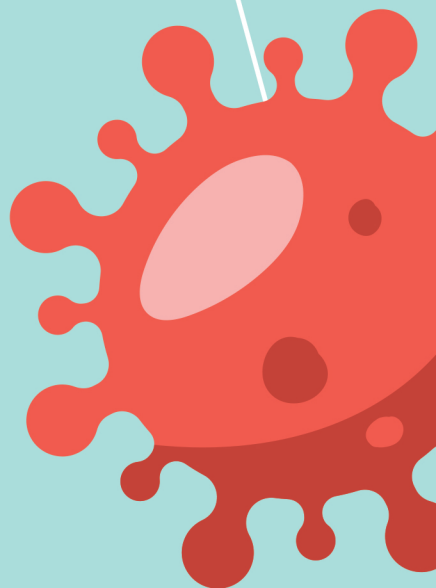Udruženje za političke nauke Srbije
Univerzitet u Beogradu
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POLITIČKE POSLEDICE PANDEMIJE

POLITICAL CONSEQUENCES OF THE PANDEMIC

ZBORNIK RADOVA

Urednik/Editor
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SADRŽAJ

Hristina Runcheva Tasev[1]

Ss Cyril and Methodius University Skopje
Law Faculty 'Iustinianus Primus'

Aneta Stojanovska-Stefanova[2]

University Goce Delchev-Shtip

Public Policy and the Response to Covid-19

SUMMARY

The paper analyses the latest developments of the impact of scientific and technical expertise in public policy-making on how to deal with the effects of the pandemic. The authors explore the reasons why the same public policies give quite different results in dealing with the dynamics of the pandemic in different countries and regions. Following the William N. Dunn's model of public policy analysis, the global response to the pandemic shows that there is an urgent need for new policy decisions and reconsideration of the effects of non-decisions. We also explore how the policy responses for change and adaptation to the pandemic have been formulated and delivered to the public and how the narratives and emotions can influence public behaviour in times of crisis. We conclude by stressing the fact that public policies are not static and

1   Contact: h.runchevatasev@pf.ukim.edu.mk

2   Contact: aneta.stojanovska@ugd.edu.mk

should be reformulated on the basis of changing circumstances, needs and experience created by crisis.

KEYWORDS: *Pandemic, Covid-19, Public Policy, Policy Analysis*

1. INTRODUCTION

> 'Medicine is a social science, and politics
> is nothing but medicine on a large scale'.
> Rudolf Virchow, M.D. (1821–1902)

The Covid-19 pandemic affects all countries worldwide with unprecedented impacts. The way how the governments respond to the effects of the virus is driven by politics. The Covid-19 pandemic has caused serious consequences not only for the health care systems, but for every segment of societies around the world. The pandemic became a political problem as much as it is a public health issue. Since the outbreak of the virus, the governments have shown different preparedness and different responses to this crisis. Political decisions have beleaguered or improved outbreak management, sometimes irrespective of the strength of a health system, clearly demonstrating the political determinants of public health. (Davies and Wenham 2020, 1). Governments have implemented a variety of policies as response to the pandemic in the past months, but still policymakers and researchers have, to date, lacked access to quality, up-to-date data they need for conducting rigorous analyses of whether, how and to what degree these fast-changing policies have worked in mitigating the health, political and economic effects of the pandemic (Cheng et al. 2020, 1).

To limit the spread of COVID-19, governments around the world introduced restrictions on travel; limited social interactions, or mass gatherings; restricted the movement of people; closed schools and businesses; and prohibited access to public amenities, such as parks and beaches. As the growth in the number of new cases has slowed in many countries, there has been a shift towards easing or relaxing restrictions. Once the new wave of Covid-19 was back, the measures were returned. The situation remains highly unpredictable and data and statistics on cases and mortality due to Covid-19 move rapidly.

COVID-19 has governments operating in a context of radical uncertainty, and faced with difficult trade-offs given the health, economic and social challenges it raises. More than half of the world's population has experienced a lockdown with strong containment measures. Beyond the health and human tragedy of the coronavirus, it is now widely recognised that the pandemic triggered the most serious economic crisis in a century. (OECD 2020, 2). The predictions of OECD about global economic activity fall between 6% and

7.6% in 2020, are now disputable under the hit of the second wave of infections worldwide.

