

The Impacts of the COVID-19 Pandemic and Responses from Various Policy Actors in the Czech Republic and Slovakia in 2020: An Introduction to a Special Issue

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Abstract

Hundreds of thousands of articles related to COVID-19 have been published worldwide, and many of them have focused on public administration and public policy aspects related to this pandemic. Certainly, the general lack of relevant knowledge and necessary experience for a robust governance strategy and evidence-based policy-making became a global problem in 2020. This is certainly the case for all countries of the Central and Eastern European region, including the Czech Republic and Slovakia. This gap in research perspectives needs to be filled because of the enormous public policy challenges raised due to the COVID-19 pandemic. SciPap is an international academic journal of regional importance, and this special issue aims to contribute some answers to present research shortcomings and the lack of inputs for evidence-based policy-making. More precisely, this special issue is focused on public policies and responses of various actors to the COVID-19 pandemic in the Czech Republic and Slovakia in 2020.

Keywords

COVID-19, Pandemic, Czech Republic, Slovakia, Public Policies

JEL Classification

E61, H12, H72, H75

Introduction

Hundreds of thousands of articles related to COVID-19 have been published worldwide, and many of them have focused on public administration and public policy aspects related to this pandemic. Certainly, the general lack of relevant knowledge and necessary experience for any robust governance strategy and evidence-based policy-making became a global problem in 2020. Under these conditions, several leading international academic journals – e.g., the Journal of Comparative Policy Analysis; Policy and Society; the Journal of Public Budgeting, Accounting & Financial Management; Public Administration Review; the International Review of Administrative Sciences; and Local Government Studies – have all swiftly reacted and published special issues focused on the pandemic, or announced calls for papers for special issues in recent months. Various academic journals of regional importance did not remain inactive either, and they have joined these activities.

In spite of a tsunami of unprecedented numbers of articles in many academic fields, and regardless of the special issues of a few academic journals of regional importance – e.g., Eurasian Geography and Economics; the Transylvanian Review of Administrative Sciences; and Central European Public Administration Review – the number of articles covering public administration and public policy aspects of the pandemic in the Central and Eastern European region has remained quite limited (e.g., Åslund, 2020; Czech et al., 2020; Dvorak, 2020; Edelhauser & Lupu-Dima, 2020; Guasti, 2020; Hajnal et al., 2021; Hajnal & Kovács 2020; Nemec et al., 2020; Raudla & Douglas, 2020; Ştefan & Grama, 2020; Ťiclău et al., 2020; Toleikienė et al., 2020). This is certainly the case for all countries of this region, including the Czech Republic and Slovakia. A brief overview of relevant academic contributions focusing on those two countries (e.g., Buštková & Baboš, 2020; Chubarová et al., 2020;

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Eibl & Gregor, 2021; Kouřil & Ferenčuhová, 2020; Nemeč, 2020; Nemeč & Špaček, 2020; Papcunová & Hornýák Gregáňová, 2021; Pavelka et al., 2020; Plaček et al., 2021; Špaček, 2020; Žitek & Klímová, 2020) reveals an additional problem; there are only a limited number of scholars focusing their research on issues linked to the pandemic who have managed to publish at least some of their results. This gap in research perspectives needs to be filled because of the enormous public policy challenges raised due to the COVID-19 pandemic.

A key aspect of the present crisis is its novel character (Capano et al., 2020). On this matter, Ansell et al. (2020) connect the pandemic with turbulent problems accompanied by numerous surprising, inconsistent, unpredictable, and uncertain events. Under such conditions, Bouckaert et al. (2020) stress the importance of contingencies and national administrative standard operating procedures in preparation for crisis situations; dynamic learning; rapid feedback and accountability mechanisms; and the problems that arise from policy failure and avoidance of blame.

In short, the pandemic offers a unique natural experiment in comparative public policy and public administration, and therefore systematic multi-disciplinary research efforts are desirable. SciPap is an international academic journal of regional importance, and this special issue aims to contribute some answers to present research shortcomings and the lack of inputs for evidence-based policy-making. More precisely, this special issue is focused on public policies and responses of various actors to the COVID-19 pandemic in the Czech Republic and Slovakia in 2020.

