psca
political science applied

Heft 12

Corona Pandemic and Crisis Management

A Cross-Country Perspective

Dezember 2021
Wien und Kleve

PSCA Heft 12 (Dezember 2021) – ISSN 2306-5907

POLITICAL SCIENCE APPLIED

Zeitschrift für angewandte Politikwissenschaft

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Corona Pandemic and Crisis Management
A Cross-Country Perspective

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Frei verfügbar unter: **www.psca.eu**

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ISSN 2306-5907

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Wallgasse 25/ 7-8
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Editorial

Seit Anfang 2020 lähmt die COVID-19-Pandemie viele Bereiche der Gesellschaft in nahezu allen Teilen der Welt. Dabei versuchen die Regierungen auf teils sehr unterschiedlichen Wegen der Pandemie Herr zu werden. In fast allen Fällen haben die getroffenen Maßnahmen zur Eindämmung der Pandemie jedoch erhebliche Folgen für das soziale, wirtschaftliche und kulturelle Leben der Bürgerinnen und Bürger. Bei der Abpufferung dieser Folgen werden einmal mehr gravierende Unterschiede zwischen den Ländern sichtbar.

Das zwölfte Heft der Zeitschrift für angewandte Politikwissenschaft widmet sich dem staatlichen Krisenmanagement der COVID-19-Pandemie in vergleichender Perspektive und bringt zu diesem Zweck zwanzig kurze Fallstudien aus Afrika, Amerika, Asien, Europa und Ozeanien zusammen, die in vielerlei Hinsicht ein sehr breites Spektrum abdecken. Wichtig war uns bei der Fallauswahl, dass nicht nur jene Fälle in den Fokus gerückt werden, die ohnehin stark in der öffentlichen Debatte präsent sind, sei es aufgrund einer besonders drastischen Entwicklung der Erkrankungs- und Sterbefallzahlen oder aufgrund außergewöhnlicher staatlicher Maßnahmen zur Bekämpfung der Pandemie. Und so finden sich unter den behandelten Ländern auch Beispiele von weniger im medialen Rampenlicht stehenden Staaten, deren Krisenmanagement auch in der wissenschaftlichen Fachliteratur bislang eher wenig reflektiert wurde. Als Autorinnen und Autoren konnten wieder eine Vielzahl von Wissenschaftlerinnen und Wissenschaftlern sowie Praktikerinnen und Praktikern gewonnen werden, die die Entwicklungen der Pandemie zum Großteil direkt vor Ort beobachten konnten. Zur zeitlichen Eingrenzung und besseren Vergleichbarkeit wurde der Fokus auf das erste Jahr der Pandemie, beginnend mit dem Auftreten der ersten Fälle außerhalb von China im Frühjahr 2020, gelegt.

Als übergeordnete Leitfrage steht über dem Heft die Frage: Wie haben die Regierungen in so unterschiedlichen Staaten wie Ghana, Brasilien, Kirgistan, Österreich und Neuseeland auf die Pandemie reagiert? Die einzelnen Fallstudien orientieren sich jeweils – teils explizit, teils implizit – an den folgenden Fragestellungen, die damit auch als Vergleichskategorien zwischen den behandelten Ländern dienen können:

1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher?
2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?
3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?
4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?
5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?
6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Es versteht sich von selbst, dass es eine abschließende Antwort auf all diese Fragen naturgemäß erst in einigen Jahren geben kann. Es geht hier also nicht um eine abschließende Beurteilung, sondern vielmehr um eine erste Bestandsaufnahme.

Wir wünschen allen Leserinnen und Lesern eine spannende und erkenntnisreiche Lektüre!

Jakob Lempp, Angela Meyer, Jan Niklas Rolf

Inhalt

Australia

Kaayin Kee

Kaayin Kee is currently involved in public health research with the Murdoch Children's Research Institute in Melbourne, Australia. Prior to this, she completed a Bachelor of Arts specialising in International Relations at the Rhine-Waal University of Applied Sciences in Kleve, Germany.

Throughout the coronavirus pandemic, Australia has been lauded as one of the top responders globally. With most of Australia's COVID-19 cases and deaths isolated to the south-eastern state of Victoria and its capital city, Melbourne, the majority of the country has experienced month-long periods of COVID-19-free living. An envy to the rest of the world, it is worth considering what has set Australia apart.

While it is difficult to write a static piece in the very dynamically changing situation that comprises the pandemic, Australia likely provides one of the more suitable contexts for writing such a piece, due to the relative stability it has experienced during this time. This stability has meant that Australia has held the privileged position of being able to observe other countries' actions without the urgency those countries have experienced, and inform its decisions with this information.

Throughout this factsheet, the most important detail to keep in mind is that Australia is an island continent, with most of the Australian population clustered at the peripheries of the Australian landmass. As such, the geographical distance between borders internally as well as externally has aided in minimising transmission of COVID-19, regardless of government influence.