However, the different policy responses from the governments require substantial number of technical decisions which are always based on political decisions, such as opting for a model for crisis management, who should be involved and what advices will be considered, selection of public policies to be implemented, the way of enforcement of different (often restrictive) policies, communication with the public, etc. In this context, politics is a key factor that decides the dynamic of Covid-19 spread, job losses or even the death toll around the globe.

What is common for the governments worldwide is both decision-takers and decision-makers have faced an unprecedented predicament and showed low level of preparedness and pandemic prevention. As Frieden notes "policymakers in democratic societies must always pay attention to the next election–otherwise they are likely to cease being policymakers. This helps explain why it can be difficult for governments to pay money now for policies whose benefits will be realized only in the long run–such as pandemic prevention and preparedness" (Frieden 2020, 8).

The paper explores the theoretical framework of William N. Dunn's model of public policy analysis which is followed by selected perspective from the global response to the pandemic with substantial number of public policies introduced worldwide. The authors explore the reasons why the same public policies give quite different results in dealing with the dynamics of the pandemic in different countries and regions.

We also analyse how the policy responses for change and adaptation to the pandemic have been formulated and delivered to the public and how the narratives and emotions can influence public behaviour in times of crisis.

2. POLICY ANALYSIS – THEORETICAL FRAMEWORK

Policy analysis is a process of multidisciplinary inquiry aiming at the creation, critical assessment, and communication of policy-relevant knowledge. (Dunn 2017, 3). According to Dunn, it aims at solving practical problems and in this process the practitioners are free to choose among a range of social science methods, theories, and substantive findings.

Dunn (2017: 4) describes policy analysis as pragmatic and this is mainly visible in cases where practical problems do not arrive in separate disciplinary packages addressed. In today's world Dunn emphasizes multidisciplinary policy analysis as the best tool in response to the manifold complexity of public policymaking. Dunn considers the public policy analysis as partly *descriptive* due to the fact that it relies on traditional social science disciplines to describe and explain the causes and consequences of policies, but also he considers it as *nor-*

mative because it can value judgements about what ought to be in contrast to descriptive statements. The importance of normative reasoning in policy does not rely on doing what is right, but on knowing what is right.

In the context of policy analysis of the current state with the pandemic, we will use the ex-post or retrospective analysis which involves the production and transformation of knowledge after policies have been implemented. Retrospective analysis characterizes the operating styles of several groups of analysts: discipline-oriented, problem-oriented and applications-oriented analysts (Dunn 2017, 11–12). The emphasis in retrospective analysis is placed on the results of observed outcomes of action. It shows if the policy worked and gave satisfying results or not, without speculations about possible policy outcomes. However, retrospective analysis, while it has affected intellectual priorities and understanding, has performed less well in offering potential solutions for specific problems (Weiss 1976, 237).

The model that will be used in our analysis is based on five types of questions that should provide policy relevant knowledge: policy problems, expected policy outcomes, preferred policies, observed policy outcomes and policy performance (Dunn 2017, 5–7).

Following this model, we will structure our analysis on the following issues: Covid-19 pandemic-problem to be solved; Between expectations and reality of policymakers; Policymaking in times of Covid-19 outbreak: crisis response and management; Impact of scientific and technical expertise in public policy-making; Messages and emotions and Policy success and failure: What we learned so far.

3. COVID-19 PANDEMIC-PROBLEM TO BE SOLVED

Covid-19 pandemic caused global medical emergency in March 2020. Although the virus first appeared in Wuhan, China at the end of 2019, the worldwide outbreak happened at the beginning of 2020. It showed that this is not just a problem for the health care systems, but also a problem for every single segment of our societies.

The complexity of the crisis caused by the virus relies on few factors. First, there was a lack of *information.* It is a virus for which not much is known and it will be like that for a while. The scientists and policy-makers lacked complete and reliable information for every aspect of the virus. No specific medicine or vaccine was available that might prevent the outbreak of the disease. Another issue was the fact that the number of acknowledged experts in virology and infectious diseases was not on a satisfactory level because this is not a popular branch of the medicine.

Furthermore, supposed experts could hardly reach a consensus on the nature, lethality or cure of the virus. The interpretation of incomplete scientific

data became cloudier as it went up the policy chain, making decision-taking even more problematic (Gardini 2020, 16).