Both the Czech Republic and Slovakia were rather successful in managing the spread of the virus during the first phase of the pandemic in the spring of 2020, but this was done at the cost of a heavy burden on their national economies and the questionable restrictions of some civil rights. However, it seems that both countries have totally failed to prevent the expected second phase of the pandemic. Whereas the spring of 2020 saw these countries considered as leaders in successfully fighting the pandemic, the summer months of 2020 became a real turning point and the Czech Republic and Slovakia quickly joined the group of the world's hardest-hit countries as a result.

The Czech and Slovak developments can be described as kind of paradoxical. According to a classification developed by Capano et al. (2020), the national governments of these two countries were undoubtedly among the least prepared, having no recent relevant experience at the beginning of the pandemic. Regardless of that fact, their responses and achieved results during the first wave brought them international recognition; indeed, some other governments even took their measures as an example that should be followed. The first wave offered several important lessons to be learned, but neither the Czech nor Slovak governments learned them adequately. Instead of enhancing the elements of collaborative governance and an intensive use of evidence-based policy-making, they preferred one-way commands driven by emotions and political populism rather than the expertise offered by respected scientists and based on domestic and international experience. At the end of the summer of 2020, their capacities to respond properly were insufficient. Unsurprisingly, the measures taken at the beginning of the second wave of the pandemic did not bring the same positive results as in the spring months. And herein is the aforementioned paradox: as completely inexperienced governments, they managed to cope well with the first wave of the pandemic; however, they did not know how to benefit from the gained experience and were incapable of responding adequately during the second wave.

The pandemic experiences of these two EU member countries with a post-communist past open many directions for academic research. The crisis evoked by the pandemic has enhanced, for example, the visibility of public value, a concept now representing a superordinate goal uniting all sectors. It has also tested policy-making and the administrative capacities of governments at all levels. Each part of society and each economic sector has been affected. Such impacts have been reflected by related public policies, and the results of these policies have varied a lot. In addition, there is much to learn about public-private interface and shifts in the preferences and opinions of various stakeholders, the roles of traditional media and social media in terms of effective communication, and public service management and service delivery since the beginning of the pandemic. Last but not least, the pandemic has already had significant impacts on public budgeting at all levels: not only due to the painful shortfall of revenues and the simultaneous enormous increase of public expenditures, but also because of a high level of uncertainty that naturally leads to difficulties in strategic planning and decision-making.

Taking into account these facts, this special issue is expected to cover diverse scholarly contributions of an empirical nature that are focused on various questions linked to the COVID-19 pandemic in the Czech Republic and Slovakia such as:

- What have we learned from the first wave and the second wave of the COVID-19 pandemic in terms of public policy, public management, and public administration?
- To what extent have the effects of the COVID-19 pandemic made strategic decision-making more difficult?
- To what extent and in what ways did the pandemic and related economic crisis influence public budgeting at all levels?
- How did governments at different levels manage to adopt various measures while fighting against the spread of COVID-19? What are the limitations and requirements of political and administrative leadership

in the face of scientific evidence about the COVID-19 pandemic?

- What shifts in power could be related to blame avoidance or credit claiming strategies between various levels of government, and how did it influence vertical and horizontal intergovernmental relations in these countries?
- How did the governments respond at different levels to the pandemic through public policies and public services? What impact could the pandemic have for the future design of public service delivery?
- What alternative ways of public service delivery (e.g., co-production and outsourcing) were successfully employed by the governments during the COVID-19 pandemic?
- What innovative solutions were experienced in public service delivery through digital infrastructure and digital inclusion?
- What are the short-term (and estimated long-term) effects of the policy measures that were adopted during the COVID-19 pandemic on the quality of democracy and collaborative governance?
- Is it possible to identify some similarities if one compares the economic effects of the COVID-19 pandemic with the recent global financial crisis? What kinds of similarities should be taken into account by relevant decision-makers at different political levels?