1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

The geographical advantage Australia holds has been supplemented by a hard closure of Australia's international border to non-citizens and non-residents since the 20th of March, 2020 – roughly two months after the first confirmed case of COVID-19 in Australia. This was followed shortly after by the declaration of a biosecurity emergency, which under legislative order, prevents Australian citizens and permanent residents from leaving the country, with minimal exemptions. This combination of measures has meant that the only remaining possibility of COVID-19 entering the country has been through returning citizens and residents.

For those within the country, particularly in any state apart from Victoria and New South Wales, this severity has played a significant role in the luxurious normality experienced by Australians. As first and second waves surged globally in 2020, life continued largely as expected in those states, with masks, social distancing, and hand hygiene encouraged but not strictly enforced. The most interesting and fervent government action was therefore to be seen in the aforementioned two states, particularly the state of Victoria which was the only to experience a second wave of any significance at the time of writing.

The situation that unfolded in Victoria during its second wave juxtaposes very strongly with the rest of the country, as the state was locked down for roughly four months from mid-June to the mid-October in 2020 in a condition of extreme stringency. At the most extreme period of the lockdown, Victorians, who were already under stay-at-home orders, were not allowed further than five kilometres from their homes, as well as facing a curfew of 8 PM. Not wearing a mask where required or breaching stay-at-home orders would further result in fines from $200 up to $5000. However, since the end of this lockdown, Victoria has barely experienced more than five new cases of COVID-19 on any given day, which is indicative of the lockdown's success, at least in terms of new infections.

2. What changes can be observed in pandemic control over time?

Since the aforementioned lockdown in Victoria, there have been no further long-lasting lockdowns. Instead, states have implemented 'snap' or 'circuit-breaker' lockdowns each time a new cluster of cases has been detected in

the community. While these lockdowns, each lasting from two days to two weeks, have differed from the major lockdown experienced by Victoria, their implementation is indicative that the Australian government's "aggressive suppression" strategy remains in place (Coatsworth, 2020). That is, although each state will experience periods of local elimination of the virus, it has been acknowledged that elimination cannot last, meaning control measures will be repeatedly imposed until elimination can be successfully achieved. It is the hope that this will come with high enough rates of vaccination amongst the public, but the timely fulfilment of this seems to prove challenging to Australia at present.

3. What political and societal narratives exist around the pandemic and pandemic control?

It is of the author's opinion that the societal reaction in Australia around the pandemic has been relatively mild. For instance, as with the rest of the world, a sudden increase of Sinophobia was observed during 2020, which although unjustified, has nevertheless appeared to be less vitriolic than in other countries such as the United States. In New York City, a number of volunteer neighbourhood watch groups have had to intervene in response to increased physical assaults on individuals of East Asian ethnicity (Petri, 2021), but racism in Australia has not reached this extent.

On a political level, the Morrison Government announced in May 2020 that it would instigate an independent international investigation into the origins of COVID-19 by aiming to form a new body for the oversight of global health, implying a degree of distrust for the World Health Organisation and especially for China (Probyn, 2020). However, as this was a decision by the government and not necessarily the public, this also did not translate in an obvious way into anti-Chinese sentiment.

Otherwise, it was interesting to observe that during its long lockdown, Victoria embraced its responsibility with a spirit of solidarity. While anti-lockdown protests became increasingly prevalent and difficult to contain overseas, any attempt to do so during the lockdown in Victoria quickly fizzled out.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

There have been a number of government actions to mitigate the socioeconomic consequences of the international border closures and state lockdowns. Most notably, a wage subsidy program was developed to provide eligible businesses with partial coverage of the cost of employee wages while they were forced to close during lockdowns, with the intention of aiding in retention of employment for Australian citizens. Additional to this, a 'Coronavirus Supplement' was added on to all government-provided income support payments, and Australians were temporarily allowed to apply to access a portion of their superannuation fund early (Department of the Treasury, n.d.). However, all such Australia-wide pandemic-related support payments have already ceased after roughly a year of their inclusion in the federal budget. State-specific support payments however, particularly in the states where relapsing into lockdown is more likely, are still available.

5. How does the population assess the government's crisis management and crisis communication?

The Australian government has made significant blunders in its response to the pandemic, which have been fodder for news media. The disembarking of several hundred COVID-19 infected passengers from a cruise ship in Sydney and the opting of private security guards instead of soldiers for manning hotels operating as quarantine facilities in Melbourne during Victoria's second wave have been some of the largest headlines amongst a constant babble of complaints. The plight of small businesses, the government's stringency on restricting its own citizens from crossing borders, and the relatively slow rollout of COVID-19 vaccinations have been repeatedly cited as issues in the government's response. However, these issues have not been anywhere near enough to cause major uprisings against the government, as seen recently in Brazil or earlier in Lebanon.