In addition, the lack of relevant information was accompanied by various fake news, misinformation and rapid spread of rumours across social media like feathers. They caused panic among people and panic during the decision-making process. The rapid spread of misinformation and stories via social media platforms such as Facebook, YouTube, Twitter etc. became a vital concern of the governments and public health authorities all over the world.

A team of international scientists published study in the American Journal of Tropical Medicine and Hygiene (Islam, M.S., 2020). The scientists looked at data compiled between December 2019 and April 2020 as part of the study. They followed and examined COVID-19–related rumours, stigma, and conspiracy theories circulating online, including fact-checking websites, Facebook, Twitter, and online newspapers, and their impacts on public health. The study identified 2,311 reports of rumours. Misinformation about the coronavirus has led to the deaths of at least some 800 people and possibly more.

Second, there was *unpreparedness by the policy-makers (and policy-takers) and unprecedentedness of the challenge.* There was a need for urgent response, but there were no best practices, no benchmarking, no indicators. Many leaders, like Macron and Merkel have defined the Covid-19 pandemic as the biggest challenge since the World War II. This was a first time in the last seventy years that a challenge of this proportion, in terms of danger and universal spread – across countries, continents, races, age and economic classes, or other cleavages – emerged. (Gardini 2020, 17). Previous experience with diseases such as Ebola and SARS were incomparable due the fact that they were met by effective early response and were more localized in terms of spreading of infection. The governments and their state budgets were not prepared in the long run for pandemic prevention. And the crisis management showed that not everything can be foreseen: special medical protocols, insufficient health care capacities, protective equipment, etc.

However, this unpreparedness and unprecedentedness of the virus were met by urgent state response by adoption of previously unthinkable measures and protocols in every segment of societies.

Third, the pandemic affected the *economy with unprecedented collapse of production, trade and employment.* It will take many years before the long-term economic consequences are repaired. The engagement of governments in large-scale counter pandemic fiscal programs will change the economic landscape in the upcoming years. It will be reshaped according to the new circumstances of the crisis.

4. BETWEEN EXPECTATIONS AND REALITY OF POLICYMAKERS

The virus does not recognize borders: it spreads globally and asks for global response. Public health experts have long warned that the world was likely to face a major pandemic and called for greater preparedness. Yet policymakers who have to focus on the next election find it difficult to invest the time, money, and political capital to address the abstract possibility of a future crisis. And so, most of the world was unprepared for a global public health threat of the magnitude posed by the novel coronavirus (Frieden 2020, 5).

The World Health Organization (WHO) has been warning for years about the importance of strengthening health systems in all countries. The WHO Bulletin, in February 2018, included an article entitled '*Pandemic risk: How large are the expected losses?*' (Fan et al. 2018, 77–144). In this document, the WHO called on countries to invest more in their health systems.

Besides the fact that policy makers shared the same challenge with the rapid spread of the virus, they have different responses to the pandemic. Some of them decided to downplay the crisis, others approached with denial and inconsistency at the beginning with doubt into science, but many policy makers at the end responded with the recommendations of the public health experts. (Meyer 2020)

The reactions of the policy-makers were based on the expected policy outcomes. In general, during the early stages of the crisis, politics was suspended, and public opinion fell in behind the actions of national governments. Citizens were sent into internal exile in their own homes, many paralysed with fear and uncertainty. (Krastev and Leonard 2020, 2).

The first stage of the Covid-19 crisis resulted with governmental emergency measures in order to prevent spread of the virus, support for the healthcare systems and for the economy and business sector. Although, coordinated international response is the best way to confront the global invisible enemy, policymakers under pressure from their constituents have diverted resources away from other countries, banned the export of food and drugs, and hoarded essential supplies. Each of these measures–popular as they may be to national publics–imposes costs on other countries. In the final analysis, the lack of cooperation makes everyone worse off. (Frieden 2020, 5).

For the second stage of the crisis and all other upcoming stages, as governments raise vast sums of money to fund a recovery, they will need to take politics into account. It will not be enough to develop the right policies; governments and EU leaders will also need to find the right language and frameworks to win public support for their policies. In order to do this, they will need to understand how covid-19 has– or has not – changed publics' fears and expectations. (Krastev and Leonard 2020, 2).

