venues such as tennis and golf courts were allowed to reopen. The Czech Republic became the first EU country to ease some of the measures.²² A week later, rules on leaving the country were relaxed and Czech citizens now have the right to leave the country in exceptional situations, such as a family emergency or work. At the same time, the government presented a schedule of to ease the regulations and the re-opening the economy:²³ starting from April 20th, every week will bring more openings – first small businesses and stores, sport centres, restaurants (beer terraces first!), hairdressers etc. The last round should come on June 8th, when things could basically return to normal, while still following specific measures such as wearing face masks and maintaining social distancing. On April 14th, the government

also presented a plan for the progressive re-opening of schools. The youngest children (6-11 year olds) will return to schools in alternating smaller groups in the second half of May. The other group allowed to go to school for special consultations with their teachers will be final year secondary (15 year olds) and high school (19 year olds) students. Other students will most likely stay at home until the summer holidays.²⁴

The slow return to normal is also due to be supported by the so-called “clever quarantine”, inspired by similar programs implemented in Singapore or South Korea. It comprises a series of measures, from digital, such as (voluntary) tracking applications, to intense testing and cooperation with local hygiene centres. Epidemiologists can, based on the consent of a patient, use information provided by the mobile operators and payment cards to reproduce a map of contacts that might potentially have been infected. Such measures are used for the easy identification of all contacts made by a sick person, notifying them of the potential risk. The project aims to allow for a speedy return to normal and has been tested in the region of South Moravia. While a majority of people do not object to sharing their personal data for the cause, questions remain over the potential misuse of data and the lack of capacity in the system to analyse digital footprints and to ensure quick response, such as testing at home.²⁵

Response to the economic crisis

Shortly after the lockdown measures were applied, it became obvious that an economic recovery will be a challenge equal to the health situation. The government soon came with the first

²¹<https://www.seznamzpravy.cz/clanek/primluva-od-merkelove-babis-ulehcil-pendlerum-i-diky-nemecke-kanclerce-95974>

²² <https://www.politico.eu/article/czech-republic-eases-lockdown-restrictions/>

²³ <https://www.vlada.cz/assets/epidemie-koronaviru/dulezite->

informace/uvolneni_schema_podnikatele_zivnostnici_14_042020.pdf

²⁴ <https://www.seznamzpravy.cz/clanek/otevreni-skol-prehledne-kdo-bude-ucit-a-jak-to-bude-s-osetrovny-m-100557>

²⁵ <https://ct24.ceskatelevize.cz/domaci/3071576-chytra-karantena-temer-v-praxi-skoro-vsichni-osloveni-souhlasili-s-vyuzitim-dat-rika>

measures, which have been updated several times since, and just like at EU level, we probably have not seen the end of the battle yet. The deficit forecast for 2020 rose from 40 billion CZK (1.4 billion EUR) to 300 billion CZK (10.9 billion €) which was suggested by Minister of Finance Alena Schillerová on Monday 20th of April.²⁶ This constitutes a budget deficit increase in 2020, from 0.7% as originally planned to 5.3 % GDP.

Programs to help businesses

For the period from March 12th to the end of April (possibly extended), companies affected by the state of emergency can apply for a program called Antivirus, which allows for short-time working²⁷, effectively compensation of 80% of the salary up to app. 1400 €. ²⁸ SMEs (with fewer than 250 employees) can also ask for an interest-free loan to overcome problems with cash flow within the programs COVID and COVID II. COVID III is currently being prepared. Loans are provided directly by commercial banks, but the state guarantees 80% of loans with a commercial bank and contributes to interest of up to one million Czech crowns. COVID programs are funded from the EU cohesion funds and therefore do not apply to companies based in Prague, which is not eligible for cohesion funding and needs to seek alternative solutions. Besides this direct support, the government has also introduced the postponement of instalments (if inability to pay is related to the pandemic), protection against insolvency, postponement of rent or remission of tax advances due in June 2020.

Programs to help the self-employed

The situation of the self-employed, who account for approx. 1 million workers,²⁹ who are more vulnerable in times of crisis

²⁶ https://www.irozhlas.cz/ekonomika/koronavirus-v-cesku-schillerova-schodek-statniho-rozpoctu_2004191241_pj

²⁷ short-term, recession-related programs operating in several European countries in which companies have entered into an agreement to avoid laying off any of their employees by reducing working hours of all or most of

compared to bigger companies, was the source of a great deal of controversy. In March, it was announced that compulsory payments of social insurance would be postponed, as well as tax declarations for 2019 and other measures, like those applied to companies, could also be used – such as the postponement of rents or instalments. However, that was mostly passive support. The state offered a one-time payment of 25 000 CZK (app 1,000 €), which was heavily conditioned. After widespread criticism, the program was rewritten to reduce the conditions, however the self-employed are still viewed as being the most vulnerable part of the economy.

All that glitters is not gold

While the measures seem to be achieving the desired goals, the current crisis has revealed several structural problems.

Populist leadership

Firstly, the current government led by PM Andrej Babiš is a coalition government, comprising Babiš's ANO party and the Social Democrats (ČSSD). In line with his political style, Babiš has tried to stay at the centre of the response, participating in all press conferences and going as far as promising that he will personally deliver masks to those in need. The personification of the response to the crisis like this soon proved to hamper the efficiency of the country's response as a whole. It was only on March 15th that the Central Crisis Staff was established, a collective body to deal with the pandemic. According to the protocol, the CCS is headed by the Minister of Interior, which Babiš refused to accept, since the post is held by the head of his coalition partner, ČSSD - Jan Hamáček, meaning that Babiš would have lost his

their employees instead, with the government making up some of the employees' lost income.

²⁸ https://www.mpsv.cz/documents/20142/1443715/Mannual_Program_Antivirus.pdf/eacabb67-657a-42d3-2279-82ae3280b1fa

²⁹ <https://data.cssz.cz/graf-pocet-osvc-v-cr>

central position.³⁰ Deputy minister of Health, Roman Prymula was named to lead the CCS instead. Hamáček said he accepted the situation, as he did not want to weaken the government in a time of crisis. On March 30th, Hamáček took over the leadership of the CCS, when Prymula was tasked with preparations of the “clever quarantine”.³¹ The number of people in the spotlight led to some chaotic situations also in communication – for example when the ministries of health (led by ANO) and interior (led by ČSSD) disagreed on which stores should be allowed to open from April 20th.

Doing the right things for all the wrong reasons

While the numbers of infected indicate that the steps taken by the Czech government are working, the reasons behind this success remain rather uncertain. Babiš’ team never presented a concise strategy or a plan. When the government presented a plan to ease measures on April 14th, it included exact dates for businesses with the footnote that those dates would be assessed based on the current “epidemiologic measures”. But no clear numbers or arguments that would lead to openings of various companies were presented, which has often led to frustration and misunderstandings. The same applies to the question of borders – while both Babiš and Hamáček continue to repeat that “opening the borders is not a priority”,³² they fail to present under which conditions they are planning to lift or ease the travel ban. The lack of transparency and legitimacy regarding some of the measures, such as the travel ban on Czech citizens, casts a shadow on otherwise relatively successful measures.

³⁰ <https://echo24.cz/a/SsMg9/vlada-zrejme-aktivuje-ustredni-krizovy-stab-celila-kritice-ze-s-tim-otali>

³¹ <https://echo24.cz/a/S6uRF/ustredni-krizovy-stab-povede-hamacek-opozice-je-spokojena>

³² <https://echo24.cz/a/SvCuA/pro-babise-neni-otevreni-hranic-priorita-nevim-kam-by-lide-sli-v-cesku-je-bezpecno?fbclid=IwAR35RuP7Pyc5XACoLyMwJBFnuSwqmpF70BQfkoUAgwmYIhbxhM-eV89eb0>

Communication

Communication of the measures has also been problematic. The government’s press conferences were occurring on a daily basis, especially in the first half of March. PM Babiš was usually the one with the prominent speaking role, while sectoral ministers were often excluded altogether. The measures were taken so quickly that there was no time to evaluate their success/effectiveness. At the same time, the fact that speed was given priority over coherence, some decisions were decided in somehow questionable fashion – such as closing the schools without consulting the Minister of Education.³³ The fact that the four main figures of the government – Babiš, Hamáček, Vojtěch and Prymula do not get on very well, has led to a lack of coordination and hasty press statements, which make it difficult to follow the latest developments. A good example of this is the opening of borders, where they all express their opinions, rather than any reliable information. Babiš was also repeatedly caught publicly scolding Vojtěch during the press conferences, showing the audience that he was dissatisfied with his answers.³⁴

To further illustrate the rather unstructured approach adopted by the Czech government, let me conclude with two examples. Constitutional lawyers noted that long-term travel restrictions for the citizens of one’s own country are against the Constitution. At the same time, opinion polls show that the majority of Czechs (and especially those who vote for the governing parties, who tend to be elderly and less likely to travel) support the border closure,

³³

<https://www.novinky.cz/zahranicni/koronavirus/clanek/o-zavreni-skol-rozhodla-bezpecnostni-rada-bez-nas-zlobise-ministerstvo-skolstvi-40316281>

³⁴ <https://video.aktualne.cz/z-domova/babis-znovu-skolil-vojtechu-nemluvte-o-pocasi-strediska-zavr/r-e6a30b98652611ea9c800cc47ab5f122/>

as they favour security over freedom.³⁵ In this context PM Babiš chose his side when he told the Czech TV that re-opening of borders it is not his priority, because *“I do not know where they (citizens) would go, because it is safe in our country, before and after the virus, it will always be safe with us and now I would recommend everyone to stay in the Czech Republic”*.³⁶

On a different note, among places allowed to open from April 20th on are grooming salons... for dogs.

When asked why dog grooming salons can open weeks earlier than hairdressing salons for their humans owners, Minister of Trade Karel Havlíček told the Czech TV that he had received many emails from citizens asking for the service: *“it may seem funny, but we are a nation of dog owners and people need to cut their dogs’ coats in the spring.”*³⁷

*Zuzana Stuchlíková, Head of the Brussels’s office, Europeum*³⁸

³⁵ <https://www.seznamzpravy.cz/clanek/vlade-verime-vic-nez-jindy-chybejici-rouscky-nevadi-penize-chybet-teprv-zacnou-96027>

³⁶ [https://echo24.cz/a/SvCuA/pro-babise-neni-otevreni-hranic-priorita-nevim-kam-by-lide-sli-v-cesku-je-](https://echo24.cz/a/SvCuA/pro-babise-neni-otevreni-hranic-priorita-nevim-kam-by-lide-sli-v-cesku-je-bezpecno?fbclid=IwAR35RuP7Pyc5XACoLyMwJBFnuSwqmpF70BQfkoUAgwmYJlhxhM-eV89eb0)

[bezpecno?fbclid=IwAR35RuP7Pyc5XACoLyMwJBFnuSwqmpF70BQfkoUAgwmYJlhxhM-eV89eb0](https://www.irozhlas.cz/zivotni-styl/spolecnost/psi-salony-otevreni-ministr-havlicek-vladni-opatreni-koronavirus_2004171553_aur)

³⁷ https://www.irozhlas.cz/zivotni-styl/spolecnost/psi-salony-otevreni-ministr-havlicek-vladni-opatreni-koronavirus_2004171553_aur

³⁸ Text published on 23 April.

FINLAND

THE CORONA VIRUS WILL PEAK IN FINLAND UNDER THE MIDNIGHT SUN

Like Italy, Finland is divided in two by the coronavirus: Since 27 March, the most populated region, Uusimaa, in the far south, including Helsinki and its suburbs, has been cut off from the rest of the country. The Helsinki metropolitan area has 1,287 cases of the virus, while all the other major cities together have only 213 cases. In the event of an epidemic, apart from Uusimaa, the country has the advantage of being sparsely populated. For example, Finnish Lapland, i.e. the entire territory north of the Arctic Circle, has only about 100 confirmed cases.

For the moment, Finland has been relatively spared from the devastating effects of the coronavirus compared to its northern neighbours: to date (13 April), it has 2,165 confirmed cases and 48 deaths (5.5 million inhabitants). By way of comparison, Sweden has 10,483 cases and 899 deaths (10 million inhabitants), Norway 6,551 cases and 134 deaths (5.3 million inhabitants) and Denmark 6,318 cases and 285 deaths (5.7 million inhabitants). When comparing the trends, Finland's is the flattest. The peak is expected around mid-June, i.e. just before the solstice.

Thanks to its remote and almost insular geographical location due to the Baltic Sea separating it from the European continent, many phenomena, including viruses, generally arrive in Finland later than in other European countries. This gives

Finland, in principle, time to prepare and anticipate. The fact that this advantage has been squandered has led to much criticism of the government and, above all, of the Health Authority.

It is true that, initially, the Health Authority considered the virus to be a momentary flu outbreak. Even when the virus spread to Italy and Spain, it was considered "distant". The confirmations on the sufficient capacity of the Finnish health care system by the Health Authority proved to be false.

The coalition government led by the world's youngest Prime Minister (34 years old), Sanna Marin, in place for only four months, with four other women party leaders, three of whom are in their thirties, did not have time to adjust before being hit hard by this crisis. Moreover, it turns out that, since the constitutional reform of 2000, the country has lacked a real Security Council. Also, its legislation proved to be inadequate when it was necessary to move quickly.

The first case of a person with coronavirus was confirmed on 29 January when a Chinese tourist was taken to the large central hospital in Lapland. According to the Health Authority, it was not a very serious virus, a challenge indeed, but no need to recommend to Finns to cancel their winter sports holidays. At the end of February, the Health Authority considered that the measures taken by Italy were disproportionate, so the Finns returning home were not quarantined.

A new phase was reached on 1 March when a schoolboy developed the disease: Students from four classes and a junior football team were placed in quarantine, while tests were only carried out on those who had symptoms. On 3 March, a recommendation to stop travelling to Italy was added to the one concerning China, South Korea and Iran. But despite the fact that the danger of the coronavirus to the elderly was acknowledged, no restrictions

were placed on visits to nursing homes. It was still not known whether Finland was in an epidemic or not.