Multiple surveys conducted since the Australian government's management of the pandemic *could* be assessed have shown that most Australians are generally satisfied with the government's performance (Devlin and Connaughton, 2020; Insightfully, 2020, as cited in Hanrahan, 2020; Melbourne Institute, 2020). Given that Australians have at least some understanding that the majority of the world's citizens are experiencing the pandemic under much more dire circumstances, and therefore have a benchmark against which they can measure their own pandemic realities, this seems like an appropriate response.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Australia has maintained a significantly high testing rate per confirmed case (Roser et al., 2020). Testing has been regularly encouraged through social awareness campaigns and press conferences, and is free and widely available, with easy online tools developed to find one's nearest testing sites. Coupled with an emphasis on contact tracing (in some states more than others), this has meant that the likelihood of detecting and subsequently containing new cases as they occur has been one of Australia's strong points. As such, other countries might consider emulating Australia's encouragement of testing, and their framing of it as convenient and important for the greater society. Furthermore, the stringency of introduced measures, involving fines and the closing of internal and external borders, although impractical for certain regions of the world, might also be of consideration.

It is somewhat difficult to answer this prompt without considering Australian sociology. In attempting to answer the question as to what has set Australia apart, it has been found that one of the more notable aspects has been Australians' willingness to follow social distancing measures (Gilbert, 2020; O'Sullivan, Rahamathulla and Pawar, 2020; Crabb, 2021). Results of a national survey have implied that Australians prefer to be given rules to follow, with a high consensus on the restriction of freedoms to keep Australians safe (Crabb, 2021). Contrasted to the string of protests of varying levels of unrest in Europe earlier this year, such as the protest in Kassel, Germany of more than 20,000 attendees (Jones, 2021), or the riots in Urk, the Netherlands (Haddad, 2021), Australians have been noticeably cooperative and obedient. When there is so much heterogeneity in the world's societies to consider, advising other countries that their citizens should adopt a similar mindset to improve their pandemic conditions seems like a dubious suggestion.

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Austria

Angela Meyer

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1. **Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher? Und:**
2. **Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?**

In Österreich wurden erste Infektionen mit dem Corona-Virus am 25. Februar 2020 aus Tirol gemeldet. Das Gesundheitsministerium richtete in der Folge zunächst eine Taskforce ein, startete eine Hotline und fing an, Menschen mit Symptomen zuhause zu testen. Auf Grundlage des vom Parlament verabschiedeten „COVID-19-Maßnahmengesetzes (BGBl. I Nr. 12/2020)“ wurde ab 16. März ein landesweiter Lockdown verhängt: Das Verlassen der Wohnung war nur noch unter bestimmten Umständen, wie Arbeit, Einkaufen, Arztbesuche oder Erholung gestattet, Treffen von mehr als fünf Personen wurden verboten, Restaurants, Hotels, Sport- und Kultureinrichtungen sowie Geschäfte, die nicht der Grundversorgung dienen, geschlossen, und der Schul- und Universitätsunterricht auf Distance Learning umgestellt. Unternehmen sollten nach Möglichkeit Home-Office Betrieb einführen. Dieser erste harte Lockdown, der nach und nach einige Lockerungsmaßnahmen erfuhr, dauerte bis Mitte Mai. Das Sinken der registrierten täglichen Neuinfektionen, vor allem aber der Rückgang der stationären Neuaufnahmen von COVID-19 Fällen in den Intensivstationen führten zu der Entscheidung, Gastronomie, Hotellerie, Kultureinrichtungen und den gesamten Handel wieder zu öffnen. Nach einem relativ entspannten Sommer ließ der Wiederanstieg des Infektionsgeschehens im Herbst die Regierung jedoch einen neuen harten Lockdown ab 17. November mit ähnlichen Maßnahmen wie im Frühjahr verhängen. Dieser zweite Lockdown wurde in Hinblick auf die Weihnachtsfeiertage zwischen 7. und 26. Dezember abgeschwächt, sodass der Handel kurzzeitig wieder öffnen durfte. Der anschließende dritte harte Lockdown endete am 8. Februar 2021. Neben der Wiederöffnung von Handel, sowie Museen, Bibliotheken und Tiergärten wurde auch in Volksschulen der Präsenzunterricht wieder aufgenommen, während in höheren Schulen ein Schichtbetrieb eingeführt wurde. Restaurants, Hotels und Sportbetriebe mussten allerdings mit ihrer Öffnung bis Mai 2021 warten. Zum verpflichteten Tragen von FFP2 Masken, die schon seit Ende Januar überall den „normalen“ Mundnasenschutz ersetzt hatten, kam als weitere neue Regelung die Testpflicht für Schüler der Oberstufe und für den Besuch bei körpernahmen Dienstleistern wie Friseuren hinzu.

Die Effektivität der von Bund und Ländern verhängten Maßnahmen wurde weitgehend in Frage gestellt und kritisiert. Vorgeworfen wurde vor allem die oft scheinbare Ziellosigkeit, Beliebigkeit und fehlende Nachvollziehbarkeit von Erlass, Lockerung und Aufhebung der Lockdown-Phasen. Während die Regierung den Rückgang des Infektionsgeschehens im Frühsommer als Beleg für ihr erfolgreiches Krisenmanagement darstellte, wurde dem auch entgegnet, dass fehlende Informationen über das neuartige Virus, Unsicherheit und Angst viele Menschen zu Selbstschutz- und Vorsichtsmaßnahmen und einer Limitierung sozialer Kontakte animiert haben, die letztendlich die Ansteckungsgefahr reduzierten.

