



COronavirus Vulnerabilities and INFOrmation  
dynamics Research and Modelling

**COVID-19:  
Findings on the  
Governmental Responses  
in COVINFORM countries**

Bi-Monthly Report: 04

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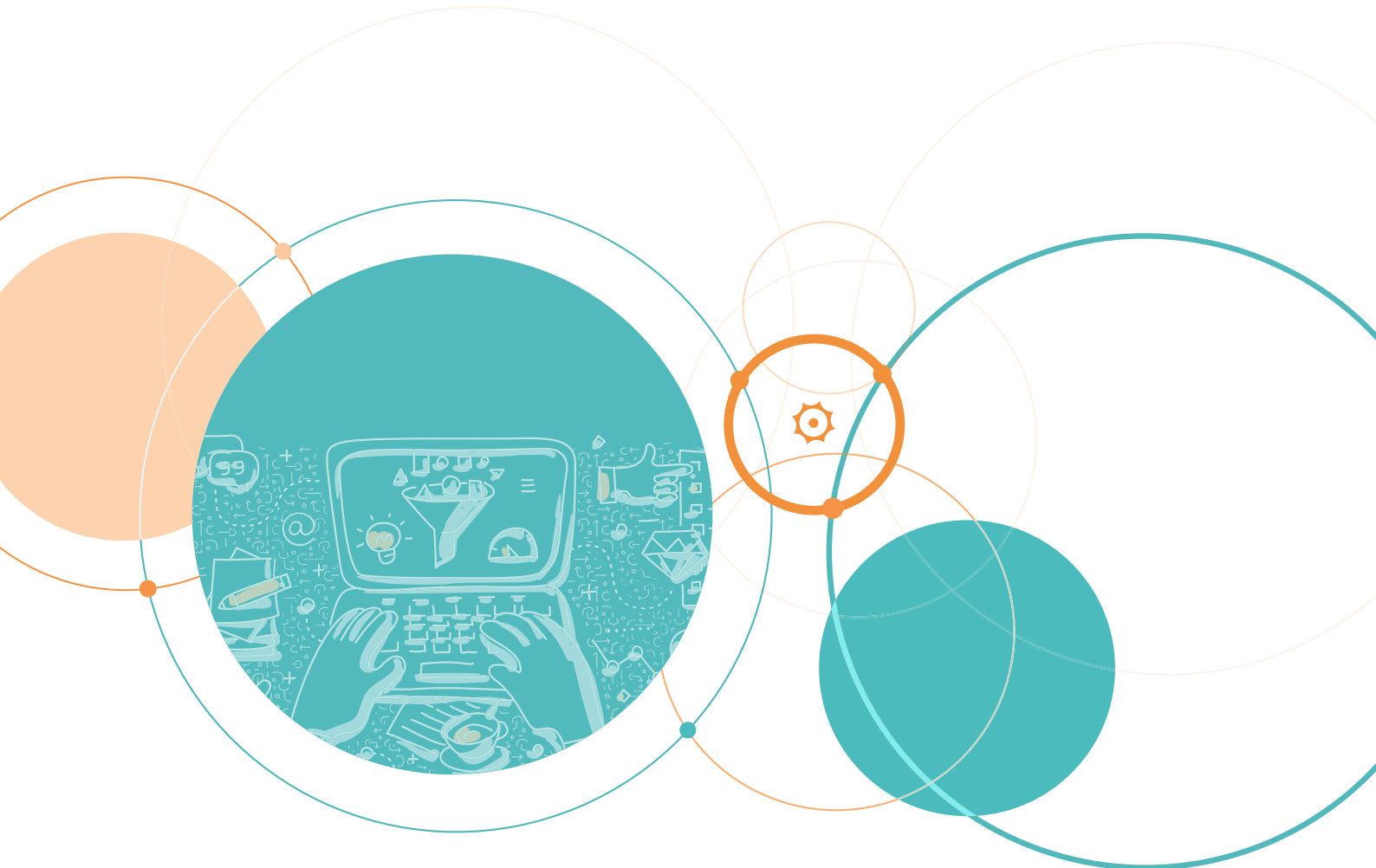
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# INTRODUCTION

This bi-monthly report summarizes the findings of the desk-based research that was conducted for the purposes of WP4 in the COVINFORM Project. An overall view of the Institutional and Government responses in the 14 target countries will be provided in conjunction with several visuals.