Airlines were able to continue transporting people from the countries where the epidemic was wreaking havoc without confining travellers. On 7 March, Finland had 19 cases of coronavirus, almost all of whom were infected during their ski holidays in Italy or Austria. Finally, a recommendation was given not to visit the elderly again if a person had flu-like symptoms. The media were beginning to question the government: why had there been no restrictions on schools and the movement of people?

Women's Day on 8 March will go down in Finnish coronavirus history with a concert in Helsinki. The wife of the Nobel Peace Prize winner, Eeva Ahtisaari, was among the guests. On 12 March, the government ordered the regional authorities to ban all meetings of more than 500 people. It was too late: Mrs Ahtisaari caught the virus and in turn infected her husband, Martti Ahtisaari.

In fact, the government is blocked by outdated legislation that does not allow it to implement major restrictions such as the ban on demonstrations and meetings, the closure of nurseries, schools and universities, the reduction of public sector activity, the closure of shops and shopping centres, the ban on flights and passenger ferries. Hence the need to declare a state of emergency for the first time since the war. This was done on 16 March, when almost all of these restrictions were announced, including a ban on meetings of more than 10 people. Confinement only applies to people over 70 years of age, Finns can move freely alone or in pairs. There has been criticism of this policy as being too lax and relying too much on the common sense of the people, who are disciplined by nature and reputation.

All these measures were designed to slow down the epidemic so that the hospital system could bear the burden of the task. To everyone's surprise, it turned out that the number of intensive care beds is below the European average both in Finland and in all the Nordic countries. Whereas Germany, the European champion in this field, has 29 intensive care beds, Finland has only 6 (Norway 8, Denmark 7, Sweden 5). Another serious surprise has been the shortage of masks and tests. Another "historic date" - on 24 March, for the first time since the war, the government gave the order to open the security reserves which have existed in Finland for 400 years and which contain equipment and medicines needed in wartime. But the opening was quickly cancelled due to the lack of masks. Subsequent attempts to obtain masks on the overheated international market failed and resulted in a scandal that led to the dismissal of the security reserves' director on 10 April.

On 19 March, the government announced the closure of the borders, a ban on flights and an invitation to all Finns to return home, some 200,000 people. But despite the announcement of mandatory quarantine for people arriving in Finland, nothing had been done at the airports and ports to call for them to be confined or to take them to quarantine areas. This incomprehensible blunder brought to light the absence of a real Crisis Council and prompted the President of the Republic, Sauli Niinistö, to call for a Security Council to be set up to manage the crisis. The proposal was politely rejected by the Government. During the second half of March, the President - who is in his second term and who is extremely popular - kept pushing the government to do more and faster.

On 27 March, the far south, which is much more affected by the epidemic than the rest of the country, was separated with the closure of roads and controls on trains which were still running. Normally the

separation is due to end on 19 April, but the debate on this issue is likely to be heated. Legally, the separation of the Helsinki metropolitan area from the rest of the country would be more justified, as the number of confirmed cases is three times higher in and around the capital than outside it.

At the beginning of April, voices were raised in the north of the country for the closure of the borders, because the first cases of the virus came from Sweden, which has been much more affected by the epidemic, and this frightened the Finns living on the border. In practice, this border has not existed since the 1960s, hence the importance of cross-border work. Finland closed this border despite protests from the Swedish and Norwegian governments, because the southern part of Lapland close to the border is much more affected by the virus than the rest of "reindeer country".

Right now, there is a real race against time. The authorities are doing their best to provide masks and increase testing. If the rate of increase in coronavirus cases does not slow down, it is estimated that intensive care beds will be saturated by mid-April. That is why critical voices are being raised against the excessively permissive movement of people compared to continental Europe and why breaches are still not being punished.

Criticism is based on the general concern that the epidemic will not end fast enough so as to prevent it from demolishing the base of the Nordic welfare state. Experts calculate that the limit for a tolerated duration would be three months. The terrible experience of the collapse of the Finnish economy at the beginning of the 1990s left a trail of bankruptcies, suicides and shattered lives so deep that no one will be prepared to repeat the same mistakes at any cost. The Prime Minister expressed her

concern about children who are victims of violence during confinement.

At the same time as the battle to stop the coronavirus, the government is considering an exit strategy without disclosing what it is for now. It has presented a €15 billion package to help businesses stay afloat and prevent bankruptcies. For its part, the Bank of Finland has presented a €1 billion programme to buy company shares. The airline Finnair will benefit from a €600 million State guarantee.

As for European solidarity, the coalition government of Finland, including its Social Democratic, Green and Left Union members, is against the "coronabonds", standing alongside the Netherlands, Germany and Austria. In the eyes of the citizens, there is no difference between the erstwhile repudiated "coronabonds" and "eurobonds". Here, too, the terrible memories of the national disaster of the early 1990s, from which Finland recovered on its own, haunt people's minds. Therefore, the solution found at the European meeting on 9 April bringing together the €540 billion package with the help of the European Stability Mechanism and the EIB was, in Helsinki's view, the only possible solution.

In the minds of the Finns, the motto of the President of the Republic remains: *Let's keep physical distance, but let's stay close by all other means!* It is true that we are used to joking about the reserved character of the Nordic people. This time, it is the Nordic jokes that kindly go the other way: So, finally, everyone is following us and keeping one meter apart.

Helena Petäistö, *journalist, columnist, writer Paris - Helsinki*³⁹

³⁹ Text published on 16 April.

GERMANY

A BALANCING ACT BETWEEN CAUTION AND EXUBERANCE AMIDST A CRISIS UNDER CONTROL

Although Germany has been one of the countries in Europe most affected by Covid-19, the course of the crisis has so far been relatively mild, with a significantly lower number of recorded deaths and no overburdening of the health care system. There has been no national "lockdown" such as that imposed by Spain, Italy or France. The restrictions in public life, retail trade and the private sector that have been in force throughout Germany since mid-March are of course nevertheless drastic and far-reaching. At the beginning of the crisis, the political and social reaction was marked by a relatively high level of acceptance of decisive containment measures. In the meantime - also in view of the marked slowdown in the spread of the corona virus in recent weeks - the public debate surrounding easing has become loud and diverse.

At varying speeds, restrictions are now being progressively withdrawn in all federal states. This balancing act between containment of the consequences of contact restrictions and pandemic control will be uncertain on a gradual basis, and its success may only become apparent in several weeks or even months. At European level, Germany did not emerge as a driver of a coordinated response at the beginning of the crisis - on the contrary, going it alone led to a lack of understanding among

partners. Now Berlin is making efforts to limit the damage.

Capacities are holding up — for the time being

Since many medical aspects of the novel coronavirus are still unknown, all attempts to explain why the course of the disease seems to have been less severe in Germany can only be provisional. Various elements can currently be used to explain this: Firstly, tests were carried out at a relatively early stage on a rather large scale - for example, on returnees from risk areas such as the Tyrolean ski resorts, northern Italy or in the context of the cluster in Heinsberg (North Rhine-Westphalia). This also made it possible to identify many asymptomatic cases and isolate them quickly. Moreover, the average age of those who tested positive has been lower than in other countries - accordingly, it can be assumed that mortality would also be lower. Secondly, the infrastructure of intensive care beds in the country has been a positive factor. With about 33 intensive care beds per 100,000 inhabitants, Germany has about three times as many beds as Italy, Spain or France, for example.

Despite this rather positive initial situation, capacities could be quickly exhausted in the event of an uncontrolled outbreak. Particularly in the case of outbreaks in various senior citizens' and nursing homes, the speed at which a local situation can become tense has become apparent. Moreover, there is a shortage of medical and nursing staff, which has been pointed out by health care personnel for years. Congestion, savings and poor working conditions are often blamed by those affected on a health care system geared towards profitability. As in other countries, there has also been a shortage of masks and protective clothing.

A federal approach to crisis management

The political management of the crisis has been greatly shaped by German federalism. Especially in the beginning, the implementation of restrictions varied accordingly from the 16 *Länder*. The resulting patchwork soon gave way to nationwide regulations after the federal government (*Bund*) had pressed for a uniform approach. However, it was unable to go beyond recommendations, for example in the area of school closures or restrictions on events - simply because it does not have the authority to do so in the relevant areas. Now that the gradual implementation of an exit strategy is underway, the *Länder* are again submitting different timetables.

While this decentralised crisis management creates a certain amount of slowness and uncertainty with regard to the applicable regulations on the one hand, it also allows for permanent, open political debate and greater consideration of regionally varying circumstances on the other. For example, severely affected different *Länder* such as Bavaria or Saarland have implemented much stricter measures similar to the curfews in some neighbouring countries.

Chancellor Angela Merkel was able to reaffirm clearly her claim to leadership, which has been challenged several times in recent months in view of the imminent end of her term of office. In a televised address - a first in her long term in office outside the traditional New Year's speech - she reconciled the loose ends of disagreements that may have arisen between Minister Presidents of the *Länder* and Federal Ministers and appealed to citizens to comply with the measures imposed to protect everyone. Surveys show that a majority of Germans are satisfied with the Federal Government's management of the crisis. The CDU, which has recorded the highest survey results for several years, has

profited most from this. Two people in particular hope that their management of the crisis will continue to bear fruit beyond the successful fight against the pandemic: Armin Laschet and Markus Söder, Minister Presidents of North Rhine-Westphalia and Bavaria, who are competing for the CDU chairmanship and thus for the candidacy of Chancellor.

Economic impact: hopes for a soft landing

The consequences for the economy are serious in Germany. About 725,000 companies have registered short-time work. The hotel and catering, tourism and culture sectors have been most directly affected. Emergency aid for the self-employed, micro-enterprises and artists was made available relatively quickly in the various federal states. One of the large companies most affected is the airline Lufthansa. It needs state aid, the terms of which it is currently negotiating - with an hourly loss of around €1 million. The German automotive industry is also experiencing a sharp drop in demand worldwide but has so far been able to do without state support - at least as far as the major manufacturers are concerned.

The Federal Government has decided on extensive aid measures amounting to around €350 billion. In addition, there are about €820 billion in guarantees. The measures are being financed by loans of €156 billion and reserves. Many economists have been critical of the "black zero" in recent years, as the debt brake prevented important investments in climate protection and infrastructure. Today, however, it is providing Germany with financial policy leeway that should at least cushion the economic consequences of the crisis. However, despite a relatively comfortable starting position, the unclear development of the crisis and the strong dependence on the export market are

causing great uncertainty for the German economy.

European policy: national responses and European solidarity

Germany's first reactions to the corona crisis were national and hardly European. The unilateral border closures with neighbours such as France irritated Paris and Brussels, as did the temporary export ban on medical supplies and masks. In the meantime, Berlin has attempted to limit the damage and is supporting other EU Member States by providing equipment or by taking in Covid-19 patients. Germany has also recently repeatedly emphasized solidarity as a basic principle with regard to the question of how to overcome the crisis at European level. However, the discussion regarding the form of financial aid for other member states is being shaped by reflexes from the past euro crisis. Correspondingly, the "corona bonds" demanded by France, Italy and Spain are being rejected with equal force - but a rift was recently avoided at the European Council on 23 April, and the latest statements by Finance Minister Olaf Scholz suggest greater openness to new models. The cohesion of the EU is central to Germany's own interests - which is why the country's lack of European signals, especially at the beginning of the crisis, has been all the more devastating.

The coming weeks will be decisive

Germany has massively restricted its public life in the current corona crisis and yet decided against a drastic "lockdown". Despite a high caseload, the exponential progression of infections has been rapidly slowed and the capacities of the health care system are currently far from overstretched in most places. In view of this, more and more people are concerned about the effects of the restrictions outweighing the consequences of corona spread.

Accordingly, the country is now entering the phase of initial easing. Only the next few weeks will show what degree of openness society can tolerate given the current state of the pandemic. So far, the balancing of different interests in Germany has been relatively successful. To draw premature conclusions from this, however, would be a mistake.

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Relation⁴⁰*

⁴⁰ Text published on 30 April.

GREECE

FROM THE BLACK SHEEP TO THE GOOD EUROPEAN PUPIL: THE HELLENIC FEAT OF ACHIEVEMENT

From now on, Greece can no longer be reduced to the “images of Epinal”, its archaeological beauties or its sapphire-blue waters. The country of Hippocrates is taking its revenge. Like half of humanity, Greece has also been affected by the coronavirus, and the country had all the ingredients for the Covid-19 crisis to become a new tragedy.

And for good reason: the decade of economic crisis (2008-2018) cost the country 25% of its Gross Domestic Product (GDP), i.e. a quarter of its wealth. Added to this have been the cuts imposed by the country's public creditors (IMF, European Union, ECB), which left public hospitals in a state of great fragility: a lack of medical staff, a significant exodus of doctors abroad, and poor health facilities.

However, Greece is surprising, and to date has only slightly more than a hundred victims, for a population of 10.5 million (the equivalent of Belgium). So the question is natural: How did Greece go from being a black sheep to Europe's good pupil in this health crisis? The answer lies in a mixture of several factors.

Starting with the electroshock of neighbouring Italy, which led Prime Minister Kyriakos Mitsotakis to take drastic measures very early on: the closure of schools, nurseries and universities, followed by the closure of museums, archaeological sites and some businesses.

Anyone breaking these rules could be fined up to €5,000. The borders were also closed, with a compulsory fourteen-week quarantine in requisitioned hotels for anyone arriving in Greece.

From the first death, on 12 March, these measures, considered to be the strictest in Europe, have been stepped up, with general confinement since 23 March.

These directives have been supplemented by a very proactive communication campaign, with a profusion of preventive messages in all the media and a daily press briefing at 6 p.m. by the highly respected infectious disease specialist, Sotiris Tsiodras.

The latter, whose curriculum vitae is 27 pages long, left the United States and Harvard University to return to Greece a few years ago. Heading the Covid-19 committee, he has, in a firm and emphatic tone, contributed greatly to the discipline of the Greek population. These were harsh decisions, at first contested, especially by the powerful Church of Greece, which is not separate from the State, and which could not conceive of closing its parishes in the run-up to Orthodox Easter, the country's most celebrated holiday. But, with a few exceptions, the country incredibly complied with the rules, going against the clichés spread during the budget crisis, of the “uncivil, undisciplined and insolent Greek”.