However, lack of political leadership led towards inability for global and coordinated response. The lack of cooperation and political coordination was

evident even in the case of the the European Union. The Member States adopted different policies towards Covid-19, and they were unable to reach an agreement on a common response, "when at least it was possible to think about creating various types of funds, for example, so that European scientists could research a vaccine, coordinate the manufacture and distribution of the required medical material and post-pandemic investment funds" (Jarrin 2020, 111).

5. POLICYMAKING IN TIMES OF COVID-19 OUTBREAK: CRISIS RESPONSE AND MANAGEMENT

Public policy may be viewed as whatever governments choose to do or not to do. (Anderson 2003, 2). This definition may be used in the ordinary discourse, but it perfectly shows that the conventional concept of public policy is based on decisions and non-decisions of governments. Public policies should be a response to policy demands and public officials make decisions that give content to public policy. The decisions may have a "traditional" form like law, regulation, executive orders or edicts, executive order, local ordinance, court decision or to have the form of "on the ground" decisions by high-level bureaucrats. Regardless of the form, public policies reflect the priority issues in the society and the way how the authorities act upon them. When the problem is labelled as a "crisis" it conveys notions of importance and urgent action.

Covid-19 created a necessity of a prompt response, and a large number of policies were adopted according to the public demands and the need to reassure public opinion. The Covid-19 government measures varied in their design and content, but their main feature during the first wave of the pandemic was restriction.

Most of the countries responded by closing borders and restricted travel within borders. Half of the world's population has been a subject to some kind of social restrictions, closures and containment like stay-at-home requirement, school closures, work closing, restrictions on gatherings, cancellation of public events etc. (Hale et al. 2020). Policy decisions varied in their geographical target of the policy action and in the levels of government initiating the action. For instance, a measure on national level was introduced in India where the world's largest lockdown happened on 1.3 billion people, but there were also measures on subnational or local level, like some measures that varied across the USA. According to statistics, the policy most governments have implemented in reaction to COVID-19 is external border restrictions; that is, policies that seek to limit entry or exit across different sovereign jurisdictions. According to the research Covid-19 Government Response Event Dataset (Cheng et al. 2020, 758), published in Nature Human Behaviour, 188 countries made 1,122 policy announcements about such restrictions since 31 December 2019. The second

policy that most countries (177) have implemented is closure of schools (1,441 such policies).

Analysis of public policymaking shows that it was extremely hard for the authorities to take decisions on drastic measures imposing limitations to individual freedom or economic activity. Leaders decisions might have serious effects, because it is the moments when available data and information meet decision-makers' responsibility. In some cases, a clash between the information and responsibility of the decision-makers might appear.

Before taking action, a leader must reflect and gather information, consult experts from different fields, reach a consensus and ultimately show the charisma and determination – as a human being as much as a professional – to make a sound judgement and eventually adopt prompt, bold, and even unpopular measures. (Gardini 2020, 16).

Examining the implemented policy measures on global level through the prism of the policymaking literature, several conclusions can be drawn.

First, governments have shown a willingness to change policies during their implementation in order to achieve the desired effects. These policies can be systematized into three categories (Weible et al. 2020, 227): (1) learning, as demonstrated in the UK's shift from mitigation (partial closures) to suppression (strict lock downs) following projection of the infection and death consequences of the former; (2) negotiated agreement, as illustrated by the passing of stimulus packages around the world, including the USA, Canada, and Japan; and (3) diffusing and transferring ideas across governments, with many drawing lessons from South Korea's widespread testing and China's strict quarantining.

Second, every government faces tough decisions about introducing restrictions. Before taking action, they need to consider public health recommendations, economic considerations, and political constraints and then to decide what restrictions to impose and when to loosen them. However, policy decisions are very often conditioned by local/national context (culture, institutions, economy etc.). Sweden is the country that has responded to the Covid-19 without lockdown and restrictive measures typical for other parts of Europe. This approach has been attributed to the culture of responsible behaviour, trust in institutions and authorities, something which is not typical for the countries like Italy, Spain or countries in South Eastern Europe, where the most restrictive measures and lockdowns have been introduced. These measures were lifted stage by stage by the summer 2020, but the autumn wave of the pandemic created the need to reintroduce restrictive measures, although not on the same scale as that during the first wave.