# INSTITUTIONS AND THEIR RESPONSE TIMELINE



At the dawn of 2020, International Institutions and National Governments were up against the unprecedented COVID-19 health crisis. A coordinated response at all political levels was deemed necessary in order to ensure the safety of the society. Internationally, the World Health Organisation (WHO), the United Nations (UN) and the European Union (EU) mobilized their mechanisms to contain the spread of the virus, inform the public and provide guidance to the state Governments. The WHO provided continuous advice and technical consultation regarding health protocols and surveillance while actively responding to the crisis by issuing its **Strategic Preparedness and Response Plan (SPRP)**<sup>1</sup>. An all-around response was also employed by the UN and its “**Comprehensive Response to COVID-19 Saving Lives, Protecting Societies, Recovering Better**”<sup>2</sup> document, which addressed socio-economic issues such as Peacekeeping, Tourism, Education, and others. The European Union’s

actions, alongside Organisation for Economic Co-operation and Development (OECD), were also proven to be pivotal in dealing with the pandemic. Political measures were taken by the Union to tackle the consequences at all action areas of the EU. A **COVID-19 response team** was set up by Commission President Ursula von der Leyen to coordinate responses to the crisis, while policies were implemented to raise capital for financial assistance, research, crisis management, solidarity, and digitalization of services<sup>3</sup>. Lately, the EU has also focused in promoting vaccinations and ensuring universal access to the available vaccines by raising €15.9 billion for middle and low-income countries<sup>4</sup>, funding additional research programs such as COVINFORM in order not only to address the behavioural, social and economic impacts of the outbreak response, but to ensure a cohesive recovery plan for Europe.

<sup>1</sup> World Health Organization (2021). COVID-19 Strategic Preparedness and Response Plan (SPRP 2021). Retrieved May 26,2021 from [here](#)

<sup>2</sup> [see here](#)

<sup>3</sup> European Commission. (n.d.). European Commission's coronavirus response team. Retrieved May 26 2021, from [here](#)

<sup>4</sup> European Commission. (n.d.) Safe and Effective Vaccination. Public Health. Retrieved May, 26, 2021, from [here](#)

WHO Declares COVID-19 as a Public Health Emergency.

30.01.2020

01.02.2020

Flight restrictions from EU countries.

WHO Issues Strategic Preparedness and Response Plan.

04.02.2020

24.02.2020

The European Commission announces a new aid package of €232 million (\$252 million) for global preparedness and response to COVID-19.

Creation of the European Response Team.

02.03.2020

09.03.2020

First European Nationwide Lockdown in Italy. Lockdowns are imposed in European countries throughout March.

A handful of European countries begin to ease restrictions.

13.04.2020

06.2020

UN issues its Comprehensive Response to COVID-19 Plan.

COVID-19 infections in Europe are back to levels seen in March. European countries announce new restrictions after cases spike.

09.2020

12.2020

EMA approves Pfizer's vaccine for COVID-19.

Israel begins its vaccination campaign with Israeli Prime Minister being vaccinated live on TV.

12.2020

01.2021

European Countries purchase doses of vaccines. Vaccination Campaigns begin in European Countries. UK starts vaccinations with Astra-Zeneca.

# GOVERNMENTAL RESPONSES ON NATIONAL LEVEL



“Man is by nature a political animal”<sup>5</sup> (Aristotle 385-322 BC), and he strives to form societies functioning properly under accountable, transparent, responsive, and fair governments. Particularly during crisis times, such as COVID-19 pandemic, a strong and well-elaborated plan not only on an international, but also on a national level was required to provide a coordinated response to the current health emergency. The desktop research of COVINFORM project has been conducted to 14 countries as depicted in Figure 1.