All of this effort has come at a price. The Greek Ministry of Finance estimates that this crisis will cost between 10 and 15% of GDP. By way of comparison, in 2011, the most violent year of the economic crisis, Greek GDP fell by 9 points. Moreover, in March alone, more jobs were lost than in the whole of 2012. Finally, tourism, the second pillar of the economy after the merchant navy, is under serious threat and this will have a lasting impact on the country's finances. But the mere fact that the spread of Covid-19 has been contained may well help the Greeks to raise their

heads once again. However, this feat is as fragile as it is temporary, and the government is well aware of this.

The infamous example of Moria on the island of Lesbos is a case in point. A reception centre for migrants and refugees, where 20,000 people are crammed together, with a capacity of 4,500 places. This is a disgrace, not only Greek, but also, and above all, European, a symbol of a major lack of solidarity between the Member States, some of which refuse to receive asylum seekers. Although no case of Covid-19 has been recorded in Moria for the moment, the authorities know that the worst can happen.

The European Commission and the European Court of Justice have called on the government to decongest the islands close to Turkey, whose refugee centres are overcrowded. One of the challenges facing the European Union in the coming weeks will undoubtedly be to finally lay the foundations for a humane and fair migration policy, as bold as its budgetary boost to the countries most affected by the epidemic.

Alexia Kefalas, journalist⁴¹

⁴¹ Text published on 23 April.

ITALY

COVID ITALIAN STYLE: THE LOMBARDIAN CASE

Italy holds the sad record of having the highest number of Covid-19 related deaths in Europe. More than 27,600 people have died since the virus began spreading through the peninsula in early February. The number of casualties among medical personnel is particularly worrying: more than 130 doctors and about 40 nurses have lost their lives while caring for the sick. Some 10,000 medical staff are infected.

Initially, attempts to explain this have highlighted the general ageing of the Italian population - more than 60 million people - making it more vulnerable to a virus that is dangerous for the weaker amongst us; the time taken in hospitals to identify the specific presence of Covid-19 in thousands of patients admitted en masse for severe cases of pneumonia; and finally the significant delays taken by medical and political leaders in deciding and enforcing containment measures to slow the spread of the virus.

But these generalities soon gave way to a more refined analysis and, of course, to bitter political controversy, as always in Italy when the country finds itself in a serious crisis. Who is responsible and for what exactly? National unity, extolled in speeches, or even national interest, ladled to the public by party leaders of all stripes, are the verses of a refrain that cynical Italians pretend to believe until the storm subsides.

On closer inspection, Italy's problem can be reduced to the case of Lombardy. This region of northern Italy, the most populous with 10 million inhabitants, has seen the highest number of deaths by far, with a total of more than 13,500. Bergamo, Brescia and Cremona are the most affected cities, as well as Milan, the capital of Lombardy. To give some indication, the number of deaths in this region is four times higher than in Emilia Romagna, or 60 times higher than in Sicily, which has 232 dead. Not to mention Calabria, without doubt the poorest and most neglected region in Europe, which deplores 85 deaths from Covid-19 as of April 29. A final comparison: the four most affected regions of northern Italy: Lombardy, Piedmont, Veneto and Emilia Romagna, account for four-fifths, with more than 21,500 deaths, of all Italian deaths.

This imbalance is not only due to demographics, and it calls for a number of remarks. First of all, it is a further illustration of the divide between northern and southern Italy. But this time in the opposite direction. The North, and Lombardy in particular, is Italy's flagship region. A laboratory of a creative hard-working rich Italy that sets an example for the rest of Europe. And its capital, Milan, is a showcase for fashion, high technology and even excellence in the medical field. Three northern regions, Lombardy, Veneto and Emilia Romagna, account for more than 40% of Italy's gross domestic product and contribute to more than half of Italy's exports. The political and economic elites of the North do not hesitate to denigrate the South, which has a reputation for inefficiency, even indolence, and corruption.

The industrial wealth of the region has given rise to strong separatist tendencies, which, for a long time, were represented by parties such as the Northern League. Today, these political forces talk more about autonomy, and the Northern League has

changed its name, becoming the League, with national ambitions and a leader, Matteo Salvini, who has made populism rather than separatism his hobbyhorse. Representatives of the “Lega”, Lombardy by Attilio Fontana, and Veneto by Luca Zaia govern the two richest regions of Italy, and the most affected by Covid-19. But because we are in Italy, being from the same party does not strengthen the collaboration between the two governors: the first, A. Fontana, is a Salvini liege, the second, L. Zaia, presents himself, on the contrary, as an internal opponent of the League's leader. Their approaches to contain the pandemic have been radically different: quarantine of the most affected localities and widespread containment in Veneto; hesitation to block the economy and minimal reduction of travel in Lombardy. The results speak for themselves: there have been ten times fewer deaths in Veneto than in Lombardy.

It is therefore the "Lombard case" that must be analysed if we are to understand why Italy has become the country that has been hardest hit by Covid-19. The first element is undoubtedly the weakness of the public health sector in Lombardy. Italian legislation gives the Regions vast authority over the management of their health system. For years, Lombardy has favoured the most lucrative activities of specialist medicine and has prided itself on the attractiveness of its health institutions to a rich foreign clientele. This development has gone hand in hand with two phenomena. The privatization of the health sector, with 50% of health activities are now in the hands of private companies. It is clear that for these companies, intensive care units are less profitable than cosmetic surgery services. And secondly, there has been the disappearance of local general practitioners, a trend that has placed hospital emergency services at the forefront.

The bad news for Lombardy, as for the rest of Italy, is that the public health system has been the target of deep budget cuts, again in the name of the neo-liberal credo of private sector efficiency. Between 2010 and 2017, the public health budget in Italy was reduced by €37 billion. And the freeze on recruitment has reduced the number of health workers of all categories by almost 43,000. The number of hospital beds fell from 3.9 per thousand inhabitants in 2007 to 3.2 ten years later. This is a far cry from the European average of 5 beds per thousand inhabitants. By way of comparison, Italy had 5,000 intensive care units before the start of the Coronavirus crisis and Germany 28,000. And this is not just a technical detail, since this figure should serve as a basis for measuring a community's capacity to manage the virus. It is, in fact, a decisive health and political factor. The more the health system has the capacity to admit patients with severe respiratory difficulties, the more willing the country concerned is to take measures to reopen social and economic activities.

Another aspect of the "Lombard case" must be emphasized. The region is rightly regarded as Italy's economic engine. Employers' organisations such as Confindustria have a decisive influence in regional policy choices. From the very beginning of the health crisis, Italian companies, mostly SMEs, have been reluctant to consider a complete cessation of their activity. The choice has been Cornelian: die quickly from the virus or die slowly from asphyxiation. The majority of employers and entrepreneurs therefore chose to continue their activities despite warnings or instructions to close down. The proportion of companies that remained in business in Lombardy is estimated at 65%, and the rate of mobility (i.e. individuals on the move) at 40% of the usual rate. An ideal recipe for the spread of the virus. And this was an approach supported by the governor of Lombardy, A. Fontana, and by his mentor, M. Salvini, who now advocates -

after defending everything and its opposite - a rapid resumption of activity in all sectors. The Lega is accusing Giuseppe Conte's government (an M5S5/Democratic Party alliance) of procrastinating, wasting time and shirking its responsibilities. But the danger of a hasty "reopening" is obvious, and the governor of Campania, Vincenzo De Luca, has threatened to close the borders of his region if "northerners" try to enter. Campania and its capital, Naples, have always been the thorns in the side of the Lombards, and Matteo Salvini, and De Luca's words sound like revenge, or at least provocation in a time of acute crisis.

Finally, a last point must be stressed, to make the complexity of the "Lombard case" clear. Corruption, the hidden face of financial capitalism, of which Milan is the capital, has played its part in weakening the region's health system. In February 2019, the Court of Cassation upheld the conviction of Roberto Formigoni, former governor of Lombardy, for a spectacular case of corruption in the health sector. Formigoni was convicted of favouring private foundations managing health facilities in Milan to help them receive public funding.... But the Formigoni case is only one aspect of the infiltration of the health sector through corruption and organized crime. Italian anti-mafia prosecutors have long warned of the interest of criminal organisations such as the Calabrian Ndrangheta in recycling the huge profits from their illegal activities, primarily drug trafficking, into the health sector. The presence of this dirty money at the heart of the system is a guarantee of dysfunction and decay.

The "Lombard case" will be studied in greater depth once the health emergency has passed. However, it calls into question an economic and political model which, since the 1980s, has favoured financial profits over public investment - likewise, the dismantling of the major structures of social solidarity in favour of a pseudo-community that is as virtual as it is ephemeral. However, there is no indication that in Italy the lesson of the pandemic has been learned and retained. On the contrary, there is every reason to believe that in Lombardy, as elsewhere in the peninsula, the post-crisis period will strangely resemble the one that preceded it.

Jacques Charmelot, journalist⁴²

⁴² Text published on 30 April.

ITALY

ITALY, WORST-CASE SCENARIO?

To date, with Spain, Italy remains one of the worst affected countries in Europe – and in part the world even. This report aims to give an exhaustive overview on the chronology of the crisis as well as the political measures taken. Furthermore, it will give insights into the current situation of the health system, the country's own view on European Union funding and the possible economic outcome.

The first known cases were detected in January 2020. A Chinese couple were confirmed to be positive and were hospitalised, then declared cured at end of February. Due to their Wuhan origin and their travel route from Milan Malpensa Airport to Rome via different cities, the Italian government reacted end of January with the suspension of all flights from China to Italy. A [state of emergency](#) was declared on 31st January 2020.

The impact on Italy

As of April 29th, there had been, according to the [Ministero della Salute](#), around 203.500 positive cases since the beginning of the pandemic. Currently there are ca. 105.000 positively tested patients, 71.000 recovered and 27.000 deceased. According to the Ministry of Health and the [Istituto Superiore di Sanità](#), the demographic of patients lies around the age of 79 with the majority (ca. 66 %) of patients being male. More than two-thirds of patients experience high temperature as well as shortness of breath or enhanced coughing. To date, the

virus has spread unevenly across the country: the worst hit region is Lombardy with 57 % of the deceased, followed by Emilia-Romagna (13.7%), Piemonte (7.8%) and Veneto (4.7%). All of these regions are in Northern Italy. There are a few unproven theories about this situation. As explained later on, the first secondary infection was detected in a province of Lombardy, although precautionary actions were taken, the spread across Northern Italy was impossible to contain.

A chronology of political responses to the crisis – #IoRestoA Casa

The real patient zero in Italy is to this day unknown. It was impossible to follow the route of transmission. Nevertheless, the first case of secondary infection was verified in Codogno, a town in the province of Lodi in the region of Lombardy. Although the patients were identified around 18th February, the situation did not escalate until a week after. Lodi and the whole town of Codogno were declared

Zona Rossa.

Since the beginning of the pandemic, the Italian Government has legislated the political responses via several *decreto del presidente del Consiglio dei ministri (Dpcm)*. These are decrees initiated (mostly) by the Giuseppe Conte, the current head of government, in his capacity as President of the Council of Ministers. Obviously, the prime minister does not decide the political actions alone. Not only does Giuseppe Conte work closely with a task force of experts (since the beginning of April), but also in cooperation with the *commissario straordinario per l'emergenza Covid-19* Domenico Arcuri, the head of the *dipartimento della Protezione Civile* (Civil Protection Department) Angelo Borrelli, the president of the *Istituto superiore di sanità* (Italian National Institute of Health – ISS) Silvio Brusaferrò and of course the Ministry of Health, led by Roberto Speranza.

The first decree was implemented on February 23rd. This legislation was meant to contain the spread from the first hit municipalities in the regions of Lombardy and Veneto. The precautionary measures were mainly that residents of those municipalities were not allowed to leave those so-called red zones, nor were people from outside allowed to enter the cities. Within the following days, events of all sorts as well as school activities were suspended. The following decrees dated 28th February and 4th March only extended articles within the original first decree. Meanwhile the communication from Palazzo Chigi, the Prime Minister's seat, continued to dominate not only official channels like televised news, newspapers or their website but also via [Conte's Facebook](#) page. Regularly, the President of the Council of Ministers continued to give press conferences or official speeches on the latest developments.

The biggest change in measures followed with the [decree of March 8th](#). First, all northern regions were placed in lockdown. This led to a huge movement of people or commuters moving quickly from north to the south as they panicked, believing that they would not be able to reach their town of residence anymore. Hence, the government decided to extend the lockdown measures to the whole country. Whereas in the beginning most measures affected opening times of supermarkets, bars or restaurants (they had to close by 6pm), the new restrictions locked people in their houses.

More concretely this meant, that most commercial activities were suspended until April 3rd. That was supposed to be the date, when the then current decree would have to be renewed or – in a more positive way – a possible re-opening of the country could be discussed. After 9th March, any form of gathering of people in public places was prohibited, sporting events and gatherings were prohibited. Furthermore, all commercial activities were closed except

for pharmacies, supermarkets and other forms of food retailing.

The cluster regions Lombardy and Veneto stated that they wanted to implement even more restrictions as their regional territory was hit the hardest. As Italy does not have any form of federal structure, civil protection as well as emergency responses falls within the national government's competencies. However, health is financed by regional taxation, which then clashes at regional and national competency level. Nonetheless, Conte responded without hesitation that nationwide measures had to be respected but the regions were allowed to place further restrictions upon their citizens. In Lombardy, this meant for example that people had to wear masks outside of their private grounds, any sports activity outside was prohibited and grocery shopping was supposed to be reduced to once a week – possibly with only one person per household going out.

The next step of restrictions of movements followed with the decree of March 22nd. It implemented the prohibition of movements between municipalities by public or private means of transportation. The only valid grounds for exemption from these rules were urgent health reasons as well as occupational needs. In practice this meant, that citizens had to fill in a form as a means of a self-declaration. These forms, which also can be hand written, state the person's personal data, the reason for movement and a signature. These [autodichiarazioni](#) changed in the following weeks with every decree or regional ordinanza (order). At the same time, the local police or Guardia di Finanza observed citizens very closely in terms of the respect of the legal framework set out by the decrees. Those, who have not followed the rules of confinement, face fines or even arrest.