COVID-19 in the Czech Republic and Slovakia: The Basic Facts

The Czech Republic and Slovakia are relatively small Central European countries and are members of the European Union and NATO. The Czech Republic has an area of 78,866 km² and has approximately 10.5 million inhabitants; Slovakia has an area of 49,035 km² and approximately 5.5 million inhabitants. Both countries have similar systems of health care which are based on competitive compulsory public health insurance, assuring universal access to a broad package of benefits. The Czech health system is ranked higher than the Slovak one in terms of its performance; indeed, according to Alexa et al. (2015), some important Czech health indicators are above EU averages or even among the best in the world. According to Smatana et al. (2016), the Slovak health system performs relatively well; however, some indicators – such as life expectancy, healthy life years, and avoidable deaths – are troubling.

As indicated above, almost one year of COVID-19 could be divided into two different time segments in terms of developments in these two countries: there was a “spring experience” (from February 2020 to July 2020) and a “post-summer experience” (a period that very likely began at the end of July 2020 and which has not yet finished). The first period can be referred to as the “first COVID-19 wave” and the second period as the “second COVID-19 wave”, regardless of the fact that some scholars and public authorities have stressed that both countries have experienced more than one pandemic wave since the late summer of 2020.

Thanks to a long joint political and administrative past within Czechoslovakia, the Czech Republic and Slovakia use very similar systems of crisis management during a state of emergency. Their primary feature is the possibility to significantly restrict some rights that citizens enjoy. A declaration of a state of emergency leads to the introduction of a system of crisis management in these countries. The strongest policy actor is the central government in this system, but anti-crisis management can be issued and implemented at all governmental levels. Various authorities, including epidemiological commissions, are established in a state of emergency, and these authorities include experts (e.g., hygienists) as well as specific groups of civil servants (e.g., representatives of fire fighters) and representatives of regional and local governments. A main goal of the crisis management is the smooth coordination of joint activities under the command of the central government. Due to a top-down decision-making structure, a majority of approved measures are financed or co-financed by the state.

The First Wave of the Pandemic in the Czech Republic and Slovakia

In the Czech Republic, the first three COVID-19 cases were recorded on 1 March 2020. In Slovakia, the first case was confirmed a few days later on 6 March 2020. The numbers of newly detected and confirmed cases peaked in both countries at approximately the same time: at the very end of March 2020 in the Czech Republic and in mid-April 2020 in Slovakia. Afterwards, the daily increments of confirmed cases gradually decreased.

Responses by the two central governments to the pandemic were similar during the first wave, and this happened despite the fact that the two prime ministers perceived the beginning of the pandemic in different ways; whereas the Slovak prime minister remained rather cautious, the Czech prime minister publicly expressed doubts about the seriousness of the situation associated with the spread of this new virus. In addition, Slovakia experienced a change in central government after the parliamentary elections that were held in February 2020.

CZECH REPUBLIC	SLOVAKIA
<p>1 March The very first case of COVID-19</p> <p>12 March Declaration of the first state of emergency</p> <p>11-19 March Gradual introduction of various national restrictions</p> <p>22 March First death due to COVID-19</p> <p>27 March The peak of newly confirmed cases of COVID-19 during the first wave: 377 cases</p>	<p>6 March The very first case of COVID-19</p> <p>15 March Declaration of the first state of emergency</p> <p>16 March Introduction of the first national lockdown</p> <p>21 March Official appointment of new central government</p> <p>25 March Implementation of some additional restrictions</p> <p>30 March First death due to COVID-19</p>
<p>14 April Official announcement of a national plan for the multi-phase easing of restriction measures</p> <p>20 April Start of official easing (first phase)</p> <p>27 April Start of the second phase of easing</p>	<p>15 April The highest peak of newly confirmed cases of COVID-19 during the first wave: 114 cases</p> <p>21 April Official announcement of the national plan for the multi-phase easing of restriction measures</p> <p>22 April Start of official easing (first phase)</p>
<p>11 May Start of the third phase of easing</p> <p>25 May Start of the fourth phase of easing</p>	<p>6 May Start of the second and third phases of easing</p> <p>20 May Start of the fourth phase of easing</p>
<p>8 June Start of the fifth phase of easing</p>	<p>3 June Start of the fifth phase of easing</p> <p>13 June End of the first state of emergency</p>