As Table 1 reveals, despite the fact that all 14 countries have administrative differences in their governmental structures, the majority of them have adopted a centralized approach on the strategy and the relevant responses adopted against COVID-19 pandemic, with all core decisions coming from their central government. Eight of them declared their State in an Emergency situation “*stricto sensu*” taking into consideration to respect the relevant human rights as outlined in their Constitution and the international legislature, while all of them adopted specific emergency measures, laws, and mechanisms to properly and timely respond to the health crisis, relying also on their existing mechanisms against crises with major or minor adaptations.



**Figure 1: COVINFORM 14 Countries under research (desktop)**

<sup>5</sup> Barnes, J. (2000). Aristotle: A Very Short Introduction. Oxford Paperbacks.

**Table 1: Comparison among 14 countries under research relevant to COVID-19 measures<sup>6</sup>**

<b>Country</b>	<b>Governmental Structure</b>	<b>Declaration of State of Emergency "Stricto Sensu" (Constitutionally)</b>	<b>Declaration of Emergency in the form of 'special powers' mechanisms and emergency Laws</b>	<b>Movement Restrictions</b>	<b>Physical Distancing and Masks</b>
<b>Austria</b>	Federal Parliamentary Republic	No <sup>7</sup>	Yes	Yes	Yes
<b>Belgium</b>	Constitutional Representative Monarchy	No <sup>8</sup>	Yes	Yes	Yes
<b>Cyprus</b>	Presidential Republic	Yes <sup>9</sup>	Yes	Yes	Yes
<b>Germany</b>	Federal Parliamentary Republic	No <sup>10</sup>	Yes	Yes	Yes
<b>Greece</b>	Presidential Parliamentary Republic	Yes <sup>11</sup>	Yes	Yes	Yes
<b>Ireland</b>	Parliamentary Democracy	No <sup>12</sup>	Yes	Yes	Yes
<b>Israel</b>	Parliamentary Democracy	Yes <sup>13</sup>	Yes	Yes	Yes
<b>Italy</b>	Democratic Parliamentary Republic	Yes <sup>14</sup>	Yes	Yes	Yes
<b>Portugal</b>	Semi-presidential Democratic Republic	Yes <sup>15</sup>	Yes	Yes	Yes
<b>Romania</b>	Parliamentary republic with semi-presidential regime	Yes <sup>16</sup>	Yes	Yes	Yes
<b>Spain</b>	Parliamentary Monarchy	Yes ( <i>state of alarm</i> ) <sup>17</sup>	Yes	Yes	Yes
<b>Sweden</b>	Constitutional Monarchy	No <sup>18</sup>	Yes ( <i>in the form of recommendations</i> )	Yes	Yes
<b>Switzerland</b>	Federalist Political System	Yes <sup>19</sup>	Yes	Yes	Yes
<b>United Kingdom</b>	Constitutional Monarchy and Parliamentary Democracy	No <sup>20</sup>	Yes	Yes	Yes

<sup>6</sup> [see here](#) | <sup>7</sup> [see here](#) | <sup>8</sup> [see here](#) | <sup>9</sup> [see here](#) | <sup>10</sup> *Ibid* 7 | <sup>11</sup> *Ibid* 8 | <sup>12</sup> *Ibid* 8 | <sup>13</sup> [see here](#) | <sup>14</sup> *Ibid* 7 | <sup>15</sup> [see here](#) | <sup>16</sup> *Ibid* 6 | <sup>17</sup> *Ibid* 7 | <sup>18</sup> *Ibid* 14 | <sup>19</sup> [see here](#) | <sup>20</sup> [see here](#)