In order to move more hind sighted, a few days the government implemented later the decree no. 19 of 25 March 2020 which provides that specific parts of the decrees combating the spread of COVID-19 can be

extended, amended and repeated up to 30 days until the end of the state of emergency on 31st July. This has also meant, that all measures can be cancelled on equal terms. As a consequence, on April 1st, the decree 19/2020 was prolonged until April 13th, whereas on Good Friday G. Conte signed another decree to extend all measures until May 3rd. However, from April 14th, it stationery stores, bookstores and clothing stores for children and babies have been able to open together with activities in forestry and the lumber industry.

Economic impacts – #CuraItalia

With the beginning of the pandemic at the end of February, the Council of Ministers approved a new decree, which introduced urgent support measures for families, workers and businesses. Firstly, financial support was granted to families and businesses within the provinces of the red zones. This was amended on [March 17th \(decreto no. 70\)](#), to secure

- financing and other measures to strengthen the National Health System, Civil Protection and other public actors involved in the emergency;
- support for employment and workers for the protection of work and income;
- credit support for households and micro, small and medium-sized enterprises through the banking system and the use of the Central Guarantee Fund;
- suspension of payment obligations for taxes and contributions as well as other fiscal obligations and tax incentives for workplace sanitation and compensation for employees who remain in service.

Regarding the possible increase in unemployment rates, the government created an emergency fund for the already existing *cassa integrazione*. Businesses,

which had to suspend workers' activities employing short time working for example, are able to apply for funding for nine weeks. In addition, there is financial aid for self-employed people. They can rely on 600 € compensation on a monthly basis without taxation. Nevertheless, the country faces excruciating problems concerning unemployment rates and terrible losses in economic growth – most of which can be related to the failing tourism industry and service sectors this year. The estimated loss for the EU's third largest economy is around 3 to 5% of the GDP for the first two quarters of the year.

The Italian government mainly hoped for financial aid from the European Union in forms of so-called *Coronabonds*. So far, the Eurogroup has decided against this instrument as the EU is not ready politically and structurally to commit. The disappointment about this decision has meant that so far, the Italian Council of Ministers has said that it will refuse funding from the aid package. The Italian Economics Minister Misiani claimed that they would only accept aid in terms of short-time working as well as loans from the European Investment Bank – Italy says it intends to refuse funding or loans from the European Stability Mechanism. This might be due to the lack of trust in this mechanism after three recessions that Italy has suffered in the past decade. The refusal of certain types of funding goes hand in hand with an on-going narrative that the other countries of Europe and specifically the EU have abandoned Italy. A crucial crossroads lies ahead for the European community while right-wing voices are receiving more attention due to this new polemic. The President of the European Commission, Ursula von der Leyen, has however apologised twice for the late response to the Italian situation⁴³.

⁴³ [Rai News](#)

A crisis for the health sector

Besides the grave impact on Italy's economy, the health sector has been put under an immense pressure. The National Health Service in Italy offers universal health care regardless of income. It is regionally organised and funded and has suffered cuts in the latter over recent years. Besides the lack of funding, the real challenge has been to organise the medical response to an emerging crisis. The regionally organised health system clashed with crisis responses that were initiated and implemented nationally. An unfortunate example of failure was and is at this point in time, the city of Bergamo. Whereas most hospitals in Northern Italy – especially Lombardy – face collapse, the situation in Bergamo escalated rather quickly. The lack of intensive care beds, ventilators and PPE led to a highly deadly outcome. News reports were flooded with images of overcrowded emergency rooms, exhausted doctors and nurses and military vehicles trying to “manage” the growing body count. Rather slowly, the situation de-escalated after measures were taken to re-assign doctors within hospitals, increasing the number of intensive care places as well as doctors arriving from other countries to support the medical staff in crisis.

Re-opening the country, phase 2 - #andràtuttobene

With the country being in total lockdown for almost two months, the voices for a re-opening of the country are now getting louder. The first information regarding the so-called “phase 2” emerged mid-April right before Easter – a holiday that had to be celebrated in self-isolation. The government initiated a task force, which is setting out a workplace safety protocol. The committee is evaluating *via* identification possible ways to revive different commercial and social sectors taking in account at the same time the requirements necessary for containment and prevention. These production sites, which are deemed to get a green light, will preferably open first. The question of whether school and university activities will open again before the end of the semester remains unanswered. Certainly, Italy will still have been the first country to have experienced COVID-19 and will probably and unfortunately have to deal with the consequences the longest.

Désirée Biehl, research fellow at Villa Vigoni German-Italian Centre for the European Dialo⁴⁴

⁴⁴ Text published on 30 April.

POLAND

AN EPIDEMIC DEMOCRACY

Although Poland has been less tragically hit by the coronavirus than Western Europe so far, the epidemic has already sped up the erosion of democracy. For the first time since the collapse of communism, many voters are wondering whether to boycott an election.

The epidemic arrived in Poland during preparations for the presidential election, which both the ruling camp led by Jarosław Kaczyński and the opposition were treating as a “play-off” following the parliamentary elections in October 2019. The president has the right to veto new laws and the current government does not have the majority in the Sejm (at least 60% of members of parliament) needed to override this veto. The incumbent president, Andrzej Duda, a Kaczyński loyalist, was leading clearly in the polls before the epidemic, but his re-election for a second five-year term was not guaranteed. The opposition still hoped that it would win, potentially paralysing Kaczyński’s party’s efforts to build a “new state”.

Suspect corona-elections

The curtailing of civil rights due to the coronavirus, with strict confinement rules is seriously impeding fair competition during the election campaign. In his bid for re-election, A. Duda is taking advantage of state resources – for instance, with his trips as president – while his rivals are stifled by the lockdown. These problems are not altogether surprising in emergencies, which is why the Polish constitution is quite skilfully designed to avoid these kinds of

threats to the functioning of democracy. It allows a “state of natural disaster” (which includes an epidemic, according to the law) to be declared, suspending preparations for any kind of elections. The vote should only be held three months after the state of emergency ends, in part to allow time for a fair election campaign. The government can declare this kind of state of emergency for a month; to be able to extend it for a further month, the Sejm’s approval is needed each time.

The problem is that J. Kaczyński’s determination to have A. Duda re-elected, combined with fears that the pandemic’s health-related and economic costs could damage the ruling camp’s popularity (and the president’s chances of being re-elected), mean that he wants the election to be held as soon as possible, ideally in May – the date scheduled before the epidemic began. The restrictions on civil rights (the lockdown, the closure of shops) were introduced bypassing the Polish constitution so that the announcement of a “state of natural disaster” would not postpone the election by a few months. At the same time, defying the principle that the electoral law cannot be changed six months before an election (according to an old interpretation by the Polish Constitutional Court), the electoral code has been constantly tinkered with over the past few weeks. It has already been decided that the May election will be conducted entirely by post (to avoid spreading the virus at polling stations) and in an extraordinary mode organised primarily by the government, rather than by the National Election Commission headed by a judge, which is designed to increase its independence.

For a few years, the ruling camp strongly limited the right to vote by post, claiming that it could lead to electoral fraud, especially in Poland, which lacks experience in this kind of voting. Five years ago, around 40,000 people voted by post. Now, it has suddenly been decided that a

presidential election – involving delivering ballots to the roughly 30 million Polish citizens who are old enough to vote – can be conducted in a secret and honest way (that is safe for the people delivering the ballots and overseeing the process). The opposition has been offered an alternative to this “corona-election” that would involve changing the constitution to extend A. Duda’s term by two years (with a ban on seeking re-election) so that a normal election can be held in 2022. It is unclear whether it should be taken seriously, though.

The strength of the “nation state”?

All of this meddling with the election law and tempting the opposition to manipulate the constitution together is taking place in a country where the governing party neutralised and effectively took over the Constitutional Tribunal a few years ago. The destruction of the Tribunal was not accompanied by intricate plans for the future, it seems. The Polish political order has been deprived of a “fuse” protecting the rule of law as part of the struggle against “legal impotence”, the system of checks and balances that hampered the ruling party’s “reformist” ideas. Now, during the epidemic, the lack of this “fuse” prevents a quick assessment to see whether the authorities’ efforts to allow A. Duda to remain president for two more years are constitutional or not.

The election-related developments in Poland are admittedly less spectacular than the actions of Viktor Orbán, who has used the epidemic to push through regulations allowing him to rule by decree for an unspecified period of time. Yet V. Orbán and J. Kaczyński are driven by the same principle: old norms cease to be valid in abnormal times. The good habits, rules and arguments of the “old” liberal-democratic era must fade away when confronted with the thriving nation state’s priorities as it ensures true order, calm and justice –

especially when the health and life of the nation is threatened.

The election campaign under lockdown, which is by definition imbalanced, the last-minute changes to the electoral law, the lack of clarity about the date of the election and the huge doubts about whether it can be conducted entirely by post, as well as fairly, mean that Poles are openly discussing boycotting the election. So far, A. Duda’s rivals have not pulled out of the election (his main rival hinted that she would boycott it, but has not been consistent in her declarations), but voters who oppose the current authorities are wondering whether, by voting, they should legitimise the very flawed “corona-election” (and, most likely, A. Duda’s victory). For the first time in an EU country and for the first time in Poland in thirty years, there is a risk that a direct election could be questioned by a significant part of society, which is already extremely polarised between J. Kaczyński’s camp and its political opponents.

Government propaganda, primarily broadcast by state television, is serving Poles a kind of doublespeak. On the one hand, it is praising the authorities’ fight to rescue Poland from the pandemic; on the other, it claims that the situation in Poland is not bad enough to prevent the presidential election from going ahead. This further undermines many Poles’ trust in the credibility of statistics on the number of Covid-19 cases and deaths. Citing these doubts, the opposition is exposing the insufficient number of tests, the unprepared healthcare system (which has been neglected for years) and the shortage of doctors and nurses. Yet even if the official statistics turn out to be understated, the fact remains that Poland –and a few other countries in Central and Eastern Europe– has been significantly less affected by the virus than the western part of the EU, at least for now. The relatively early lockdowns may have helped (as emphasised by the authorities), as well as the lower

population density, lower mobility and fewer trips abroad.

Fearing for their health and lives, and with little confidence in the healthcare system, Poles have complied with the preventive restrictions on mobility and the recent order to wear masks in public quite dutifully. Middle-aged and elderly Poles remember the police curfew and martial law of the 1980s, compared to which the current restrictions seem trifling. Over the past few years, Poland has seen real wages grow significantly, the most generous social policy since the collapse of communism and a growing conviction that, after the sacrifices of the long and difficult political transition, the time has finally come to reap the fruits and be able to spend more. Now the coronavirus crisis will impose austerity again (the IMF forecasts that Polish GDP will contract by 4.6% this year). SMEs are struggling during the Polish government's protracted and chaotic preparation of assistance plans. Yet at this stage, there is no sign that a significant number of the government's supporters are turning away from it; instead, the coronavirus crisis is consolidating Poland's polarised electorates.

The authorities' eurosceptic games

Despite strong economic links with the rest of the EU (mainly with Germany), Warsaw views European disputes over the joint budgetary response to the coronavirus crisis as if from the outside or hardly at all. The government is trying to ensure that the EU's actions extend to the whole Union, not just the Eurozone. Yet the fact that Poland remains outside the currency union means that the discussion about Eurobonds, a joint rescue fund, and fiscal transfers to Italy or Spain has not generated much interest, let alone emotion, in public opinion. A similar indifference towards economic disputes in the EU emerged in Poland during the Eurozone debt crisis, but it seems even stronger now. Even the closure of Poland's borders with other countries in the

Schengen Area, a significantly more radical step than in most other EU countries at the start of the epidemic, did not attract much attention among Poles and the media – even though the government's decision initially meant that not just lorries were being stopped at border crossings, but also Lithuanians, Latvians and Estonians who were returning to their countries from Germany, in a none too humane manner.

However, to strike out against the European institutions, the Polish authorities and pro-government media are now using the tragedy of Lombardy and Italy's grievances towards Europe due to insufficient support instrumentally. "The pandemic has shown that one can only count on nation states", "Brussels has let us down", "the EU has disappointed" – this message is repeated by politicians who, just a few weeks ago, would have sounded the alarm in defence of sovereignty if someone in Brussels had proposed to transfer any significant powers in the field of healthcare and crisis management to the EU institutions. This explosion of strongly eurosceptic rhetoric among the Polish authorities partly results from the current ruling camp's worldview, with its fixation on sovereignty (now also displayed for the sake of A. Duda's re-election campaign), as well as the authorities' reflex – familiar from other countries – to blame Brussels from problems (this time, the epidemic). Moreover, it is surely the result of the dispute between Warsaw and the EU institutions over the rule of law, which has been going on for a few years now. The message of Polish government propaganda is: "Brussels is claiming the right to interfere in the reform of our judiciary and, with the arrival of the epidemic, it has been citing the lack of crisis management powers in the Treaties".

This eurosceptic rhetoric was exacerbated by the decision taken by the European Court of Justice (ECJ) at the start of April to temporarily suspend (until a full verdict)

one of the key reforms disciplining judges, which – as the European Commission stated in its complaint to the ECJ a few months ago – undermines the Polish judiciary’s independence from the executive. According to polls, even with J. Kaczyński’s party in power, the Poles remain one of the most pro-European nations in Europe, even though, for a large part of society, this is not at odds with support for the current authorities’ stance on the EU. With the current crisis, the following question is returning: how long will this great pro-EU sentiment survive despite systematic anti-Brussels propaganda? Recently, the Commission had to remind the Polish authorities to inform the public, in accordance with the rules, about the use of EU funds for particular investments (including efforts to combat the coronavirus) because, at least in some cases, the EU subsidies had not been mentioned due to resentment against Brussels.

Another Polish question concerns the length of the “epidemic pause”, which – it seems – was introduced at the European Commission by its president, Ursula von der Leyen, pushing the rule of law far into the background during these weeks to avoid escalating disputes with Warsaw (and Budapest). Meanwhile, according to reports by Polish legal associations (Iustitia and Lex Super Omnia), 34 judges and 20 prosecutors in Poland are currently affected by politically motivated disciplinary proceedings. The European Parliament is calling for the rule of law and a fair election in Poland (and for Hungary to abandon its “democracy by decree”), but it can only do so in resolutions, which are political appeals without legal force. It is not even clear now whether the Polish authorities will comply with the ECJ’s decision and how long the Commission will delay its reaction if the Polish authorities ignore the Court. The epidemic can be seen as a legitimate reason for some delay, but some NGOs and the

opposition fear that it will be a pretext for von der Leyen, who is suspected of a too dovelike attitude towards the “illiberal democrats” of Central Europe, not to start a new political battle with Warsaw.