Third, in policymaking process, the importance of non-decisions has the same value of decisions. Non-decisions refer to policy-makers decisions not to act or to postpone their action. What did the governments decide not to do? Many governments decided not to undertake massive testing in order to identify and isolate the potential source of infection. This was due lack of techni-

cal equipment or human resources to provide the process. Some authorities stopped sharing information with people: Tanzania stopped sharing data on the spread of Covid-19 in May and has announced that the country is free of any cases, although the border testing of Tanzanian truck drivers by Uganda indicates otherwise (Collier et al. 2020). Another case is in Xi Jinping's China, where the illness was first detected in late December. Authorities are accused of engaging in a cover-up and punishing doctors who sounded the alarm in the early days of the outbreak. Critics say that authorities in this case allowed the virus to spread out of the central city of Wuhan to every corner of the globe (Rasheed 2020).

Fourth, the level of development of the countries affects the decisions to achieve the desired outcomes. Developed countries have more resources to spend in case their decisions do not reach the expected outcomes. Trust in governments in developed countries is higher and the available data are achieved in a more systematic manner. (Ortiz-Ospina 2016). While policymakers in developed countries may benefit from sophisticated analysis based on research, their colleagues in developing countries rely on small surveys, or projections by using available data from elsewhere to provide assumptions and projections on local level. Even core health data, such as the rate of infections, might be significantly understated: across Africa, only 685 tests have been carried out per million people, while Italy has conducted nearly 37,000 per million (Collier et al. 2020).

In the absence of a vaccine for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or of highly effective pharmaceutical treatments for COVID-19, countries have implemented a large range of non-pharmaceutical interventions to control the spread of the virus. (Petherick A, Kira B, Hale T et al. 2020)

New Zealand's government was following the best guidelines for dealing with a new virus. The lockdown rules were vital and were communicated effectively. The government sent emergency text messages to residents and this made the purpose of the lockdown easy to understand and accept. The country ramped up its testing capacity. The New Zealand's prime minister Jacinda Ardern announced the country could process up to 8,000 tests per day, one of the highest testing rates per capita in the world. In total, it has tested just under 295,000 people, again giving it a comparatively high per capita rate of testing.

This successful story of stopping the virus in the South Pacific nation of 5 million was an indicator that the country can begin its economic recovery sooner and the life can be returned to normal. Analysing the New Zealand's Covid-19 successful story we may conclude that the geography is an advantage. The fact that it is a relatively isolated island has greatly helped New Zealand's pandemic response, so it has more control over who can enter than other countries with large land borders.

It also has a relatively low population density, meaning the virus cannot travel as easily through the population, as fewer people encounter each other. In august 2020, New Zealand marked 100 days since it stamped out the spread of the covid-19 virus, a rare bright spot in the world. At the time of the paper's writing (November 1, 2020), according to Johnson Hopkins University, New Zealand had just 1959 confirmed cases (77 active cases) and only 22 deaths from the beginning of covid-19 pandemic, and only 2 new daily cases confirmed, both in managed isolation. New Zealand's early success in controlling coronavirus disease 2019 (Covid-19) has been described as "crushing the curve". (WHO, 2020).

6. IMPACT OF SCIENTIFIC AND TECHNICAL EXPERTISE IN PUBLIC POLICY-MAKING

The rational policy decision would combine the best available scientific evidence–typically provided by expert opinions and modelling studies–but in an uncertain and rapidly changing environment, the pertinent evidence is highly fluid, making it challenging to produce scientifically-grounded predictions of the outcomes of alternative courses of action. (Berger et al. 2020, 2).

Scientific knowledge is foundational to the prevention, management and treatment of global outbreaks. The virus had a global dissemination and the effects were felt all over the globe. However, the consequences are not the same and the difference is visible in the different rage in infected persons, death toll, medical treatment. Countries with strong institutional capacities and better developed healthcare system achieve better results in coping with the crisis, while developing countries trot behind. Scientific and technical expertise may contribute towards finding effective new solutions, new forms of behaviour and organisation.