More in particular, in **Austria** major responsibilities have been granted to the Ministry of Health<sup>21</sup> inside of which a dedicated CORONA Taskforce<sup>22</sup> had been created by health and social experts that provide scientific advice on the handling of the crisis. In **Belgium**, several bodies have been created<sup>23</sup> (Risk Assessment Group, Risk Management Group, Economic Risk Management Group and Expert Strategy Exit Group as well as a newly formed Consultative Committee), while in **Cyprus** the main actors were the Government and experts from the scientific community cooperating towards the pandemic<sup>24</sup>. In **Germany**<sup>25</sup>, the pre-existing Infection Protection Act, along with a National Pandemic Plan, and other relevant laws and guidelines have been activated, with the Lander Governments to be the ones to have the power to decide on the respective restrictions, on their local level independently. The **Greek** government activated the National Crisis Management Mechanism of the General Secretariat for Civil Protection<sup>26</sup> responsible to coordinate the general actions and agencies/committees relevant to tackle the pandemic. In **Ireland**<sup>27</sup>, due to the elections that were conducted short before the pandemic outbreak, an initial subcommittee responsible for policy directions for the COVID-19 pandemic has been formed by the Department of Health, along with a Special Cabinet Committee and a National Public Health Emergency Team supported by an Expert Advisory Group as well as eleven sub-groups, on the combat of COVID-19. In **Israel**, a Special Commission for COVID-19 on a parliamentary level has been created since the beginning of the pandemic, with their powers to be transferred to the "Ministers Commission for

Facing COVID-19 and its Implications" (COVID-19 Cabinet)<sup>28</sup>. The Civil Protection Department along with the Scientific Technical Committee (CTS) and other fifteen task forces have been introduced in **Italy**<sup>29</sup> working together with the Ministry of Health to lead and act against the health crisis. **Portuguese** government<sup>30</sup> structured a specific body from Governmental officials (Structure of Monitorization of the State of Emergency), along with other committees dedicated to the coordination and mobilization towards COVID-19 pandemic. In **Romania**<sup>31</sup>, all the medical decisions were taken based on emergency ordinances issued by the Romanian Government, with the assistance of relevant experts and specialists, while in **Spain**<sup>32</sup>, a new coordination structure named the Single Authority/ Command was initially introduced to lead and coordinate the responses to the COVID-19, which was later on replaced by multiple Delegate Authorities by the autonomous communities. In **Sweden**, there were no specific adaptations in the governmental structure prior or during COVID-19, while in **Switzerland** the Swiss Federal Council was given the power to make decisions for all the country<sup>33</sup>, not needing to consolidate with the cantons, and it was enforced with two non-decisive scientific task forces. In the **United Kingdom**<sup>34</sup>, all four nations adopted a joint response towards the pandemic, establishing new ministerial structures and four committees focusing on health, public sector preparedness, economy, and international response, replaced afterwards by the 'COVID-19 Strategy' and the 'COVID-19 Operations' cabinet.

<sup>21</sup> [see here](#) | <sup>22</sup> [see here](#)

<sup>23</sup> Desson, Z., Weller, E., McMeekin, P., & Ammi, M. (2020). An analysis of the policy responses to the COVID-19 pandemic in France, Belgium, and Canada. *Health Policy and Technology*, 9(4), 430–446.

<sup>24</sup> Petridou, E., Zahariadis, N., & Ceccoli, S. (2020). Averting institutional disasters? Drawing lessons from China to inform the Cypriot response to the COVID-19 pandemic. *European Policy Analysis*, 6(2), 318-327

<sup>25</sup> [see here](#) | <sup>26</sup> [see here](#) | <sup>27</sup> [see here](#) | <sup>28</sup> [see here](#)

<sup>29</sup> Sanfelici, M. (2020). The Italian response to the COVID-19 crisis: lessons learned and future direction in social development. *The Int Journal of Com and Soc Develop*, 2(2): 191-210.