Doctors to the US

The United States’ abandonment of its role as global leader in the struggle against the coronavirus crisis is visible from traditionally pro-American Poland, too. Nevertheless, the epidemic has not changed Warsaw’s geopolitical priorities. Although China is trying to take advantage of the crisis diplomatically, Poland is much more irritated by Russia’s efforts, including the Russian military medics’ mission to Lombardy, which even caused considerable controversy in Italy, in part due to the accompanying Russian propaganda. The Polish assistance sent to Italy shortly afterwards – a 15-person mission of doctors and paramedics – has been presented by Warsaw as support as part of NATO, rather than the EU. Incidentally, as part of its “medical diplomacy”, Poland recently pledged to send a medical assistance mission for combating the coronavirus... to Chicago.

Tomasz Bielecki, In.Europa expert⁴⁵

⁴⁵ Text published on 30 April.

PORTUGAL

PORTUGAL, A SUCCESS IN THE FIGHT AGAINST THE COVID-19 PANDEMIC?

To date, Portugal has been widely touted as a success story in the fight against the Covid-19 pandemic. I am not here to dispute this, but rather to explain, on the one hand, what has been done and, on the other, how we feel about the role played by the international community and the European Union. At the time of writing, the country had just over 500 deaths and 15,000 cases, and there was a trend towards stabilization of the curve and a significant drop in new cases.

The difference in comparison with Spain, Italy or France is very clear even if we have to take into account Portugal's lower demography: just over 10 million inhabitants. Even if a comparison is made in relative terms, the Portuguese figures are much lower than those of neighbouring countries. This is all the more impressive if we take into account that the level of development, expressed in terms of GDP per capita, is lower than the European average, €23,000 compared to €30,200.

Moreover, Portugal's population is very old, an age segment, for the most part, housed in retirement homes in religious or private institutions, which do not necessarily have the necessary protective equipment for carers and residents. In fact, one in eight deaths related to Covid-19 has occurred in nursing homes.

It should be recalled that the economic crisis of 2008 hit Portugal in a particularly violent way, leading to the implementation

of economic austerity policies. While these policies led to a sharp reduction in wages and a drastic increase in unemployment, they also affected the public sector, leading to cuts in investment and dubious privatisations which ultimately impacted the very quality of public services.

This period also resulted in a significant loss of human capital, leading to an economic exodus of hundreds of thousands of skilled young people. This brain drain was particularly noticeable in the health sector where recently qualified doctors and nurses left the country; in the most extreme cases, salaries of Portuguese nurses had reached 6€/hour. For the anecdote, the nurse to whom the British Prime Minister, Boris Johnson, paid tribute on leaving hospital is Portuguese! Today, the Portuguese diaspora numbers about 5 million people. In fact, it is the return of these people for the Easter holidays that is causing fears of a second wave of the epidemic. Added to this is the fact that recently, on several occasions, the country has had to face several large fires, the cost of which in both human and financial terms have been dramatically high. Furthermore, Portugal has had almost no recent experience in dealing with health problems, as most of the major public health challenges of the last two decades have spared the country. The decisive element in managing the epidemic was surely the determination of public intervention and, above all, the timing when it began, while other countries were hesitating about the procedures to be put in place. Moreover, despite successive disinvestments, the National Health Service - created after the 1974 revolution - consists of excellent professionals who were ready to coordinate a general intervention by all medical services. The mobilization of society, which followed the indications issued by the public authorities by placing its trust in the political authorities, was also very impressive. At the same time, the vast majority of the opposition to Antonio Costa's minority government did not veto

the main decisions taken by the government. The first confirmed cases were mostly holidaymakers from Italy, which made it easier to identify their itinerary and to confine them immediately with the people they had encountered. The second stage in the spread of the virus began in the north of the country, where the industries collaborating with those in northern Italy are located. Despite the lack of available equipment, testing started quickly (by way of comparison, Portugal carries out 9.8 tests per 1000 inhabitants, Spain 7.6, France 3.3, Italy 12.5) as did the preparation of hospitals and medical centres to deal with a situation in which the police, the army and all volunteers, especially retired doctors and nurses, had to be used. On March 18, the government announced self-administered, self-regulated confinement, with partial limitations for those over 70 years of age. The declaration of a state of emergency at the same time strengthened the implementation of all these measures. Airports were closed, the border with Spain was brought under control, and a ban on leaving one's municipality was also introduced. 35,000 gendarmes and police were mobilized to impose the quarantine measures. Confinement has been extended several times and could last until 1 May.

From Portugal's point of view, a very striking thing at first seemed to be the fragility of the international organisations and especially the WHO, as well as the response of certain leaders of a few countries who seemed to underestimate the seriousness of the situation. In Portugal, where the authorities reacted particularly quickly, there was a feeling of disorganization and hesitation. As for the European Union, unfortunately we feel that nothing has worked as we might have expected. What Europe has lacked is a coordinated response in terms of both health measures and the purchase of equipment, and the coordination of industries. Ensuring

competitively priced supplies in sufficient quantities, in suddenly very competitive markets, was extremely important. The pandemic is creating terrible economic problems, which are already highly visible in terms of unemployment and the closure of businesses, hotels and restaurants. Initial estimates for the first half of the year, like the rest of the world, point to a sharp fall in GDP and an exceptionally severe economic recession can be expected. Portugal will be particularly affected by the decline in tourism - according to the latest official data, the tourism sector contributed 14.6% to GDP in 2018. In this context, a programme modelled on the Marshall Plan for Europe seems absolutely necessary. The European Union has the necessary means. After all, the founding Treaties point to the fact that the Union is built on the objectives of solidarity and well-being of the peoples of its Member States. Paradoxically, we feel that some of these countries, which are among the great beneficiaries of the single market, continue to refuse to take the exceptional measures that would be necessary for Europe to maintain its standard of living and its leading role in the world. The measures resulting from the Eurogroup meeting and presented as an acceptable agreement, as well as the promise of very relaxed conditionality, are now not enough.

Seen from Portugal, the response, implying that debt mutualisation is still out of the question, is too timid a step. It must be said that this comes on top of the fact that the management of the 2008 economic crisis leaves most Portuguese with a rather bitter taste in their mouth.

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⁴⁶ Text published on 16 April.

ROMANIA

IN ROMANIA, AN EXACERBATION OF STRUCTURAL PROBLEMS

The pandemic will be a hard test for Romania, as structural problems will only be exacerbated by the nature of the crisis. The generalized lack of trust, directed mainly towards politicians and institutions (but not only), could make things worse, in the absence of a plan to navigate through the post-healthcare crisis. Observers overwhelmingly agree that an economic downturn will follow, so an answer to how the country is to adapt to this new situation will be very soon required. If this is perceived to be partisan and unfair, not only the economy, but also politics and the social climate will be heavily affected.

The country has been confined since 25 March, for a period which has been extended until mid-May. At present, more than 6,300 people have been infected, 314 of whom have lost their lives. As the numbers rise, the feeling of fear and insecurity grows, especially if the light at the end of the tunnel (even as a perception) is not made visible.

Precarious consensus around the measures adopted by the authorities

The population generally agrees with the decisions made by the authorities, especially given that the measures were endorsed by Dr. Arafat, probably the most credible person in the country at this moment in time as far as the emergency is concerned. Doctors like Alexandru Rafila and the Health Minister Nelu Tataru can

also be held up as communication models. Initial communication errors by the president, the prime minister and the interior minister were not judged harshly and, in fact, the trust in these leaders has even increased, through the “rally around the flag” effect. With few exceptions, the citizens have followed the lockdown rules and understood the seriousness of the pandemic. The problem is that we are only one month in since the full crisis began. As this state of exception/emergency becomes the new normal, it will be harder and harder to maintain the political and societal consensus. The looming economic disaster will create polarization and will force the opposition parties to take critical positions. It will be brought to the public attention again at some point that whilst the pandemic was causing havoc in Western Europe, the president played down the medical risk, as the government prepared for snap elections.

The state of the healthcare system, exposed

Just before the crisis, the main discussion in Romania was about the privatization of the healthcare system. The pandemic brought everything to a halt and made clear that a strong public system is required to deal with a crisis of this magnitude. However, despite the sacrifice and heroism of doctors and the medical personal, the pandemic has exposed how bad the state of the Romanian healthcare system really is. Politicization, corruption and incompetence have translated into lost lives and a need to mobilize army personnel to keep things under control in various parts of the country. Not only are masks, tests, medical gowns, and ventilators are lacking in Romania, but also clear procedures, care for public money, and competent managers. More funding (although absolutely necessary) will not automatically mean a better prepared and more responsive system. A strategic discussion about healthcare money and responsibility is long

overdue in Romania and will have to happen very soon.

Austerity and its consequences

The State revenues have plummeted, and the government will face tough choices. Not only will the promised increases in spending be rescinded, but even the current levels will be adjusted. Obviously, it does not help that the previous government was totally fiscally irresponsible. The ruling PNL is seeking to avoid the fate of PDL, which was electorally destroyed after the 2010 spending cuts. The skill in making adjustments, while keeping a sense of fairness and a positive prospect for an economic comeback will be decisive in the coming months.

Rethinking the role of the State

Losing revenue will oblige the political leadership to react quickly to guarantee resources for the short-term. But this bid to secure money for essential services should be matched by an equally serious plan regarding the country's spending priorities. Romania desperately needs a roadmap for the post-coronavirus period, a plan to define its priorities and regarding what the public sector can deliver. It will be very hard to maintain current levels of spending for defence or for privileges for certain categories (e.g. the so-called special pensions). President Iohannis has all the tools to hand to come up with this plan: he is in his second term and leaving a country with a clear roadmap for the years to come would be a great political legacy. For this, the president should play down partisanship and take some intellectual and communications risks, and step out of his comfort zone; he speaks seldom to the nation and does not like TV debates; this will take a toll on his popularity in the months to come in the wake of the health crisis and as we move into the economic turmoil.

Elections as a source of answers?

Romania is scheduled to have local and parliamentary elections this year, but who knows what will happen with the uncertainty caused by the pandemic? Currently, the PNL enjoys a commanding lead in the polls, but we will see whether this will continue once the crisis -read austerity- measures will be implemented and start affecting people. The PSD remains partially discredited after its last stint in power (2016-2019) and some credibility and interim problems still prevent the current leadership from being taken seriously by voters. The PSD cannot remain the party with fiscally open purses and anticorruption problems if it wants to win the next parliamentary elections. With the exception of the USR-Plus Alliance, who will rise in 2020, the other parties are struggling to pass the electoral threshold.

Diaspora as a new cleavage

The majority of Romanians believes that the crisis was triggered by the Romanians returning from Western Europe, for our citizens the virus is less China-centric and more "brought home". With the coronavirus death toll increasing, accusations will fly. It is a test of social cohesion since this is a new situation for the diaspora, previously praised mainly for its remittances. This will hurt Romanian society even further, given that the country has been through some very polarizing experiences since 2016. Furthermore, once factoring in that the crisis will continue to affect Western Europe, it will be hard for these people to return to business as usual. Romania is unprepared to integrate its diaspora in its labour market and economy, and this could worsen the crisis even further. A project for economic and societal reintegration will be required.

What to expect (further) from the European Union?

Although the European Commission has sought to come up with ideas applicable to everyone, it is no surprise that Brussels and the major capitals have essentially been interested in the fate of the euro, Italy, and Spain. The Eastern flank has not caused problems so far, but, as I have tried to argue here, we are only in the first stages of the coronavirus drama, and the strength of these economies and societies should not be overestimated. In general, especially in terms of the allocation of EU funds, more flexibility and greater amounts will be needed, both for the current and next European budget.

The discourse of responsibility should make room for one of solidarity and solutions tailored to the crisis. Otherwise the previous North vs South financial rift of the eurozone crisis may turn into one that involves euro-non euro countries and between Eastern European and the rest.

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⁴⁷ Text published on 16 April.

SPAIN

THE POLITICAL MANAGEMENT OF THE COVID-19 CRISIS IN SPAIN

The purpose of this note is twofold. On the one hand, it aims to provide a series of data (updated to 9 April) both on the impact of the Covid-19 pandemic in Spain and on the government's response and actions to counter its effects on the health system and the economy. On the other hand, it provides a current, and therefore limited and provisional, analysis of the impact of these measures on the system of government.⁴⁸

To achieve its objectives, the study is divided into several parts. The first section presents data (as of April 12) on the incidence of the disease in Spain in comparative terms to highlight the fact that the country was one of the most affected by the Covid-19 pandemic. The next section is devoted to the description and analysis of the political management of this crisis. The last section summarizes the main data and forecasts concerning its economic and social consequences.

Impact of Covid-19 in Spain

According to official data collected by the Autonomous Communities (ACs) and centralized by the [Ministry of Health](#), Spain exceeded 166,000 infections after the first case was registered on 31 January.⁴⁹, and 17,000 deaths, the former having been [recorded on 4 March](#). Tables 1 and 2

⁴⁸ I use the term « government system » because in Spain competences in terms of health lie in the hands of the autonomous communities. They played a central role in the management of the crisis.

compare the incidence of the disease in Spain to a set of countries that have been heavily affected, both in Europe and [other regions](#).