3. **Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?**

Schon sehr früh haben sowohl die österreichische Bundesregierung als auch Landesregierungen wie die Stadt Wien Slogans und Bilder eingesetzt, um unterschiedliche Maßnahmen zu propagieren. Hier lassen sich zwei Tendenzen erkennen: zum einen fällt eine starke Vereinfachung bis hin zur Infantilisierung auf. Prominentestes Beispiel hierfür ist sicherlich der in der Folge viel diskutierte Babyelefant, der von der Bundesregierung als Symbol für den Ein-Meter-Sicherheitsabstand herhalten musste. Unter dem Motto "*Schau auf Dich,*

schau auf mich" wurde zudem ein TV-Spot ausgestrahlt, in dem ein Kind im Elefantenkostüm Passanten auseinanderschiebt, um so für die Einhaltung des Mindestabstands zu sensibilisieren. Zum anderen setzt man auf den Einsatz von Dialekt. So versucht die Stadt Wien, unterschiedliche Zielgruppen über Werbung in öffentlichen Verkehrsmitteln, Radio, Fernsehen, social media und Print- und Onlinemedien für die Pandemiebekämpfung und die Corona-Impfung zu erreichen und legt hierbei den Schwerpunkt auf die Wiener Mundart. Dies etwa mit der OIDA Regel[1] („***O**bstond hoitn, **I**mmer d'Händ' woschn, **D**aham bleiben und **A** Maskn aufsetzn… und es wird wieder leiwand, Oida*") oder Slogans wie „*Putz di, Corona*" oder „*Schau, dass'd weida kummst, Corona*". In beiden Fällen – also bei der Infantilisierung und dem Einsatz von Mundart – liegt nahe, dass versucht wird, ein gewisses Gemeinschaftsgefühl und Zusammenhalten im Kampf gegen das Corona-Virus zu erzeugen. Jeder soll einen Beitrag in der Pandemiebekämpfung leisten, und die Einhaltung der Maßnahmen wird als kinderleicht oder „babyeinfach" dargestellt. Über den Dialekt wird zudem ein Wir-Gefühl gegenüber einer Krise vermittelt, die zugleich als global und von außen kommend dargestellt wird.

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Um die Wirtschaft während der zeitweisen Schließung von Gastronomie, Hotellerie, Kultur- und Sporteinrichtungen, sowie einigen Dienstleistungsbetrieben zu unterstützen, die Produktions- und Einnahmenausfälle aufzufangen und massive Entlassungen zu verhindern, wurde eine Reihe von Programmen zur Verfügung gestellt.

Zum einen wurde zusammen mit den Sozialpartnern die Kurzarbeit stark vereinfacht und finanziell aufgebessert. Anträge waren um einiges einfacher zu stellen und wurden schneller vom Arbeitsmarktservice bearbeitet.

Weiters wurde ein Härtefallfonds in der Höhe von zwei Milliarden Euro eingerichtet, um den krisenbedingten Einkommensentfall von Selbstständigen und Kleinstunternehmen abzufedern.

Ein drittes Paket umfasst den Fixkostenzuschuss, den Verlustersatz und den Ausfallsbonus der Unternehmen, die unter den mit Pandemie verbundenen Einschränkungen leiden, einen Teil der Fixkosten bzw. der Umsatzeinbußen abdeckt.

Für eine Bewertung der wirtschaftlichen Maßnahmen ist es sicherlich noch zu früh, auch weil die Frage der Finanzierung im Grunde noch gar nicht im politischen Diskurs angekommen ist. Auffällig ist aber, dass die gravierenden Folgen für die Gleichheit von Bildungschancen oder die Unterschiede bei Lohn- und Einkommensverlusten verschiedener Bevölkerungsgruppen, v.a. der Jungen zwar gelegentlich thematisiert werden, aber kaum als akutes Handlungsfeld erkannt werden.

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Während im ersten Lockdown die Bevölkerung – teilweise aus Furcht vor einem noch wenig bekannten Virus – zumindest anfangs die von der Bundesregierung verhängten Corona-Maßnahmen weitgehend befolgte, ließ sich in der Folge zunehmend Unmut und Kritik bemerken. Unzufriedenheit herrschte etwa über die strenge Kontrolle und das teilweise sehr scharfe Vorgehen der Polizei zur Einhaltung von Abstands- und Ausgangsregelungen. Ebenso sorgte der sogenannte „Ostererlass", der für die Osterfeiertage 2020 größere Familienfeiern verbieten sollte, für breite Aufregung. Kritisiert wurde die fehlende Rechtsgrundlage, gingen doch einige der propagierten Verbote über den extrem spät veröffentlichten Verordnungsrahmen hinaus. Verfassungsexperten sahen im Erlass zudem einen Eingriff in das geschützte Hausrecht und beurteilten ihn als rechtswidrig. Nur fünf Tage später zog die Regierung die Osterregelung wieder zurück. Steigender Unmut und eine sinkende Bereitschaft zu erneuten Einschränkungen machten sich vor allem ab Herbst 2020 bemerkbar. Nach einem doch relativ lockeren Sommer führte die Wiederaufnahme von Maßnahmen und die Ankündigung eines er-