<sup>30</sup> [see here](#) | <sup>31</sup> [see here](#) | <sup>32</sup> [see here](#)

<sup>33</sup> Eichenauer, V. and Sturm, J.-E. (2020). Die wirtschaftspolitischen Maßnahmen der Schweiz zu Beginn der COVID-19-Pandemie. *Perspektiven der Wirtschaftspolitik*, 21(3), pp. 290-300.

<sup>34</sup> [see here](#)

*The adoption of specific movement suspensions (e.g., curfews, national and local lockdowns, suspension of business and education, etc.) has been one of the main measures against COVID-19 in all countries under research, with differentiations on the strictness of each measure based on the development of the pandemic on a national and/or local level. Effects on the people's economic situation due to the aforementioned restrictions, have urged governments to adopt certain long- and short-term measures for economic support and further financial incentives to the sectors that had been most hit by the pandemic.*



# VULNERABLE GROUPS



The research program (COVINFORM) identifies as vulnerable the groups of people that were affected (physically, economically, socially, and mentally) by the pandemic and the governmental responses to COVID-19, based on the terminology provided by the EU Migration and Home Affairs<sup>35</sup>, European Institute for Gender Equality<sup>36</sup> and European Center

for Disease Prevention and Control<sup>37</sup>. Vulnerable groups can include minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape, or other serious forms of psychological, physical, or sexual violence, victims of trafficking.

**Table 2: Matrix with identified vulnerable groups across 14 countries.**

Vulnerable groups	Austria	Belgium	Cyprus	Germany	Greece	Ireland	Israel	Italy	Portugal	Romaina	Spain	Sweden	Switzerland	UK
<b>Elderly</b>	X	X	X	X	X		X	X	X		X	X	X	X
<b>Migrants</b>		X	X	X	X	X	X	X			X	X	X	X
<b>Poor</b>	X	X		X		X	X	X			X		X	X
<b>Homeless</b>		X									X	X		X
<b>Children</b>	X	X	X	X	X	X		X	X	X	X			X
<b>Women</b>	X	X	X	X	X	X		X	X	X			X	X
<b>People living with health vulnerabilities</b>	X	X	X		X	X		X	X	X	X	X	X	X
<b>People living with disabilities</b>	X	X	X	X	X			X		X	X			X
<b>Roma</b>					X									X

<sup>35</sup>see here | <sup>36</sup>see here | <sup>37</sup>see here

Overall, each country included in the analysis had a similar approach in their responses towards the pandemic and identified the elderly, citizens with chronic health-related issues, health-care workers and migrants as highly vulnerable groups. **Austria** focused around “at-risk groups”, emphasizing mainly on indicators such as (health): chronic diseases, diabetes, cancer, obesity, (social): disabled citizens, parental status, poverty, age, and single parents. **Belgium** had a well-rounded approach by establishing two specialized governmental bodies to address COVID-19 and vulnerable groups. Belgium’s approach also included parameters such as homeless, sex workers and migrants. In a similar manner, **Cyprus** focused on health-related vulnerable groups and the elderly, migrants, asylum seekers and inmates. **Germany** identified the elderly, disabled, employers, employees as well as victims of domestic violence or citizens that encountered psychological issues due to COVID-19 restrictions as vulnerable groups. **Greece** health-related needs more vulnerable than the general population. In **Ireland**, the government has focussed on health-related needs more vulnerable than the general population. In Ireland, the government has focussed on the protection of women, healthcare workers and Roma communities. The **Israeli** government focused on the elderly in health-care facilities, children as well as ultraorthodox Jewish and Arab societies. **Italy** also paid attention to protecting the elderly, victims of domestic violence, children, migrant groups, healthcare workers and minorities. In a similar manner, **Romania** and **Portugal** also focussed on the elderly and migrants. **Spain** adopted a well-rounded approach, providing special attention to health-related and social variables resulting in a solid response to protect vulnerable groups including elderly, migrants, single parents and

employees. **Sweden** predominately focused on the elderly and on vulnerable children, undocumented migrants, homeless people and victims of domestic violence. **Switzerland** tended the needs of the elderly as well as citizens with health-related needs. Concluding, the **United Kingdom’s** approach focused on the elderly, ethnic minorities, young citizens, victims of domestic abuse and homeless people.