During period of crisis and uncertainty the governments tend to rely on scientific and technical expertise in order to provide proficient understanding of the problem and advise on opting for the best response. This leads to what is perceived as evidence-based policymaking, which signals to the public that decisions are being made based on reasoned and informed judgments that serve the public good, rather than special interests (Cairney 2016). The expertise is often used by policymakers in the context of informing, proving support or justifying the adopted policies and by that legitimizing the decisions of the governments as the best response to certain problem. Very often this scientific and technical expertise may become politicized and lead to inflation of scientific and technical information

The Covid-19 crisis has exposed to public a wide number of experts that were only familiar to their professional community, such as virologists, epidemiologists, infectious disease modelers, etc. whose knowledge became essen-

tial to understand and cope with the pandemic. Although most of the experts do not agree on all aspects of the novel coronavirus, their visibility brought the expertise in public and political spheres on a global level. As the pandemic took place, the scientific and technical experts became part of the decision-making processes and became recognizable for the public such as Anthony Fauci, director of the country's National Institute of Allergy and Infectious Diseases in the USA who appeared on press conferences together with President Trump.

Governments invoke scientific and technical expertise to inform and legitimize problems, responses, and evaluations. One of the fundamental purposes of scientific and technical information is to inform and legitimize governments' choices – especially in high-stake situations. (Weible 2020, 231). For the purpose of producing predictions to help guide policy decisions, the scientists use different models, such as quantitative models which abstract representations of reality that provide a logically consistent way to organise thinking about the relationships among variables of interest. They combine what is known in general, with what is known about the current outbreak, to produce predictions to help guide policy decisions (Den Boon et al. 2019).

The governments' choices have to be evidence based and therefore policymaking in times of health crisis becomes highly dependent on scientific and technical expertise. This creates two great challenges for the policymakers and experts. The policymakers need to apply the scientific and technical knowledge in a manner that will provide balance with their political agenda and political orientation.

The experts are challenged by the need to send their messages and communicate the public and policymakers in a simple and direct way, so that their advices can be practically applicable and available for the public.

Besides these challenges, they share high level of responsibility and accountability. If policy responses based on scientific and technical expertise achieve policy outcomes that do not reach the expected results, should the accountability be shared among politicians and experts?

Scientific and technical experts can provide specific information about the spread of the disease among population, project its trajectories over time, and estimate the likely effects of different policy responses, from mitigation to suppression. As Weible et al. emphasizes, formulating and adopting policy responses is the responsibility of government leaders. As scientific and technical experts become more prominent in the policy process, who is accountable for policymaking becomes more obscure.

7. MESSAGES AND EMOTIONS

While policymakers are responsible for making decisions, they are also responsible for communicating to professionals and to the public. The way individu-

als respond to advice and measures selected is as important as government actions, if not more (Anderson et al. 2020).

Communication of the policymakers to the public is essential and not an easy task. In times of crisis, the leadership and communication abilities of political leaders globally have been put to the test. Risk communication encompasses all the basics of health communication but differs in the need for speed and reliance on trust. At times of crisis, leaders are called on to provide a quick, sensitive and trustworthy response (PAHO 2020). High infection rates together with high mortality rates, forceful economic and social damage on states and global markers require effective response by the leaders. Planning, policy action, coordination skills need to be accompanied by clear and consistent messages with empathy and responsibility. The language used by leaders can perform a critical role in shaping individual behaviour and the tone of the message can instil confidence and offer reassurance to the wider public (Burdett 1999). And it is not just the language, but also the tone of the conveyed messages that shapes them and affects how will they be perceived by the public. Strong messages may cause change in behaviour, change in behaviour may stop the spread of the disease in this context. Understanding the risk is crucial for persuading people and governments to act upon crisis and uncertainty. Communicating the right message might reduce the risk and mobilize collective efforts, although the message still won't be persuasive for the whole public.

It is hard to agree on a set of policies or structural changes without some shared understanding of the nature of the complex problems we face. Public comprehension generates trust and collective ownership of decisions (Florini and Sharma 2020, 51).

Government strategies for communication and different models of approach have been analyzed during the Covid-19 crisis, and very often have been criticized for the lack of transparency of the policymakers and experts (Berger 2020, 9). Being open about the true degree of uncertainty surrounding the scientific evidence used to guide policy choices, and allowing for the assumptions of the models used, or for the decision-making process itself to be challenged is a valuable way of retaining public trust (Fiske and Dupree 2014).

Maintaining clear communications is critical in forging direct relationships and helping individuals interpret complex data and information in crisis situations. The media play a crucial role in disseminating information about a crisis, highlighting key incidences and holding decision-makers to account for their actions (McGuire et al. 2020).

The messages of the world leaders after the first wave of pandemic can be classified into few categories.