	Confirmed cases	Total new cases	Incidence last 14 days	Total deaths	Total new deaths	Mortality
Spain	166.019	+4.167	185,48	16.972	+619	10,22
Italy	152.271	+4.694	98,87	19.468	+619	12,79
Germany	117.658	+4.133	83,44	2.544	+171	2,16
France	93.790	+3.114	83,92	13.832	+635	14,75
United Kingdom	78.991	+8.719	89,51	9.875	+917	12,50
Turkey	52.167	+5.138	52,38	1.101	+95	2,11
Belgium	28.018	+1.351	171	3.346	+327	11,94
Switzerland	24.900	+592	145,10	831	+26	3,34
Netherlands	24.413	+1.316	86,04	2.643	+132	10,83
Portugal	15.987	+515	107,90	470	+35	2,94
Russia	13.584	+1.667	8,56	106	+12	0,78
Austria	13.561	+290	59,49	337	+18	2,49

	Confirmed cases	Total new cases	Incidence last 14 days	Total deaths	Total new deaths	Mortality
United States	492.416	+33.251	118,55	18.559	+1.999	3,77
China	83.482	+113	0,08	3.349	+0	4,01
Iran	70.029	+1.837	42,66	4.357	+125	6,22
Canada	22.544	+1.318	45,57	600	+69	2,66
Brasil	20.727	+1.089	7,88	1.124	+68	5,42
South Korea	10.512	+32	1,80	214	+3	2,04
GLOBAL	1.614.951			99.887		

According to these data, it can be seen that in Spain the incidence of the disease in relation to demography has been highest in the last 14 days, although it is not the one with the highest mortality rates⁵⁰, since France, Italy, the UK, Belgium and the Netherlands have higher rates

Political Management of the Crisis

Description of the public authorities' response in Spain to the health crisis and its economic and social effects

To describe the response of the Spanish public authorities to the health crisis triggered by Covid-19, it is necessary to start from the constitutional division of competences between the central and regional levels of government. It should be borne in mind that most health policies such as primary care and hospital management fall within the competence of the 17 regional governments and that the Spanish government's Ministry of Health has few powers. The management of many social

⁴⁹ This involved a German tourist on holiday in the Canary Islands (La Gomera), who is said to have been infected in Germany.

⁵⁰ 86.2 % of those who died in Spain were aged over 70.

services such as nursing homes, the age group most affected by illness, is the responsibility of the regional governments. Certain policies that may have the most decisive impact in countering the destructive effects of this unprecedented health crisis on the economy, such as fiscal and social policies (pensions, unemployment benefits) are mainly the responsibility of the Spanish government, although some of them, such as fiscal policy, are shared to some extent with the autonomous governments.

As a result, initially and until the declaration of the state of emergency on 14 March, the 17 regional governments were co-decision-makers.⁵¹ However, the Ministry of Health plays an important role, through the Centre for Coordination of Health Alerts and Emergencies (CCAES), in coordinating the regions in the face of new health threats. Since the first case of Covid-19 was reported on Spanish territory on 31 January, the Director of the Ministry of Health's CCAES, Dr Fernando Simón, has become the main actor in the response to the progression of the disease in Spain and has assumed the key responsibility for coordination. While other EU Member States have strengthened coordination mechanisms and have provided the population with a single national telephone number for all incidents related to Covid-19, at present 17 information telephone numbers have been put into service in Spain, one for each Autonomous Community.

In the weeks following 31 January, throughout February and the first week of March, the fundamental message from the government was one of tranquillity and confidence that the disease would not have a major impact in Spain. The events of the

weekend of 7 and 8 March were one of the moments that generated the greatest political and social controversy. During that weekend, Spain went from 423 infected people on 6 March to 1,621 on 9 and almost 30 deaths. This weekend was the last of normal life in the country and, in addition to the usual sporting and cultural events (the 10 matches played in the first football division brought together more than 280,000 fans), several political events took place, such as the massive Women's Day demonstrations or a Vox party rally attended by 600 executives and 9,000 supporters. The fact that the government did not ban these activities but also encouraged participation in the Women's Day street marches provoked strong reactions, especially when 24 hours later the Minister of Health, Salvador Illa, radically changed his tune and announced that schools would be closed for two weeks in the Community of Madrid (after the Madrid government had insisted on demanding such a measure) and in the region of Vitoria (Basque Country), and furthermore recommended avoiding public gatherings in Madrid and the introduction of teleworking for all those who could afford it.

The week of 9 to 15 March highlighted the difficulties of effective coordination between the Spanish Government and the autonomous regions. Students who had stopped going to classes were meeting in public places and many families left Madrid for their holiday homes. Many regional governments also called for the closure of schools, while the Spanish government opposed further restrictive measures. Finally, on 14 March, the government approved the decree regarding the state of emergency under Article 116 of the Spanish Constitution ([royal decree 463/2020](#) - 14 March) and established a single crisis

⁵¹ The body responsible for the coordination and management of National Healthcare System is the Interterritorial Health Council, comprising the ministry and 17 regional health services. This council held several meetings in February following the WHO's warning on

31st January. However, although the minister declared after the meeting on 4 February that Spain was ready to face the crisis the positions of those participating were not known. Since December 2018 the ministry does not publish the minutes of these meetings.

management command with the Minister of Health at its head, as well as the interruption of administrative deadlines for public records for the duration of the state of emergency. From then on, with nearly 10,000 people infected and 300 deaths, the response was more vigorous, although there were still problems of coordination and effectiveness in the measures implemented.

In brief, the policy to deal with the health crisis was based on four main lines. The first two concern the general confinement of the population at home (in addition to the suspension of all public gatherings) and the cessation of many economic activities leading to the concomitant presence of workers and customers, such as shops and tourism (closure of hotels, travel agencies, drastic reduction of air and rail traffic and buses by more than 90% as compared with the same dates a year earlier). According to the decree, only those activities considered essential are allowed: those related to food, health, State and armed forces, security forces, public transport (with significant restrictive measures in terms of frequency and capacity), telecommunications, essential IT services, veterinary clinics, media, electricity supply, cleaning and waste collection services, undertakers, bank agencies and notaries, post offices, transport, logistics and parcel delivery companies, management of toll roads or service stations. However, in addition to this, there are other activities that continued after the promulgation of the decree, such as a large part of the construction and industry sectors.

Fifteen days later, the government approved Royal Decree 10/2020 of 29 March for the introduction of "recoverable paid leave" to further reduce the mobility of the population and to interrupt the activity of non-essential industries. Companies were therefore obliged to guarantee the retention

in their posts of employees forced to work in confinement for a period of two weeks. These days will gradually be recovered by the employees through overtime. As a result, almost all industrial activity has been halted. Only plants that had adapted their production to the manufacture of sanitary equipment were able to continue operating. Thus, the textile industries that manufactured protective masks or gowns, the beverage or perfume industries such as *DYC*, *LEA* and a few others, which had converted to the manufacture of hydroalcoholic gels for hand disinfection, or certain other industries which, like the *SEAT* automobile industry, developed respirators for medical use, were able to continue their activity.

The third line of the political response to the crisis has of course been the pooling of health resources to provide hospitals, health centres and workers with the equipment they need to carry out their activities. The Spanish Government and the regional governments have invested heavily in the purchase of three types of goods: disposable personal protective equipment (PPE, including nitrile gloves, protective masks, waterproof gowns and suits, tights, etc.), ventilators or respirators, screening kits or antigens. In the context of a global pandemic, competition from many national governments to acquire these goods has been fierce and this has caused many problems in acquiring them⁵², the Spanish government declared that it [had spent](#) 845 million €. In addition, the Ministry of Health has received donations of medical equipment from businessmen like Amancio Ortega (*Zara*) and [many others](#), from the European Union and countries such as China, Turkey and Taiwan. The controversy here is whether the government and the autonomous regions acted diligently and effectively in providing these materials before the pressure on hospitals and the

⁵² Apart from the late arrival of this material and the lack of protection for the healthcare personnel there were several particularly astonishing episodes like the purchase

of 640,000 rapid test kits from a company in Shanghai which was operating without a licence. These tests had to be sent back due to their extremely low efficiency level.

sectors of the population most vulnerable to the disease became unbearable.

The only thing that is certain is the particular impact of Covid-19 on two groups that have shown particular vulnerability because they have not been adequately protected. These are the elderly living in retirement homes and care institutions. According to the latest data published by the Ministry on 3 April, nearly 25,000 health care workers were already infected, representing more than 15% of the total number of people [infected](#). In turn, nearly 10,000 older people died in old people's homes, representing 58% of all deaths recorded by the [Ministry for Health](#).

Finally, the fourth line of the authorities' response has been the preparation of a series of economic measures aimed at mitigating the very damaging consequences of the cessation of economic activity. Seven of the Royal Decrees approved by the Government between 10 March and 7 April contain measures to mitigate the economic damage in order to avoid the destruction of jobs and of the [economic fabric](#). On 17 March, the President of the Government, Pedro Sánchez, announced a package of measures that would mobilise around €200 billion (an amount equivalent to 20% of Spanish GDP) for this purpose. The aim was to allocate some €100 billion of public funds, with the rest coming from private sources, to generate subsidised credit lines to guarantee liquidity for SMEs and the self-employed, and to activate social protection measures such as a moratorium on mortgage payments for the self-employed and workers affected by the crisis, or a ban on interrupting basic supplies (water, electricity, gas). In addition, other measures have been taken to support businesses, such as the acceleration and relaxation of temporary layoff programmes and the exemption or reduction of social security contributions for companies that keep their staff.

Analysis of the emergency

It is difficult to analyse the response of the public authorities in this health crisis, since information unavailable to the public is needed to analyse the adequacy of the measures implemented and their degree of responsiveness. A certain amount of time will be needed to assess the proven effectiveness of these measures. An additional problem in this evaluation is the possible retrospective bias, on which the government relies so much to defend itself from criticism, which implies an assessment of past events in the light of later consequences. Given these caveats, an analysis is possible, focusing on the following five points: (a) the government's response was excessively late, uncoordinated and short-sighted; (b) the quality of official data on the disease could clearly have been improved; (c) the government's negotiating effort to bring together the consensus of other political and social forces to implement these measures was not strong enough; (d) the need to develop a European response to a global crisis should not obscure the need to improve the national response; and (e) many weaknesses in the national response reveal significant deficiencies in the functioning of the public sector in Spain which highlight the urgent need to improve the quality of governance.

Late response

It must be admitted that objectively it must be very difficult for any government to take a decision that involves closing down most economic activity, even to avoid a health disaster. Moreover, it is true that we are dealing with a new and unknown disease, so it was probably not easy to foresee the consequences it could have on the health of the population and on the increase in mortality. However, the government had the experience of a country as close as Italy affected by the disease a few weeks earlier. Furthermore, it is difficult to understand why, after the recommendation not to travel to China, when the crisis broke out in Italy, the Spanish government did not carry out

minimum screening of the many travellers coming from that country, when the possibility of asymptomatic contagion was already known.

In these circumstances, it does not seem too exaggerated to conclude that the Spanish Government did not make sufficient provision, both in the fight against the various vectors of infection (in particular those linked to Italy) and in the provision of the necessary equipment (PPE, respirators, detection kits, intensive care units, protection of the most vulnerable population such as the elderly) to combat the spread of the virus and that coordination between the various competent administrations (autonomous regions, central government and the European Union) could have been significantly improved.

Official data

One aspect of particular concern is the quality of the daily information provided by the Ministry of Health on the evolution of the pandemic. The less accurate this data is, the more difficult it is to plan actions to combat the pandemic and the more difficult it will be to make decisions to plan for population containment without risking an increase in infections and deaths. Official data are only a very partial reference to the reality of the disease: "Cases do not reflect (even approximately) infections in the country, which remain unknown; nor are all deaths caused by the [Covid-19](#)".

Figures suggesting over 165,000 detected cases are probably incorrect, as they depend on the very limited capacity for screening, which is carried out only on the most serious cases. According to an estimate by Imperial College Oxford, published a few weeks ago and based on the mortality rate calculated for Covid-19, the number of infections in Spain is expected to exceed [7 million people](#).

The same applies to the figures for the number of deaths. The fact that only those that have been tested are recorded as such considerably reduces the actual number of deaths caused by the virus. Many of these are elderly people who have died in nursing homes and have not been tested for Covid-19. The Carlos III Health Institute, a public research organization, compares deaths in recent weeks with those recorded for the same period last year and concludes that the actual deaths are probably double the official figures.

The problem is the lack of statistics on the number of tests performed. The government does not provide the number of tests performed on a daily basis, let alone the number of tests reported as positive and the number of tests reported as [negative](#). However, some scientific studies show that the countries or regions with the highest number of tests performed relative to the population are those with the lowest mortality rates, because in these cases it is easier to detect the vectors of infection and to isolate more precisely the sources of infection and the people most at [at risk](#).

Consensus (almost) without negotiation

Covid-19 has struck Spain at a particularly sensitive moment in its political history. In recent years, at least since the beginning of the economic crisis in 2008, Spanish politics has found itself in a worrying spiral of polarisation and fragmentation, both ideologically (radical parties of the left and right obtained a significant score in the last parliamentary elections) and territorially (with very strong secessionist tensions in Catalonia, but also in other territories). What is curious is that this deep political crisis, which has made it difficult to reach a consensus at the centre of the political spectrum, has taken place in a few decades in which the ideological moderation of the Spanish people has been strongly reinforced, suggesting that much of this polarisation is due more to the supply of leaders and political parties than to major

structural schisms in demand on the part of the [Spanish](#) population.

In this political climate, it is very difficult to establish the consensus needed to deal with a crisis that is already leading to an enormous reduction in citizens' rights (with the forced confinement of the population) and that will have a considerable economic cost, in addition to the cost it already is having on daily life. So far, the coalition government between the PSOE and Podemos has taken measures to deal with the pandemic under the cover of the State of Emergency and has managed to get other parties (especially those of the centre and right, Ciudadanos and Partido Popular) to support these measures in the Congress of Deputies. However, these two parties and the country's main business associations, as well as many of the regional governments, are already expressing their opposition to what they perceive as unilateral decisions.

Although the government has summoned all the parties with parliamentary representation and all the regional presidents to hold a meeting during the week of 13 to 19 April in order to begin negotiating a major political pact for the economic and social reconstruction of the country, this could be a simple marketing operation that would not really lead to this major pact, which is indispensable for the joint preparation of appropriate solutions to end the crisis.

The European lifeline

The Covid-19 pandemic has placed the whole of the European Union at a crossroads. The destruction it is causing and will continue to cause in many EU Member States is already putting great pressure on the EU as a whole, perhaps even contributing to its explosion. Once again, the differences between the countries of the South, especially the two most affected by

the disease, Italy and Spain, and the countries of the North, with Germany and the Netherlands in the forefront, are proving very difficult and are a litmus test for the future of the Union.