[1] Die österreichische Diskurspartikel „Oida" entspricht dem bundesdeutschen „Alter" oder „Mensch". Leiwand entspricht cool, toll.

neuten Lockdowns zu einer weit stärkeren Verdrossenheit als im Frühjahr. Dem Krisenmanagement der Bundesregierung wurde in diesem Zusammenhang vor allem Ziel- und Orientierungslosigkeit, den Verordnungen Widersprüchlichkeit und den Maßnahmen Beliebigkeit und fehlende Nachvollziehbarkeit vorgeworfen. Letzteres wurde sogar vom österreichischen Verfassungsgerichtshof teilweise bestätigt: dieser kippte einige der im COVID-19-Maßnahmengesetz enthaltenen Regulierungen, wie etwa das allgemeine Ausgangsverbot, nachträglich, da diese nicht ausreichend begründet waren.

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Österreich und vor allem dem Bundesland Tirol wird in Punkto Krisenmanagement vorgeworfen, anfangs viel zu langsam auf die Corona-Krise reagiert zu haben, und dies insbesondere vor dem Hintergrund, Tourismus und Skisaison nicht zu gefährden. Während bereits Ende Februar 2020 gemeldet wurde, dass sich isländische Skigäste in Ischgl mit dem Coronavirus angesteckt hätten, dauerte es ganze acht Tage, bis der Skiort zum Risikogebiet erklärt und unter Quarantäne gestellt wurde. Mit Bekanntwerden des lokalen Infektionsherds von Ischgl setze ein eiliges und vor allem unkontrolliertes Abreisen von internationalen Urlaubern ein, die das Virus so in ihre Heimatländer verschleppten. Während die in der Folge dann doch recht zügig umgesetzten drastischen Maßnahmen von einigen Seiten, wie beispielsweise der bayrischen Landesregierung, teilweise als nachahmenswert betrachtet wurden, ging dieser Eindruck bald verloren. Zum einen kritisierten viele Länder, allen voran Deutschland, die als verfrüht empfundenen Lockerungen in Österreich im Frühsommer. Zum anderen wurde ab Herbst 2020 das Regelchaos kritisiert, das mit der Einführung der vorab viel gepriesenen Corona-Ampel, die einmal wöchentlich die Infektionslage in den Bundesländern abbilden und entsprechende Regulierungen begründen sollte, einherging. EU-weit fiel Österreich hingegen durch seine relativ stark ausgebaute Testinfrastruktur auf. Während in vielen Ländern Europas das Angebot von öffentlichen Testmöglichkeiten für die Bevölkerung nur langsam in Gang gekommen ist, hat Österreich an dieser Stelle sehr schnell reagiert. Zwischen Jahresbeginn und Februar 2021 hat sich die Zahl der landesweit durchgeführten Corona-Tests von vier auf zwölf Millionen verdreifacht. Mit 10.800 Tests pro 100.000 Einwohner rangierte Österreich damit EU-weit auf Platz drei. Seit Februar bietet jede Gemeinde kostenlose Teststraßen an, Gratis Antigentests können in vielen Apotheken gemacht oder als Kits für zuhause abgeholt werden und Supermärkte verteilen PCR Tests gratis und nehmen diese entgegen. Schulkinder werden automatisch mehrmals wöchentlich in der Schule getestet. Während eine solche Maßnahme es ermöglichte, ab Februar den Schulbetrieb wieder aufzunehmen und die Öffnung beispielsweise von Friseuren und anderen körpernahmen Dienstleistern zu gewährleisten, ist das häufige Testen auf der anderen Seite auch mit sehr hohen Kosten und viel Aufwand verbunden.

Brazil

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

The first COVID-19 confirmed infection case was reported on February 26, 2020; the pandemic reached a first peak in mid-August and had steadily receded through early November 2020. However, an acute second wave led the number of daily cases and deaths to new highs in April 2021. The Brazilian Congress declared a state of "public calamity" at the onset of the pandemic, lifting the government's obligation to comply with the primary responsibilities to control the spread of the virus. Emergency measures were taken, in which the government promised to implement social, health, fiscal and monetary measures to contain the impacts brought by the pandemic.

Nevertheless, the chaotic and delayed governmental response against the coronavirus led Brazil to become the world leader in daily confirmed infections and deaths in March 2021. The president's constant denial of the virus' existence and anti-quarantine measures led to the outbreak of corona cases in the country. Ongoing public investigations, such as the COVID-19 Parliamentary Commission of Inquiry (CPI), are currently investigating alleged omissions and irregularities in federal government spending during the COVID-19 pandemic in Brazil.