17 June
End of the first state of emergency

Fig. 1. Milestones of the Pandemic in the Czech Republic and Slovakia During the First Wave

Both countries focused on social distancing measures, the protection of the most vulnerable population groups, diminishing the risk of importing the virus from abroad, and testing. A massive emphasis on an obligation to wear face masks became a significant feature of the Slovak response. This was effectively supported by top politicians (including the president, prime minister, and all members of cabinet), who all wore masks from the very beginning of the pandemic and sent a clear political message with this behaviour. Citizens were more reluctant to wear masks in the Czech Republic than in Slovakia, and in general the refusal of anti-pandemic measures by citizens was less pronounced in Slovakia than in the Czech Republic.

Other policy actors and subnational governments and their associations did not remain passive and played important roles. In some cases, they even took the lead: for instance, some regional governments decided to close secondary schools before the general closure of schools in Slovakia, universities swiftly switched to on-line education, and many local governments decided to distribute face masks among their inhabitants.

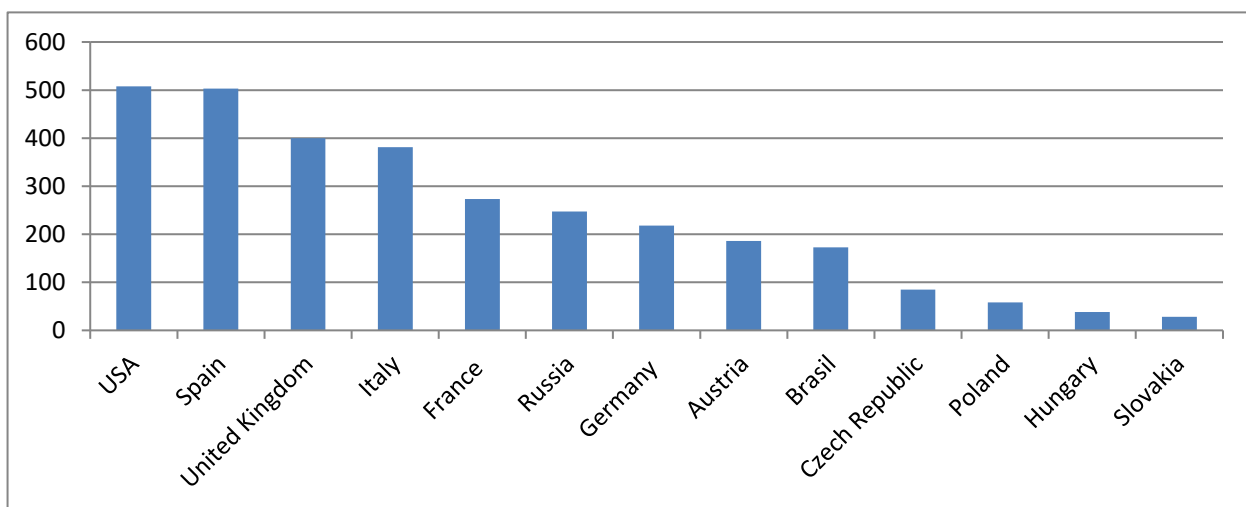


Fig. 2. Relative Covid-19 Outbreak on 26 May 2020 (Number of Detected Cases per 100,000 Inhabitants)

Source: the present authors, based on data published by the Johns Hopkins Coronavirus Resource Center

Both the Czech Republic and Slovakia started easing their COVID-19-related restrictions in the second half of April 2020 according to publicly announced plans, and the two countries returned to an almost standard way of life in late May 2020 (see Figure 1). If one compares various countries from the perspective of coping with the pandemic and achieved results, the Czech and Slovak results in controlling the spread of COVID-19, expressed in the numbers of newly detected cases, were excellent during the first wave of the pandemic (Figure 2).