It is true that a global problem such as this pandemic must be dealt with at the international level and that the calls for solidarity made by Italy and Spain, as well as by France, should be heard by those countries with a more favourable economic situation. But it is also true that the fear of the countries of the North that the solidarity effort they are deploying will be undermined by ineffective policies should encourage the recipient countries to carry out governance reforms that are likely to increase their confidence. That is why, while the European Union must fully commit itself to emerging from this crisis, the countries receiving aid must also take responsibility for improving the functioning of their governance.

Some doubts regarding the Spanish State's abilities

The main specialists in the functioning of Spanish public administrations⁵³ have for many years been pointing to the main problems with these administrations, such as the excessive politicisation of technical functions, the lack of genuine professional public management, the deficient and outdated conception of staff and services etc. In fact, many of the problems raised in this study concerning the Spanish public authorities' response to Covid-19 reveal a weakness in the latter which we have witnessed since the transition and which it is increasingly urgent and necessary to remedy decisively.

⁵³ Rafael Jiménez Asensio, Francisco Longo, Carles Ramió, Juli Ponce, Salvador Parrado, Manuel Villoria and Víctor Lapuente, to name but a few.

The economic and social consequences

A small sample of data will suffice to obtain an idea of the enormous economic and social cost that this pandemic already has. To begin with, Pedro Sanchez has announced a package of measures to counter the adverse effects of the crisis, worth the equivalent of 20% of Spanish GDP. The unemployment data recorded in March (taking into account that the containment began on the 14th) is an all-time record since these figures were recorded, with an increase of more than 300,000 people, while social security membership has decreased by more than 800,000 people. Employment contracts have also decreased by 26% compared to the same month of last year [2019](#).

With regard to temporary labour regulation procedures⁵⁴, the Ministry of Labour acknowledges that more than 650,000 applications were submitted between 16 and 31 March, which, according to data from the Periódico de Cataluña, concern more than 2 million [workers](#).

It is still too early to make a sufficiently rigorous assessment of the economic and labour costs that this crisis will entail, as it is not known how long the current situation will last or how long it will take to return to normal activity. Furthermore, some of the predominant economic activities in Spain, such as tourism, have a strong seasonal component, so that the evaluation of the cost depends on when the companies in this sector will be allowed to resume their activity. The Easter holidays, a period of high hotel and travel occupancy, have ended and it is not certain that the situation will return to normal before the summer season.

In spite of this, some economists have made forecasts taking into account different

scenarios and in all these cases, the cost of the pandemic is very high. For example, a study by BBVA Research, the Fedea Foundation and the Rafael del Pino Foundation estimates a drop in GDP of 4 to 8% according to different scenarios. On 1 April, the Munich Institute for Economic Research published a study according to which each week in which the Spanish economy is at a standstill would cost between 0.8 and 1.6% of GDP.

Some economic newspapers quote reports from various consultancy firms with equally worrying estimates. For example, the daily *Libremercado* reports that experts' estimates of the fall in GDP for 2020 range from 5 to 13%.

These losses in GDP will be much more painful for countries like Spain, compared to other countries like Germany. For the year 2019 Spain recorded a public deficit of nearly €33 billion, or 2.6% of GDP, and a debt of €1.19 trillion, or 95.5 % of the GDP. Germany's debt totals only 59.8% of the GDP, which will allow it to access credit in a much more advantageous situation than Spain.

Spain is facing an unprecedented health crisis and its responses, although adequate, were probably too late and too improvised. In particular, we have highlighted the lack of reliable data and the lack of coordination between regions. These hesitations only reveal the weaknesses of a system of governance that should be reformed as a matter of urgency.

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⁵⁴ These procedures allow businesses to make temporary adjustments to the workforce so that the State bears 70 % of the wage costs of workers while the business is inactive or has been reduced in exchange for maintaining

the level of employment once the state of emergency is over.

⁵⁵Text published on 16 April.

SWEDEN

IN SWEDEN A STRATEGY OF NON-CONFINEMENT

Since the beginning of the pandemic, Sweden has been an exception in the way it has handled the Covid-19 pandemic. Primary and secondary schools have remained open, teleworking is only recommended, cafes and restaurants are open. In a confined Europe, daily life in Sweden continues normally more or less. The main argument for the authorities' decision, which appealed to individual responsibility, is the idea that we are running a marathon, not a sprint. We will therefore have to resist in the long term in order to develop collective immunity.

From abroad this strategy has often been criticized as irresponsible. However, the judgment should be qualified. The Swedes have received the same recommendations as elsewhere, i.e.: respect barrier gestures, avoid social interactions, stay at home at the slightest symptom or sign of infection and protect vulnerable people. Moreover, high schools and universities have been closed and gatherings of more than 50 people have been banned. The fundamental difference lies in the manner in which the restrictions have been applied: rather than resorting to coercion, the authorities have appealed to citizens' civic sense.

Why is the approach in Sweden unique?

The explanation lies in the combination of the independence of public agencies - including the Public Health Agency - and the high level of public confidence in them, which, according to a survey carried out at

the beginning of April, was 80%. While the Swedish government defines the mandate for the tasks of public agencies - for example, by determining their objectives and budgets - ministers are not allowed to intervene directly in their day-to-day operations. This is a tradition enshrined in the Constitution, which is now being implemented. The Public Health Agency is the main authority responsible for the management of Covid-19. It is therefore expected that the Prime Minister and his government will follow its recommendations, which to date, they have done to the letter.

Is this method working?

At the time of writing, the country, with a population of 10 million, has 13,822 confirmed cases and 1,511 deaths, including 897 in Stockholm, the city most affected by the virus, with other regions having so far escaped the epidemic. In contrast to other Member States, deaths in old people's homes count in the official figures; in fact, half of all deaths have occurred there. Although it is too early to make estimates, since Easter there has been a slight tendency for the mortality curve to stabilise and a significant drop in cases requiring intensive care.

Compared to other Scandinavian countries that have opted for more severe restrictions, Sweden has reported a much higher death toll (e.g. there have been 4014 confirmed cases and 98 deaths in Finland. But despite this, the Health Agency does not wish to change its recommendations, which it considers to be well followed by a large majority of the population.

Hence, the Health Agency has even suggested that its advice has sometimes been too strictly interpreted. For example, many sports clubs have, on their own initiative, cancelled activities for children, prompting the Director General of the Health Agency, Johan Carlson, to urge them to reconsider such measures, which would

cripple society and thwart overall public health objectives.

Nevertheless, the epidemic has revealed some shortcomings in the current organisation of society, in particular the integration of immigrants. Among the Covid-19 cases, foreign-born people are over-represented. A large proportion of those who have been granted asylum (more than 400 000 people between 2010 and 2019), do not master the language and therefore do not understand the authorities' instructions. In Stockholm, residents of foreign origin account for more than 40% of confirmed cases. It took several weeks before information campaigns in different languages were put in place. As in many other countries, the crisis also revealed a lack of preparation, particularly in the medical equipment sector. In 2019, the country had 526 intensive care beds, or 5.8 per 100 000 citizens, the second lowest rate in Europe after Portugal. The regions, on which the health system and the hospital network depend, responded quickly and have doubled the number of intensive care beds in less than a month. At the time of writing, there were 544 patients in intensive care and 500 places were still available.

In contrast to Iceland, the other Nordic country that has implemented more flexible confinement measures, the number of tests carried out in Sweden remains low (6.4 per 1000 inhabitants). However, the government announced on 17 April that large-scale population screening would be implemented in the coming weeks, citing a capacity of 50,000-100,000 tests per week. While the tests are to be reserved for inpatients and health care workers, they will also be available for people in positions deemed "essential" to society - such as police and fire-fighters - so that they can return to work faster after showing symptoms.

The Löfven government (supported by a centre-left coalition between the Swedish Social Democratic Workers' Party (SAP) and the Green Environment Party (MP)) has opted for a realistic discourse on the economic consequences of the crisis. It has warned that a large number of companies would inevitably go bankrupt and that a serious economic crisis would be unavoidable after the health crisis. To mitigate the economic damage, the government has presented a number of measures, particularly for the benefit of municipalities and regions. In addition, the government has presented crisis management packages worth several hundred billion kronor relating to various aspects of the economy, including the government's assumption of the full cost of sick leave pay and the costs of temporary layoffs worth 300 billion kronor (around €28 billion). In addition, should the Public Health Agency make stricter recommendations, Parliament has adopted a law allowing the government to take decisions to close shopping centres, ports, restaurants and bars with immediate effect, without the need for parliamentary approval. This law, which came into force on 18 April, can be applied until 30 June. The percentage of Swedes trusting the executive increased from 26% (a historically low rate for a SAP Prime Minister) to 47% in just one month.

This paper shows that the decisions taken by the Swedish government are intrinsically linked to the country's system of political administration. Certainly, in the coming weeks and months, when the latest available information and data will allow for comparative analyses, the question will become more acute as to whether the Scandinavian kingdom has chosen the right strategy to fight the pandemic.

*Hjalmar Haglund, Swedish editor,
Monday Newsletter, Le Grand Continent.⁵⁶*

⁵⁶ Text published on 23 April.

CENTRAL EUROPE

SEEN FROM CENTRAL EUROPE THE EAST-WEST DIVIDE IN THE EUROPEAN UNION IN LIGHT OF THE COVID-19 CRISIS

One of the major challenges for the future of European integration is to "Europeanise" public debate. It is by opening up national public spaces and reducing the relative importance of the divisions based on national belonging that a genuine European public space could emerge, an indispensable factor in providing the European project with a political and democratic dimension commensurate with its ambitions. This presupposes a certain degree of convergence between collective perceptions of the major problems facing Europeans. However, this dynamic faces deeply rooted representations of the dividing lines between nations or "blocs" within the Union. Among them, it is the East-West divide that seems to be playing a particularly significant role. Has this cleavage found significant expression during the COVID-19 crisis?

The aim here is not to analyse or compare developments in the crisis itself or the

public policies that have been put in place here and there in Europe, but to look at the perceptions and narratives that this crisis has inspired. Is there a central European specificity⁵⁷ at the level of political and media discourse regarding the current health crisis?

A cleavage of varying importance as recent crises have unfolded

Looking at some of the major recent crises, the relevance of the East-West divide - i.e. the degree of specificity of perceptions, aspirations and interpretations that are significantly expressed in Central and Eastern Europe compared to the West European mainstream - has been variable. By accepting a certain level of broad generalizations⁵⁸, it has to be said that this divide was not expressed very much during the financial crisis of 2008. In the ensuing debt crisis, it remained insignificant, even though some Central European countries were able to make their differences heard⁵⁹. The Russian-Ukrainian crisis of 2013-14 highlighted an understandable central European specificity, the countries of central and eastern Europe being particularly sensitive to the geopolitical issues involving Russia, without this sensitivity causing major tensions with the Western mainstream because of the relatively stable consensus among all the Member States⁶⁰. Quite the opposite occurred with the migration crisis of 2015, when a large share of Central European governments adopted a specifically conflicting position in relation to the rest of the Union.⁶¹ This most recent crisis

⁵⁷ By "central European" we include here the whole area usually referred to, in Brussels jargon, by the acronym CEEC, i.e. the Member States that joined the European Union in 2004-07.

⁵⁸ Indeed, it should be remembered that neither "West" nor "East" constitutes a monolithic block. Cf. Lehne Stefan, *"Europe's East-West Divide: Myth or Reality?"*, Carnegie Europe, April 2019

⁵⁹ For example, the issue of strengthening the European Financial Stability Fund toppled the Radičová government in Slovakia in 2011, while the Czech Republic, along with the United Kingdom, refused to join the Treaty on Stability, Coordination and Governance (TSCG) in 2012.

⁶⁰ As shown by the adoption of the sanctions against Russia in 2014, which have been renewed regularly since then by unanimous agreement among the Member States.

⁶¹ Hungary, the Czech Republic, Romania and Slovakia voted against a temporary quota system for the reception of refugees in September 2015, and Slovakia and Hungary subsequently brought cases before the ECJ challenging this system (cases C-643/15 and C-647/15). In turn, the European Commission took Hungary, Poland and the Czech Republic to the ECJ for non-compliance with this decision (cases C-715/17, C-718/17 and C-719/17). See also Macek Lukáš, *"Refugee Crisis: a further East-West"*

considerably reinforced the perception of the strength of the East-West divide within the Union.⁶² Will the health crisis mark a new stage in this alienation between the two parts of Europe?

Central European variations on themes that cut across the Union

Certain perceptions and narratives observable in Central and Eastern Europe are equivalent to those heard in France or anywhere else in Europe. These include the Eurosceptic narrative - which considers that the health crisis has confirmed the European Union's uselessness and inability to act⁶³ – and its corollaries: a pro-Chinese narrative or, more generally, a form of fascination with authoritarian regimes, which are supposed to be better able to cope with the crisis.

In this respect, Central and Eastern Europe does not really stand out in terms of substance, although there may be specificities in terms of the form and intensity of these trends, or the political weight of the people concerned. One of the most extreme examples was provided by a candidate country, Serbia, where the President Aleksandar Vučić likened European solidarity to a "fairy tale", while exalting Serbo-Chinese friendship, going so

far as to publicly kiss the Chinese flag, while in the streets of Belgrade one could see posters bearing the portrait of Xi Jinping accompanied by the slogan "*Thank you brother Xi*"⁶⁴.

Within the Union, however, similar phenomena have been observed in both East and West⁶⁵: In Poland and the Czech Republic, it was the Prime Ministers themselves who were waiting on the tarmac for the first delivery of masks, although sold, not offered by China. In Italy, the Minister of Foreign Affairs, Luigi Di Maio (M5S), was present at the arrival of a contingent of Russian soldiers, sent following a telephone call from Italian Prime Minister Giuseppe Conte to Russian President Vladimir Putin.

Beyond perceptions and narratives, a propensity to put certain fundamental principles in brackets and to strengthen executives has been observed just about everywhere in Europe. Admittedly, the legislative activities of the Polish government⁶⁶ or the Hungarian "enabling act" have provoked strong and understandable controversies, given both the track record of the governments concerned and, in the Hungarian case, a certain brutality of the text.⁶⁷ However, these two particular cases are not sufficient

split in Europe?" *European Interviews*, n° 88, Robert Schuman Foundation, October 2015

⁶² This divide became apparent also during the negotiations surrounding the renewal of the European Commission in 2019, when several Central European countries blocked Frans Timmermans' candidacy for the presidency.