The first group of leaders downplayed the severity of the virus, like the US President Donald Trump who was predicting that the virus would "disappear" like "a miracle" one day, and dismissing growing concerns over the disease as a "hoax" by his political rivals. In Brazil, President Jair Bolsonaro in March

dismissed the illness as a "fantasy" and a "little flu". He has frequently questi-oned the utility of lockdown measures and largely shunned masks. Mexico's President Andres Manuel Lopez Obrador, at the beginning of the crisis held political rallies, kissing his supporters and urging Mexicans to "live life as nor-mal". That came even as his health minister called on citizens to stay home to contain the virus. (Rasheed, 2020). These approaches and messages can be in-terpreted as highly populist by showing initial aversion to scientific knowledge and state institutions.

Second group of leaders communicated the public with precise and non-contradictory messages. For instance, Taiwan's, Singapore's, and South Korea's governments acted swiftly to provide residents information and te-sting (Apuzzo and Gebrekidan 2020). In Singapore, Prime Minister Lee Hsien Loong in his messages emphasized the transparency and the need for trust in his government "We are transparent – if there is bad news, we tell you. If there are things which need to be done, we also tell you... If people do not trust you, even if you have the right measures, it is going to be very hard to get them im-plemented." Chancellor of Germany, Angela Merkel, showcased political tole-rance through her measured words. "This is part of an open democracy; that we make political decisions transparent, and explain them, that we establish and communicate our actions as well as possible, so that it becomes relatable." Prime Minister of New Zealand Jacinda Ardern provided empathic leadership and effectively communicated key messages to the public–framing comba-ting the pandemic as the work of a unified "team of 5 million"–which resulted in high public confidence and adherence to a suite of relatively burdensome pandemic-control measures. (Baker MG, Wilson N, Anglemyer A. 2020). Ms. Arden's leadership has been widely praised. She reassured people during the lockdown with daily briefings and a message that resonated "Go hard and go early".

Third group of leaders in favour of accurate information, imposed mea-sures for people that communicated false claims. They decided to send messa-ges for accurate informing by political action. Hungary's Prime Minister Viktor Orban on obtained the open-ended right to rule by decree in a new law that also imposes jail terms of five years on those who spread "false information". Similar approach had Rodrigo Duterte, president of Philippines, who secured emergency powers that grant him the authority to crack down on false claims about the coronavirus. (Rasheed, 2020).

8. POLICY SUCCESS AND FAILURE: WHAT WE LEARNED SO FAR

Covid-19 has changed everything in the world that was before the pande-mic. But the crisis has taught us lessons for the future. These profound lessons

showed that in case of uncertainty governments tried to establish roadmap with strict protocols. Within a few months after the outbreak, the world's reaction made a start and good response rather than a complete failure. Scientists were able to identify the virus within a few weeks and states adopted previously unthinkable measures, including different types of restrictions, school closures, quarantine etc. Citizens largely demonstrated resilience and responsibility towards the measures.

Responses for the Covid-19 pandemic vary among states and are highly dependent on the level of development. The countries do not have same starting positions when the crisis began. More developed countries offer better health care services and have larger capacities to cope the infections. They also have more precise and sophisticated analysis based on research, compared to developing countries that rely on small surveys, or projections by using available data from elsewhere to provide assumptions and projections on local level.

Uncertainty remains in this stage of the virus. Policy responses need to be adjusted to the new circumstances created by the second wave of the pandemic. Policymakers need to show flexibility and adjust the public policies to the changing circumstances. For instance, during the summer 2020 when the number of cases decreased, the governments decided to gradually relax restrictive measures, but once the second wave has started, the need for new lockdown has become crucial again. Public policies are not static and they should be subject to changes due to the circumstances, needs and experience created by the crisis.

The crisis thought us that the lack of information was not a single issue the governments faced. It was also the lack of political leadership, political cooperation and coordination on international level, like in the of European Union. Most of the Member States reacted with adoption of different policies towards Covid-19 and didn't reach an agreement for common response.

Before the vaccine and collective immunization becomes available, prevention and crisis management remain as the only response. According to the international scientific community, pandemics will become increasingly frequent events with shorter intervals of time. Prevention and international cooperation are therefore not an option, it is an absolute necessity. Urgency and speed of action are as crucial as the need to mobilize resources at real scale.

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