The success in controlling the spread of COVID-19 in the Czech Republic and Slovakia during the first wave of the pandemic has not yet been explained in a satisfactory way. Some recent studies suggest that the core factors were fast and comprehensive reactions and a high level of compliance. A level of uncertainty, terrible developments in some European countries (e.g., Italy, Spain, and the United Kingdom) and a general fear based on a catastrophic scenario announced by some scientists were all elements that determined the fast reactions and the level of compliance. Political messages and calls for cooperation (e.g., “We Can Do It Together” initiatives) also played a supporting role. Last but not least, the smooth change in central government after the parliamentary elections in Slovakia and important initial anti-pandemic steps taken by the departing prime minister in his last days of office cannot be overlooked if one wants to uncover all the potential determinants of the achieved results.

The Second Wave of the Pandemic in the Czech Republic and Slovakia

After relaxing the anti-pandemic measures and a short period of a “summer break”, the number of newly infected people started increasing in both countries in late July 2020. In contrast to the first wave, both governments rejected any early, major, or nationwide restrictive measures, referring to the alleged “local” character of the outbreaks. Some political commentators stressed that due to the weak hit of the pandemic on the health systems of these countries, the voice of those who had questioned the seriousness of the COVID-19 intensified. Many citizens of both countries cast caution to the wind and neglected to comply with the rules of social distancing at that time. Unsurprisingly, the infection rate soon started rocketing (Figure 3). Despite the clear news coming from abroad and information based on domestic developments, both prime ministers continued to deny the return of COVID-19 until

mid-September. Their well-known public expressions during that period are memorable. The Czech prime minister, Andrej Babiš, for example, said to the members of parliament: “Don’t deal with COVID-19 all the time; try to solve the law on gardening, for example.” Similarly, the Slovak prime minister, Igor Matovič, told those worried about the rules for wedding ceremonies: “Brides, don’t worry!”

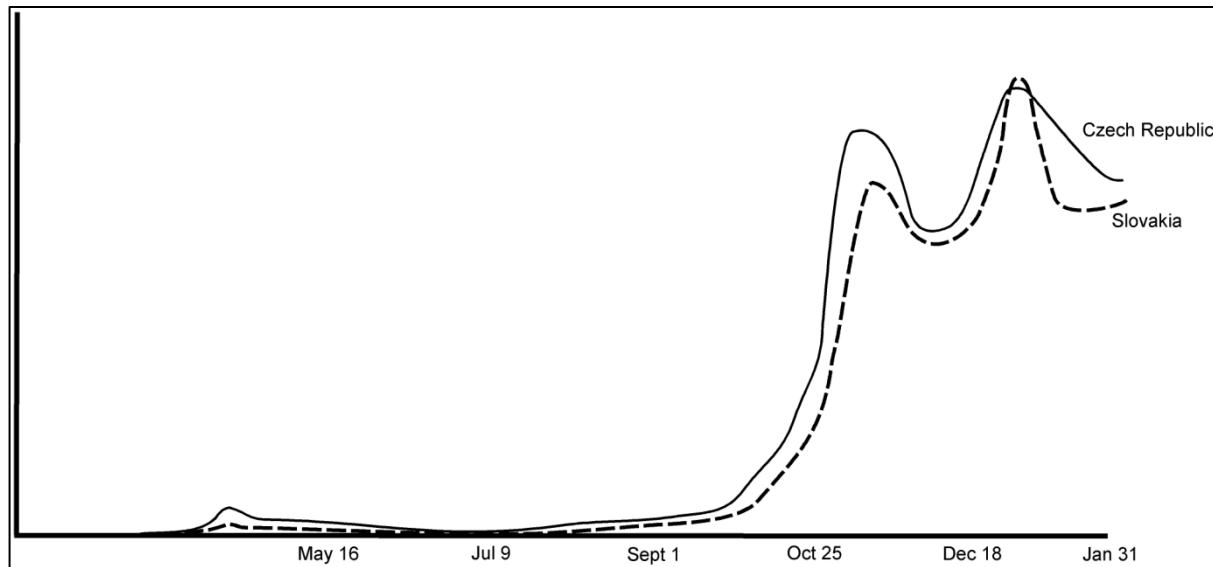


Fig. 3. Relative Numbers of Newly Infected Cases (Illustrative Curves)