2. What changes can be observed in pandemic control over time?

At the time of writing, Brazil was the country with the third highest number of COVID-19 deaths worldwide, following the United States and India. By the end of June 2021, over 18 million confirmed COVID-19 cases and more than 500,000 deaths had been reported in the country, as the virus continues to spread at elevated levels (Ministério da Saúde, 2021). National statistics indicate that the pandemic has had negative effects on income and employment, generating a chain of economic effects, especially for the already most vulnerable populations, including women, indigenous and black communities. In addition, there may also be psychological impacts from the adjustments that individuals have found it necessary to make in their everyday lives, including physical distancing, social isolation and quarantining (Brooks et al., 2020).

3. What political and societal narratives exist around the pandemic and pandemic control?

As the number of COVID-19 cases increased, efforts taken by state governments to combat the virus were often at odds with the positions adopted by the far-right leader president, Jair Messias Bolsonaro, who pressured public health officials to do away with social distancing recommendations, calling COVID-19 a "measly cold." Internal political conflicts between Bolsonaro and other public officials led to inefficiencies while trying to come up with rapid policy solutions to contain the pandemic. The most prominent example shows how, within the scope of one year, three health ministers left their mandate after clashes with Bolsonaro, bringing even more chaos to the already polarized political environment in the country. Communication channels across the world have shown how the far-right president has downplayed the pandemic, ignored containment measures and promoted treatments with no scientific basis – he became "a threat to its own population". Medical researchers and professionals felt ignored and blamed the anti-science government for the devastating COVID-19 surge.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

The fiscal responses advocated by the federal government included the expansion of health spending and temporary income support to vulnerable households – cash transfers to informal and low-income workers, the so called "Emergency Aid program". The program temporarily benefited over 50% of the Brazilian population, who received assistance to offset the fall in their income resulting from 10 million job losses in the first four months of the pandemic. For poorer parts of the population, the monthly assistance of 600 Brazilian reais (almost US$ 120) was granted for five months (April – August 2020) (ECLAC, 2020). In addition, expanding the *Bolsa Familia* program with the inclusion of over 1 million more beneficiaries, employment support (partial compensation to workers who were laid off), and transfers from the federal to state governments to support higher health spending and as cushion against the expected fall in revenues were also promoted (IMF, 2021).
Although a few government measures were (belatedly) implemented, the country's current socioeconomic situation shows its inefficiencies as the country continues to struggle with, for instance, the millions of Brazilians who were tossed back into poverty (12.8% of Brazil's population are now living below the poverty line, FGV 2021). In fact, controlling the COVID-19 pandemic in Brazil is a challenge of continental proportions. Its rapid spread in the country is attributable to many factors, including urban density, timing of the implementation and maintenance of social distancing policies, and limited testing capacity (Monteiro et al., 2020). Although some experts believed Brazil would be well equipped to rise to the challenge of a pandemic, the country's underfunded public health system tracked the highest number of emergencies, as the virus has taken a devastating toll on health care workers. Dozens of nurses and hospital technicians died after contracting the virus at work.

5. How does the population assess the government's crisis management and crisis communication?

In addition to the health, political and economic crises, the Federal Government is facing a credibility crisis which emerged during the pandemic, overshadowing the impact of COVID-19. Confidence in the government fell as the number of infections increased. A communication crisis also emerged as the coronavirus brought a flood of information in which not all of it is reliable[2]. The era of fake news was never as strong in Brazil as before. A study conducted by the Federal University of Santa Maria (UFSM) shows that a majority of the Brazilian people does not believe in the information provided by public managers and the traditional media in Brazil, which resulted in a misinformed and distrustful population (Klein, 2021). At a time when the country is facing the worst phase of the pandemic, efficient communication – with correct information – can be the difference between life and death.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

The international media extensively exposed how the Brazilian government's negligent response to COVID-19 has plunged the South American country into a snowballing "humanitarian catastrophe". The humanitarian charity Médecins Sans Frontières (MSF) has condemned Brazilian authorities for their failure to control the spread of virus, which has led to thousands of needless deaths, caused the health system to nearly collapse, and left staff exhausted and traumatised. Consequently, international concern over Brazil's unchecked outbreak and the spread of the more contagious variants continues to grow. To this end, there are no immediate crisis management best practices in Brazil that can replicated in other countries.

[2] The lack of reliable information brought by the current political /communication crisis in Brazil justifies the absence of direct government sources in this article.

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Chile

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

On March 18, 2020, Chile's president Piñera issued a national state of emergency – *un estado de catástrofe* – to expand the government's competences and regain control over the spread of the virus (Oasis, 2020). Nonetheless, in July 2020, Chile was the country with the highest rate of infections per 100.000 inhabitants in the world, therefore very strict national and even harsher regional restrictions were imposed (Domínguez, 2020). Many Chileans, especially from the urban areas, endured what would become one of the most extensive lockdowns worldwide. Although schools and daycares remained closed during most of the pandemic, the restrictions on many businesses were lifted at the end of 2020. Reperger (2021b) argues that the decision to remove these restrictions was made too early and contributed significantly to the second wave of the pandemic.