⁶³ This theme has been exploited by eurosceptic political forces which, paradoxically, have found themselves criticising the Union for not having acted outside its competences... Nevertheless, it also reflects the perception widely shared by Europeans: according to the survey carried out for the European Council on Foreign Relations, 22% of the 11,000 Europeans questioned in 9 Member States representative of European diversity considered that the Union had lived up to its responsibilities during the pandemic against 46% who thought the opposite.

(cf. Krastev Ivan, Leonard Mark : *Europe's Pandemic Politics: how the virus has changed the public's worldview*, ECFR Policy Brief, June 2020

⁶⁴ Cf. Wunsch Natasha: "*How Covid-19 is deepening democratic backsliding and geopolitical competition in the Western Balkans*"

⁶⁵ An initial overview of the situations in the various European states: Seaman John (ed.) *Covid-19 and Europe-China Relations. A country-level analysis*, European Think-tank Network on China (ETNC) Special Report, April 2020

⁶⁶ Cf. Krakovsky Roman: "*States facing the coronavirus - Poland, between reactivity and opportunism*", Institut Montaigne Blog, April 2020

⁶⁷ While some people have been able to draw a comparison between the Hungarian "law on protection against coronavirus" and the one that established a "state of health emergency" in France (cf. Leotard Corentin, "*Hungary n'est plus une démocratie. Tiens, la France non plus...*" in *Courrier de l'Europe centrale*, May 2020), a quick review of the two texts identifies substantial differences. Here are a few examples: in the French case, the legal text is precise and detailed, while in the Hungarian one, it is summary and vague; stronger guarantees for public control of the executive during the state of emergency in France; a much more precise delimitation, in the French text, of the fields in which the executive can act by decree. And, of course, the two elements that caused the most controversy: the absence of an automatic end to the validity of the law in

to substantiate the thesis of a significant East-West divide within the Union. Another Central European country provided an example of the strength of the rule of law: in the Czech Republic, four government measures restricting fundamental freedoms were annulled by the Prague City Court. Prime Minister Andrej Babiš called the decision "absurd", but the government immediately complied⁶⁸.

Other themes have emerged in the public debate: conspiratorial temptations, the praise of withdrawal and the border. The historical experience of Central Europe may have rubbed off on these themes, sometimes in contradictory ways. Thus, while on the one hand the closure of borders conveys a very negative image to a large part of the population for obvious historical reasons, the imaginary of the "border that protects" has become strongly entrenched in public debate following the 2015 migration crisis. Nevertheless, beyond these possible local perceptions, which are, moreover, variable, these themes have been perceptible throughout Europe and do not allow us to identify a significant East-West divide. It is quite the contrary: the relative homogeneity of the themes addressed and the fact that identical cleavages cut across European societies rather constitute favourable conditions for the emergence of a European public space.

In addition to this, the COVID-19 crisis highlights a real European specificity: although the reactions of European societies and governments may have differed to a greater or lesser extent, these differences remain small in comparison with other regions of the world. Thus, on the whole, Europeans accepted the restrictive measures more readily than those observed in the United States for example. However, they have been more vigilant in preserving basic democratic principles, including privacy,

than in Asian democracies and, *a fortiori*, authoritarian regimes. Between the image of the armed demonstrators in the Michigan State Capitol and the Chinese digital Big Brother, the European position appears, once again, to be one of seeking a moderate and balanced compromise between potentially contradictory values and principles.⁶⁹

The debate surrounding the COVID-19 crisis therefore seems to be rather convergent at the EU level. However, real central European specificities must not be overlooked.

A real specificity of the East: the traumatic relationship to the West

First of all, the trans-European narratives evoked - the anti-European or pro-Chinese discourses - sometimes resemble, in Central and Eastern Europe, an anti-Western discourse, in other words a discourse that, by definition, postulates an East-West divide. Although all the central European member states of the Union made a clear choice, as early as 1990, to belong to the "West", attaching absolute priority to membership of the "Western structures" (European Union, NATO), a minority of the societies concerned did not share that choice. This "anti-Western" attitude is one of the major resources of central European euroscepticism, which equates the European Union with an instrument of Western European domination (itself often equated with the Franco-German couple or Germany alone, anti-German sentiment being a powerful vector in Poland and the Czech Republic in particular). The ideological inspirations for this attitude are diverse: traditionally, it is first and foremost nostalgia for the pre-1989 regimes, typical of the extreme left-wing electorate. But there is also the conservative vision, often

Hungary and the draconian penalties for new offences of "obstructing epidemic prevention".

⁶⁸ Marakova Natálie: "[Czech Republic: Court Puts Government in its Place](#)", Friedrich Naumann Foundation, May 2020

⁶⁹ Chopin Thierry, Macek Lukáš : [In the face of the European Union's political crisis: the vital cultural combat over values](#), *European Issues*, n° 479, Robert Schuman Foundation, July 2018

with a strong religious dimension, which considers "the West" as decadent, having renounced traditional values - a discourse that is particularly present in Poland and Hungary, but which can be found in countries as diverse as Bulgaria, Latvia, Lithuania, Slovakia or the Czech Republic⁷⁰.

The COVID-19 crisis can then be associated either with some kind of divine punishment or with supposed additional evidence of the dangers of immigration.⁷¹ However, even if in the central European case this discourse plays on the East-West divide, it should be remembered that it does not in itself constitute a specific feature of this region: similar discourses also appear in Western Europe or the United States.⁷²

It is a close but distinct narrative that constitutes perhaps the strongest Central European specificity: one based on wounded and regained pride, one of revenge on Western Europe. It feeds on the feeling that Westerners are lesson-givers who lack consideration and understanding of Central Europe⁷³, while they are gradually losing their role as an indisputable model and would be better advised to draw inspiration from Central Europe - a feeling that has been growing strongly for several years now⁷⁴. The COVID-19 crisis has contributed further to pushing the West off its pedestal and is providing new arguments for the countries of Central and Eastern

Europe to assert their ability to do better than the West⁷⁵. And the feeling that this success is not sufficiently recognised and valued by the older Member States of the Union contributes in turn to strengthening this resentment: as an example, we might mention the Polish Conservative portal [Niezalezna.pl](https://niezalezna.pl) which headlined "*the troublesome success of Central Europe*" and denounced "*Western commentators who cannot swallow the fact that our part of Europe has achieved something better than the 'centre of civilisation'*"⁷⁶.

This narrative on the supposed Central European superiority in the management of the crisis compared to Western Europe has given rise to a wide range of speculations regarding its reasons, some of which lend themselves to various political exploitations, whether it be nostalgia for the communist regime, criticism of political and societal liberalism or praise for a specifically Central European way of life: the rapid adoption of restrictive measures and, in particular, the generalised obligation to wear masks; the compulsory BCG vaccination under the communist regime which, according to some scientists, could strengthen the overall immunity of the population; social behaviour which spontaneously incorporates a certain amount of "social distancing"; or a generally more disciplined attitude towards official instructions - a feature welcomed by

⁷⁰ By way of example, these countries constitute - together with Hungary - the group of European Union Member States which have not ratified the Istanbul Convention on Preventing and Combating Violence against Women and Domestic Violence, given the political weight of interpretations which consider that this text "raises doubts about the future of European Christian civilisation", to quote the Holy Synod of the Bulgarian Orthodox Church. (<https://www.euractiv.com/section/freedom-of-thought/news/istanbul-convention-spells-trouble-for-bulgarias-ruling-coalition>)

⁷¹ For example, a priest in Wroclaw was able to liken the epidemic to divine punishment for attempts to legalize same-sex marriage. (cf. Klajn Maryla *Politicizing the pandemic: Poland's response to COVID-19*). As for the link with immigration, this theme was used by Viktor Orbán, among others. (cf. Bieber Florian: "*Global Nationalism in Times of the COVID-19 Pandemic*", *Nationalities Papers*, 1-13, April 2020)

⁷² Cf. Schnapp Joël Élie : « *Covid-19 et la tentation eschatologique* », *Le Point*, May 2020

⁷³ Cf. Valasek Tomáš: "*Why Can't the EU's West and East Work as One?*", Carnegie Europe, November 2019

⁷⁴ Thus, Viktor Orbán concluded his speech at the summer university of Băile Tuşnad in Transylvania in July 2018: "Thirty years ago, we still believed that Europe was our future. Today we believe that we are the future of Europe." Another example: for its presidency of the Visegrad Group in 2019-20, the Czech Republic has opted for the slogan "Reasonable Europe".

⁷⁵ Unsurprisingly, the press in Central and Eastern Europe strongly echoed the laudatory articles that appeared in the Anglo-Saxon press on this subject. (« Poorer Nations in Europe's East Could Teach the West a Lesson on Coronavirus » in *The Wall Street Journal* or « How central and eastern Europe contained coronavirus » in *Financial Times*).

⁷⁶ <https://niezalezna.pl/330733-klopotliwy-sukces-europy-srodkowej> (English summary)

some, but deplored as a legacy of communism by others.

Nevertheless, in the face of these various variants of more or less anti-Western discourse, we should not ignore the presence of pro-Western "counter-narratives", carried by the portion of society that is in keeping with the post-1989 liberal impetus. Thus, the pro-European discourse has found a new resource around the feeling of being "all in the same boat" in the face of the crisis and its consequences.⁷⁷ Vigorous reactions to Chinese and Russian propaganda have emerged. And civil society has not failed to mobilize in the face of the risks of authoritarian abuses⁷⁸.

Thus, as in the West, the COVID-19 crisis undoubtedly contributed to radicalising forces hostile to the European project, while confirming the "pro-Europeans" in their beliefs. The polarisation of societies that can be seen in all European democracies has been reinforced, without it being organised around national borders or the former Iron Curtain. Nevertheless, the resentment towards Westerners who are seen as contemptuous and as "lesson-givers" resonates far beyond the Eurosceptic segments of Central European societies, contributing to the maintenance of East-West tension, which is harmful to the Union and structurally weakening the pro-European political forces in Central and Eastern Europe.

An opportunity to grasp

Unless... this crisis could, on the contrary, prove to be a source of opportunities, capable of rebuilding trust between Europeans, by instilling a shared "desire for

Union" from West to East? Several factors could favour this scenario.

First of all, the theme of "all in the same boat" is far more audible and understandable than in previous crises, which were more asymmetrical in nature, thereby fuelling the illusion that certain States were not concerned. Thus, the moralistic or ideological approaches that exacerbated tensions during previous crises ("ants against cicadas", "multiculturalism against defence of European identity") have played a much weaker role in the face of COVID-19. As a result, the cleavages within the Union are much less clear-cut and rather unprecedented: it is not as simple as East versus West (2015) or North versus South (2010). Moreover, the perception of the threat is very homogeneous, with no European government having permanently opted to contest or minimise it. Finally, European unity can benefit from the relative weakening of the alternative centres towards which those in Central and Eastern Europe who reject the European project are looking: Russia initially seemed in a position to strengthen its image as a result of this crisis, but the most recent developments are proving the opposite. As for China, while its "mask diplomacy" enabled it to wrest a few slavish gestures from certain governments, the underlying trend throughout Europe is rather towards an awareness of the dangers of dependence on China and the increased aggressiveness of Chinese diplomacy.

In this context, if the European Union succeeds in self-administering its own "Marshall Plan" and if it proves to be effective and helps to mitigate the effects of the crisis, there is a potential for an

⁷⁷ Of the 9 Member States covered by the above-mentioned survey, two represented Central and Eastern Europe: Poland and Bulgaria. To the question "How has the coronavirus changed your attitude towards the Union?" 68% of Poles and 56% of Bulgarians said that the crisis has demonstrated the need for more European cooperation (compared with 55% of Germans and 52% of French). Faced with the question "Who was your country's greatest ally in the coronavirus crisis?" Poland was also more

positive than other countries: 17% for the EU versus 11% for China, while in Italy it was 4% for the EU and 25% for China and in France 7% for the EU and 4% for China.

⁷⁸ Examples include demonstrations against plans to restrict the right to abortion in Poland, Hungarian NGOs mobilised against the strengthening of the Orbán government's power or the continued mobilisation of the "One Million Moments for Democracy" movement against Czech Prime Minister Andrej Babiš.

awareness of European strength and the emergence of a "European pride", fostering a sense of common belonging and shared interest. More specifically, the end of the health crisis and the common fight against its consequences offer a real opportunity to overcome, at last, the tension between the superiority complex of the western "big brother" and the inferiority complex of the eastern "little brother", a tension that has caused Europe to waste a good part of the post-1989 and post-2004 dynamic.

In particular this requires convergence between two approaches that has to be initiated on both sides. On the one hand, the West must show itself capable of taking the East seriously and reassuring it of the consideration accorded to it. We should note that there were some encouraging signals prior to the COVID-19 crisis⁷⁹. On the other hand, the East would be well advised to put an end to what could be described sometimes as the "childhood diseases" of post-communist democracies and sometimes as a "teenage crisis" following too long a period of Western paternalism, inherent to the enlargement process⁸⁰.

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⁷⁹ Two examples: In an interview for the Frankfurter Allgemeine Zeitung on 7 November 2019, Austrian Chancellor Sebastian Kurz said: "It is the partly existing Western arrogance which to some extent reinforces resentment in Eastern Europe and which, unfortunately, also in the people of Western Europe leads in part to contempt for Eastern Europeans." In a similar frame of mind, Emmanuel Macron addressed the students of the Jagiellonian University in Krakow on 4 February 2020 in the following terms: "Yes, what happened on 1 May 2004 (...). It was a reunification of Europe after the wall that had fallen. And I think I can say that Western Europeans, perhaps more the French than others, have not sufficiently seen, said, thought or conceptualized it. This may,

moreover, have led to humiliation, feelings of humiliation or incomprehension. And I understand this as perhaps what has collectively made us stutter in recent years. And perhaps that's why we missed our reunion. I believe that time has done its work and I believe very deeply that today, for your generation and the same generation in France and throughout Europe, this map of Europe must be that of unity and not think that there are countries to which Europe has been enlarged as if they were not on the same level from day one. That is not true, that is not true. »

⁸⁰ Cf. Macek Lukáš : *L'élargissement met-il en péril le projet européen ?*, Documentation Française, Coll. Réflexe Europe – Débats, 2011, p. 89

⁸¹ Text published on 07 July.

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