Due to a rapid increase in the numbers of newly confirmed cases and strong pressure from various stakeholders, by the end of September 2020 the Slovak and Czech governments were finally forced to act. However, the sets of applied anti-pandemic measures were much softer compared to the spring months and compliance was not effectively reintroduced. While the Czech prime minister publicly apologized for the late reaction of his cabinet, the Slovak prime minister blamed everybody but himself, concluding his assessment of developments and the necessity to reintroduce a nationwide lockdown by saying that strict measures had to be re-implemented because the people had “let me down”.

The states of emergency were renewed in both countries, schools were closed, and previously soft lockdowns began to be tightened (Figure 4). These measures came late and were less comprehensive – many exemptions from restrictions remained during the autumn months compared to the first wave – and compliance was not reintroduced in the desired way. The “quality” of the new measures suffered from a lack of any robust strategy and rapid changes, confused and incomprehensible communication, several media scandals linked to open or hidden non-compliance of the rules by top politicians and government officials, and a lack of political will for real collaborative governance.

In late October 2020, the Slovak prime minister pushed a unique experiment of nationwide blanket testing with antigen tests. He even called it a “nuclear weapon” against COVID-19. It was organized in a few stages, and during the second stage, which was held on 31 October to 1 November, 3,625,332 people were tested with there being 38,359 positive cases. Similar blanket testing was repeated also in late January 2021. Although the critical situation had calmed down a little bit, and the central government celebrated a “victory”, the real benefits of such measures remain questionable in terms of achieved results and their interpretation. For instance, no other EU country repeated this experiment in the same way, indicating its very limited potential, especially when not combined with other strict social distancing measures.

CZECH REPUBLIC	SLOVAKIA
1 September Renewal of some soft restricting measures at the national level	1 September Renewal of some soft restricting measures at the national level
8 September More than 1,000 positive cases/day	
16 September More than 2,000 positive cases/day	
21 September Resignation of the Minister of Health	18 September Introduction of a soft national lockdown

<p style="text-align: right;">25 September</p> <p>Update of the national COVID-19 traffic-light monitoring system</p>	<p>30 September</p> <p>The peak of newly confirmed cases of COVID-19 before the official announcement of the second state of emergency: 797 cases</p>
<p style="text-align: right;">2 October</p> <p>The highest peak of newly confirmed cases of COVID-19 before the official announcement of the second state of emergency: 3,795 cases</p> <p style="text-align: right;">10 October</p> <p>The 1,000th confirmed COVID-19 death in the country since the beginning of the pandemic</p> <p style="text-align: right;">5-28 October</p> <p>Declaration of the second state of emergency and the gradual introduction of various restrictions</p> <p style="text-align: right;">29 October</p> <p>The Prime Minister dismisses the Minister of Health</p>	<p>1 October</p> <p>Declaration of the second state of emergency</p> <p>7 October</p> <p>More than 1,000 positive cases/day</p> <p>15 October</p> <p>More than 2,000 positive cases/day</p> <p>23-25 October</p> <p>Pilot phase of nationwide testing in the hardest-hit districts: 140.9 thousand tested people; 5,594 positive cases</p> <p>24 October</p> <p>Introduction of the second national lockdown</p> <p>31 October</p> <p>The first day of nationwide blanket testing: 2.58 million tested people; 25,850 positive cases</p>
<p style="text-align: right;">1 November</p> <p>The country achieved the highest seven-day average death rate per 100,000 population in the world: 11 deaths</p> <p style="text-align: right;">6 November</p> <p>Update of the national COVID-19 traffic-light monitoring system</p> <p style="text-align: right;">13 November</p> <p>Introduction of a new national anti-pandemic system (PES)</p> <p style="text-align: right;">18 November-3 December</p> <p>Gradual introduction of some easing measures</p>	<p>1 November</p> <p>The second day of nationwide blanket testing: 1.04 million tested people; 12,509 positive cases</p> <p>7-8 November</p> <p>Blanket testing in 45 "red districts" (out of 72): 2.04 million tested people; 13,509 positive cases</p> <p>16 November</p> <p>Introduction of some easing measures</p> <p>21-22 November</p> <p>Optional blanket testing in 458 municipalities (out of 2,890): 110.6 thousand tested people; 2,501 positive cases</p>
<p style="text-align: right;">18-27 December</p> <p>Gradual introduction of some restrictions</p> <p style="text-align: right;">27 December</p> <p>Official start of the vaccination rollout and the first vaccination (Pfizer/BioNTech) in the country</p> <p style="text-align: right;">30 December</p> <p>The peak of newly confirmed cases of COVID-19 in the country in 2020: 17,053 cases</p>	<p>7 December</p> <p>The 1,000th confirmed COVID-19 death in the country since the beginning of the pandemic</p> <p>26 December</p> <p>Official start of the vaccination rollout and the first vaccination (Pfizer/BioNTech) in the country</p> <p>30 December</p> <p>The peak of newly confirmed cases of COVID-19 in the country in 2020: 6,315 cases</p>
<p style="text-align: right;">1-6 January</p> <p>The country achieved the highest seven-day average rate in the world of new cases per 100,000 population: 896 to 1,005 cases</p> <p style="text-align: right;">6 January</p>	<p>1 January</p> <p>Introduction of the third national lockdown</p> <p>2 January</p>