The above-mentioned countries issued COVID-19 related laws which revolved around social distancing, funding, and administrative powers to protect more effectively vulnerable groups. In addition, COVID-19 dedicated bodies and agencies were tasked to monitor and address COVID-19 issues in relation to vulnerable citizens. The most common relief measures to help vulnerable groups were but not limited to the option to work and study from home, paid leaves, provision of necessary items (clothes, food, hygiene products) and protective equipment, psychological support, financial benefits, regular testing and disinfections, discount on basic commodities and bills. In conclusion, all countries have adopted COVID-19 prevention related policies and other measures based on the fluctuation and evolution of the pandemic in order to minimize the devastating impacts of the pandemic to the relevant populations.

# COMMUNICATION PRACTICES



In times of emergency, communication is crucial. According to WHO<sup>38</sup>, since the COVID-19 pandemic is evolving rapidly, communicators should adapt the messages in accordance with the fast evolution of the data in order to provide sufficient and effective information to the public.

In general, all countries included in the desk research created a quite similar communication campaign early in 2020, which changed during the pandemic as new data and new demands were identified. More precisely, the majority of the countries implemented a communication campaign which was a joint effort from public and private actors utilizing traditional and digital channels of communication. Thus, each campaign was disseminated through TV spots, radio, social media, print and outdoor advertisements, and in some cases as in the UK, the government sent letters to the public providing information and guidelines on how to protect themselves against getting infected by COVID-19, noting that apart from social media, all this communication has been one-way to some degree, without giving directly the chance to the public to directly comment or pose any questions or worries they might have. Informing and educating the public regarding COVID-19 was identified as a key element by the governments, thus, almost all countries created a 360° communication campaign to reach all age groups. Italy put great emphasis on social media since its communication campaign was mainly carried

via social media platforms as they also wanted to provide great levels of public communication and interaction. Finally, nowadays social communication reaches a wider audience than the traditional, hence it was largely used by all countries.

One critical communication element was to initially reach individuals at increased health risk, with later being expanded to other categories of vulnerable groups. Language barriers or special guidelines for vulnerable people came later in multiple countries or were created after incidents within those groups. However, all countries addressed that issue as the situation demanded. Additionally, daily briefings from governmental officials alongside with respected scientific/health experts have been adopted from almost all countries and are identified as a highly effective communication way to address the proper message to the public. Finally, all countries created official websites which included information, guidelines, news, frequently asked questions, and phone lines for psychological or practical support in order to be available any time for the public.

<sup>38</sup> [see here](#)

Regarding communication practices, almost all countries responded immediately and quite early in 2020 by launching 360° campaigns in order to inform, educate and protect the public during those times of uncertainty. By also implementing all means of communication, it was achieved to

interact and approach all age groups resulting in a successful communication scheme. The basic difference can be found on the levels of public trust on the communicator which was also shifted quite frequently during the pandemic waves.