The peak of newly confirmed cases of COVID-19 in the country since the beginning of the pandemic: 17,755 cases

15 January

Start of the national e-reservation system for vaccination (it immediately collapsed and was re-started)

Start of the national e-reservation system for the vaccination of healthcare staff and nursing home employees

11 January

Introduction of additional restrictions in the Nitra district (which was the hardest-hit)

18-26 January

The second round of nationwide blanket testing (called 'screening' by the government): 2.947 million tested people; 36,547 positive cases

28 January

Introduction of tighter post-screening restrictions

Fig. 4. Milestones of the Pandemic in the Czech Republic and Slovakia During the Second Wave

Relatively soft measures allowing numerous exemptions, and limited social distancing in particular, seem to be the main factors contributing to the increase in newly confirmed cases and people who have died "with COVID-19" in late winter in both countries, pulling them to the top of worldwide statistics. Indeed, the Czech Republic became one of the hardest-hit countries in the world (Figure 5; the authors are aware that the data in this figure are not fully reliable).

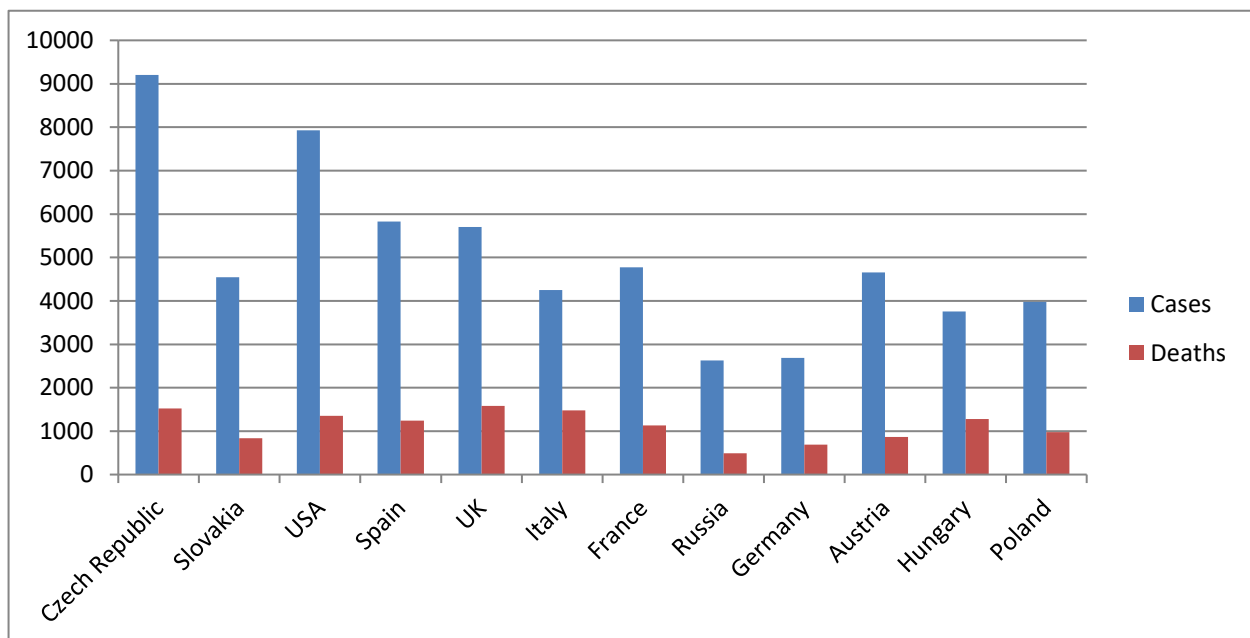


Fig. 5. Relative Covid-19 Outbreak on 31 January 2021 (Number of Cases per 100,000 Inhabitants and Number of Deaths per Million Inhabitants) in the Czech Republic and Slovakia

Source: the present authors, based on data published by the Johns Hopkins Coronavirus Resource Center

The Contents of this Special Issue

This special issue contains eleven original articles as well as a concluding article. In its first part, the issue presents three articles focused on economic and fiscal consequences of the COVID-19 crisis at national level. A general model of the multiplier effects of public investments under the circumstances of a deep economic crisis is proposed and commented on by Mičková and Mlynarovič (2021). In addition, Šebová et al. (2021) and Vitálišová et al. (2021) deal with cultural policy in Slovakia.

Other four articles are focused on economic and fiscal consequences of the COVID-19 crisis at sub-national levels. While Szarowská (2021) analyses a chosen regional budget in the Czech Republic, Černěnko et al. (2021) as well as Čajková et al. (2021) focus on local budgets in Slovakia. This part is concluded by an article looking at the phenomenon of participatory budgeting. More precisely, Bardovič and Gašparík (2021) focus on the impacts of the pandemic on the introduction or continuation of the use of participatory budgeting by local governments in Slovakia.

The third part of the offered articles is linked to field of crisis management and administration. Many pandemic events have required some specific legal acts, or amendments of existing laws at the very least. One of the best examples of legally sensitive issues has been the regulation of cross-border commuting. A focus on the legal

regulation of the rights and duties of commuters between the Czech Republic and Germany during the pandemic is presented in an article by Novotný (2021). Whereas the reactions and perceptions of various stakeholders during the pandemic have been broadly observed by both academics and journalists, the perceptions of public servants have remained “of secondary importance” in terms of their attractiveness; Skorková et al. (2021) address this gap and try to analyse the perceptions of local public servants in Slovakia during the first months of the pandemic when the level of uncertainty was at its highest.

In the fourth part of the issue, there are two articles focus on social (welfare) consequences of the pandemic. Ryšavý (2021) analyses how much the pandemic has impacted opinions on welfare-state priorities in the Czech Republic. Jahoda et al. (2021) concentrate on family policy in the Czech Republic.

The concluding article of this issue contains a summary of the main findings of the above-mentioned contributions and confronts these findings with the results of relevant international research. In addition, the article summarizes policy implications alongside the recommendations made in the other articles in this special issue. The approach is normative in this part of the article, since the main target group of this part consists of policy makers and representatives of various stakeholders. Nonetheless, the authors are aware of the limitations of their research and the suggested conclusions. From this point of view, neither the authors of the articles nor the guest editors consider the proposed measures or recommendations to be a panacea. On the contrary, each recommendation must be re-evaluated before it is implemented to take into account time- and place-specific circumstances and conditions as a minimum.

Acknowledgement

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