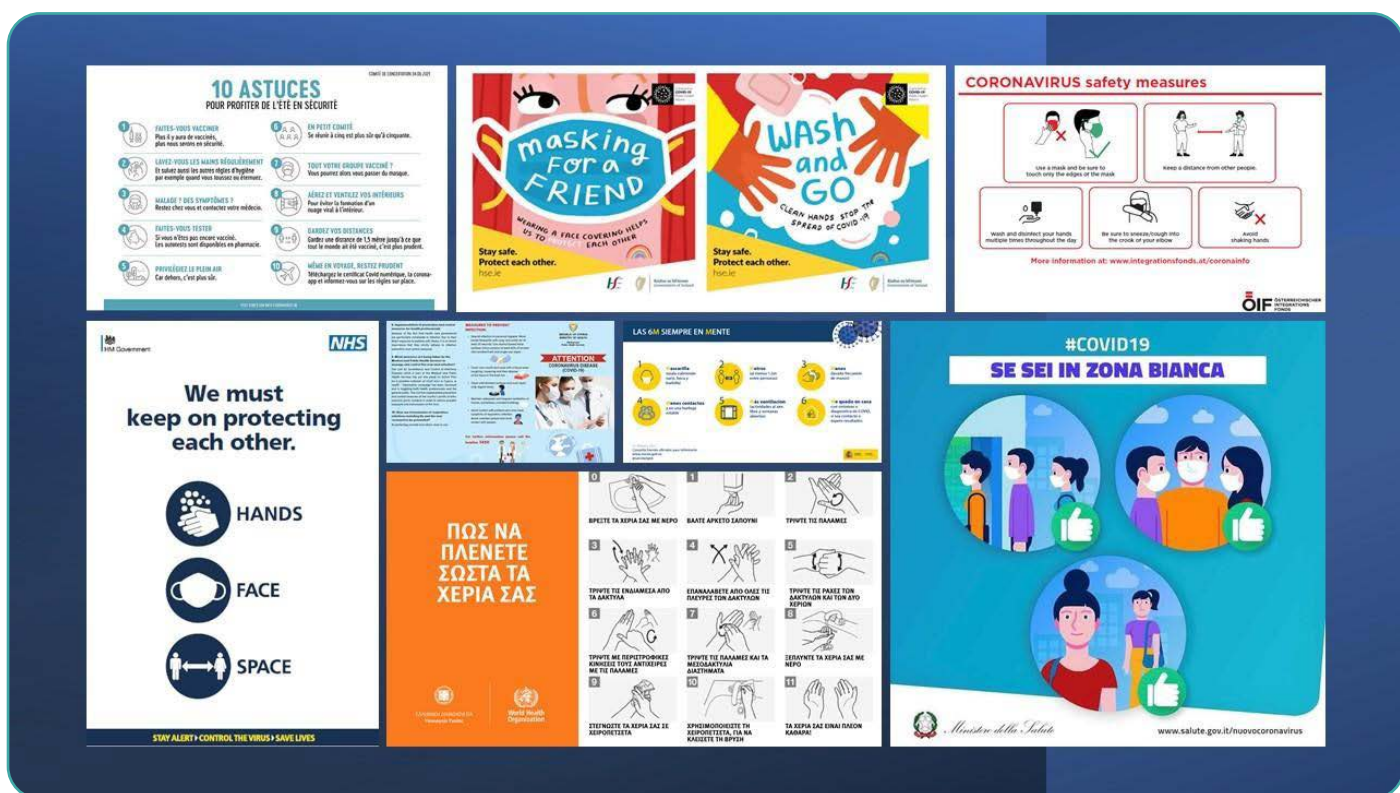


Figure 2: Indicative communication material from Italy, Spain, Greece, Cyprus, UK, Ireland, Austria, Belgium

# CONCLUSION



Efficient and timely decision-making is essential when dealing with a health crisis. It is not an understatement to say that the established political system was tested during the last year and a half. Governmental bodies had to quickly adapt to the COVID-19 situation and make fundamental changes to their structure, policy making and communication mechanisms while implementing drastic measures to ensure the safety of their populations. The assessment of

these responses is an ongoing endeavor, and this report constitutes a first step towards the better understanding of the Governments' preparedness during the crisis. The COVINFORM project is determined to furtherly explore and evaluate the decisions made by Governmental stakeholders, especially regarding vulnerable groups, by undertaking empirical research in the following months, with the purpose of providing helpful and actionable suggestions.

# Useful Material



European Commission, Migration and Home Affairs. (n.d.). Vulnerable person. Available at [https://ec.europa.eu/home-affairs/what-we-do/networks/european\\_migration\\_network/glossary\\_search/vulnerable-person\\_en](https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network/glossary_search/vulnerable-person_en).

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# The COVINFORM project

<b>Acronym</b>	COVINFORM
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