Chile's position in the global race for vaccines is pointedly assessed by Aguilera et al. (2021), who argue that Chile was "too rich to be priority for global health agendas or donations, too poor to compete with Europe and North America on global markets, too unimportant for big pharmaceutical companies, and too unprepared to launch an own rapid vaccine development program." Being aware of Chile's precarious situation on the global market, the Chilean foreign ministry diversified its search for vaccines and negotiated with vendors from different world regions and across all vaccine mechanisms, thereby trying to circumnavigate political or scientific failure during the procurement process (Aguilera et al., 2021). While the Pfizer-BioNTech (20.000 doses in December 2020) and AstraZeneca (160.000 doses in April 2021) vaccines did not nearly cover the Chilean demand, Aguilera et al. (2021) attribute the early and extensive vaccination rollout in Chile to the Chinese CoronaVac delivery, which amounted to 1.9 million doses in January 2021 and 2 million more doses shortly after.

Notwithstanding the initially very successful vaccination campaign that managed to get 73% of the population vaccinated until September 2021, the infection rate in Chile has grown significantly and reached unprecedented levels during the summer of 2021 (OWD, 2021). The number of corona-related deaths has more than doubled since January 2021 and in June, more than 98% of intensive care beds were occupied - mostly by young, unvaccinated Chileans (Scheuble, 2021; Reperger, 2021b). One reason for the rising rate of infections has its roots in the, number-wise very successful, vaccination campaign. Approximately 90% of the vaccinated Chileans received the CoronaVac vaccine, which, according to a recent study by the Universidad de Chile and the Chinese disease control agency, only provides around 50% protection against an infection with the virus (DW, 2021; Reperger, 2021b).

To counterbalance this development, the Chilean government has again introduced a very strict lockdown, which extensively limits freedom of movement and prohibits citizens from leaving their apartment more than twice a week or without a permission from police authorities (DW, 2021). Initially intended only for 90 days, Chile remains in a legal state of emergency to this day: in June 2021, congress approved the latest extension until September 30, 2021 (Prensa Latina, 2021).

2. What changes can be observed in pandemic control over time and which political and societal narratives exist around the pandemic and pandemic control?

A significant and, as Reperger (2021a, 2021b) argues, fatal change in pandemic control was undertaken in the light of the triumphant narrative of the well-executed vaccination cam-

paign. Due to the enthusiastic mood in the general population and the government's desire to present itself as a competent crisis manager, public health policy started to focus on the distribution of vaccinations alone, while at the same time measures like contact tracing, widespread testing, and prevention were neglected – even under repeated protest by the Chilean medical association (Reperger, 2021b). The above-mentioned widespread narrative of the successful vaccination campaign gave rise to a negligence of safety measures not only in government agencies, but also among the population. Reperger (2021b) attributes developments like a reduction in mask usage, large events and parties, unrestricted travel, and an increase in commerce to the government's effort to celebrate the vaccination campaign, proclaim the prospect of herd immunity in the near future, and downplay the weaknesses of the CoronaVac vaccine.

Chile's ailing health care system produced another narrative among Chileans: only the poor die from the virus. 85% of Chileans are not able to afford treatment in private hospitals and are therefore forced to seek care in the crumbling, underfunded public hospitals. As a result, lower-income neighborhoods have significantly higher death and infection rates than richer areas (Domínguez, 2020; Reperger, 2021b).

3. What has the government done to mitigate the socioeconomic consequences of the measures taken?

Already in 2020, the World Bank predicted that, largely due to the pandemic, between 88 and 115 million people worldwide would fall into extreme poverty - 4.8 million of which in Latin America (World Bank, 2020; Achcar, 2020). With more than half of its population not being able to pay their bills at the end of the month, Chile is among the states most affected by this economic downturn and resulting surges in unemployment.

The financial relief provided by Chile's unemployment benefits and welfare programs only marginally improved the economic situation among its inhabitants and was not capable of palpably mitigating the crisis effects. While other states resorted to stimulus packages, direct financial assistance, tax cuts, and other tangible measures, the Chilean government limited such programs and instead let its populace carry the burden of the pandemic. Multiple times since 2020, Chileans were able to withdraw 10 percent of their pension from the state's pension fund to compensate for income losses. While state-funded aid programs only amounted to $5 billion, more than $37.5 billion in savings were withdrawn from citizen's future pensions (Laing & Cambero, 2021). According to Reperger (2021b), more than 3 million of the 17 million Chileans have already exhausted their retirement savings and are no longer entitled to a pension. The financial distress of many was therefore merely deferred to the future.

4. How does the population assess the government's crisis management and crisis communication?

After the initial success of the vaccination campaign, Chileans are now disillusioned by the surge in infections and deaths. Hopes of being spared from another wave were let down and many feel "disappointed and frightened" (Boddenberg, 2021) or frustrated and confused due to the swift change in government communication from triumphantly proclaiming to be "vaccination world champion" to sending nearly 90% of the population into harsh lockdowns again. Critics further blame president Piñera for lifting restrictions too fast twice – once before, once after the vaccination campaign (Chambers, 2021).

5. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Chile's early and determined negotiations to order vaccines serve as an exemplary case for state procurement in crisis situations. Neither did the foreign ministry officials exclude certain types of products, nor did they rule out vendor states for political reasons. Especially in crisis situations and under time constraints, this broadly diversified approach to procurement enabled Chile to order, buy, and distrib-

ute vaccines faster than any other state in the world. The meticulously organized vaccination campaign further strengthened the public image of a caring government and diligent bureaucracy. Nonetheless, the widespread use of a weak vaccine in combination with lifted restrictions and the abandonment of other containment measures destroyed this narrative and left the Chileans disillusioned and angry. While the proclamation of collective successes and the creation of a positive outlook are crucial parts of public crisis communication, overexaggerating your successes and taking disproportionate measures can shatter a government's credibility in the long run.
Notwithstanding the circumstances, Chile held the historic election for its constitutional convent in May 2021 and even organized its convocation (Gaudichaud, 2021). Adhering to and strengthening of democratic processes even during such an overwhelming crisis can also serve as an example for the extraordinary determination of a country's population to shape and create their state's future - even under adverse conditions.

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East Timor

Constantino Pinto and Inge Lempp

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Inge Lempp was born and raised in Indonesia, and lives in Timor Leste since 1999. She has a Bachelor in Social-Pedagogics from the Evangelische Hochschule für Sozialwesen in Freiburg i.Br. in Germany and a Master of Divinity from the Lutheran School of Theology at Chicago, USA. She currently heads the MISEREOR Dialogue and Partnership office in Timor-Leste.

1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

From the beginning of the pandemic (March 2020) until today the main measure of the government of the Democratic Republic of Timor-Leste to protect its people and contain the spread of the COVID-19 virus has been through a State of Emergency, renewed by parliament on a month-to-month basis. This basically means that all borders (air, land and sea) are closed, with limited and highly regulated entry into the country. Regulations limit the number of entries and require a negative PCR-test result upon arrival and a 14-day mandatory quarantine time (either in government quarantine centers or designated hotels). In 2020, this worked mostly well, and after three months of strict lockdown and home confinements, Timor-Leste opened up again whilst still adhering to major prevention measures, such as frequent hand-washing, wearing of masks and physical distancing. Basically, people lived internally in relative freedom and mobility until December 2020. Throughout the year 2020, the number of infected people remained very low (below 50 in total for 2020). From July 2020 through April 2021 the World Food Program (WFP) chartered a monthly flight between Kuala Lumpur and Timor-Leste to assist diplomatic, UN, Timorese government and NGO related personnel.

At the beginning of 2021, first COVID-19 infection clusters were detected through community screening in the capital of Dili and in villages in the Cova-lima municipality around Suai, as there is a lot of unregulated border crossing in the mountains and rural areas. The government conducted contact tracing and expanded community testing. In early March, a cluster was detected in Baucau (further east) and Dili was declared a hot-spot with community spreading. The first COVID-19 fatality occurred in March 2021 in Timor-Leste. Apparently, the permeable land border to Indonesia had let the virus in, being brought across by people unbeknown who had crossed the border uncontrolled, despite the government's efforts to reinforce security and patrols by additional police and military at the border. In the second week of March 2021 Dili and seven of the 13 Municipalities were placed under strict "lockdown" regulations: no one was allowed out except for going to shops or markets for groceries, to pharmacists for medicines or to medical consultation. All shops selling other items than food or medicine were closed, and restaurants could only serve take-away. Public transport such as *microlets* (mini buses), taxis and buses were not allowed to function. The entire pandemic and its containment measures have had an immense impact on the economy and people's livelihoods, as the majority of people work to feed themselves day to day.

The strict lockdown was lifted for three weeks right after Cyclone *Seroja* hit Timor-Leste. Floods and landslides caused 50 lives and around 40,000 people lost their homes, livelihoods and crops. Timor-Leste was hit by a double-crisis. Many were and are facing hunger. The lockdown was temporarily lifted in order to be able to supply emergency relief to those most in need. It was re-instated at the end of April and lasted until July, when the first COVID-19 wave in Timor-Leste officially ended. There was a renewed phase of opening

for commerce, schools and religious celebrations which lasted for about six weeks. In mid-August 2021 the Delta variant raging through Indonesia had crossed the border and was first detected in Ermera municipality and then also in Dili.

2. What changes can be observed in pandemic control over time?

Since March 2021, an additional measure was taken called the "Sanitary-fence", basically restricting travel between municipalities. Dili, the capital, has ever since been in a sanitary fence. Other districts are put under sanitary fences depending on their numbers of infected cases. One is only allowed to travel between districts, for urgent work or important family reasons (e.g. funerals), and only with a negative PCR test and a written permission from the *Centre for Integrated Crisis Management.* Whoever is fully vaccinated (twice) is free to travel between municipalities.

In April 2021, the first COVAX vaccinations through the WHO arrived in Timor-Leste. They have first been administered to the elderly (60 and up-wards) and later on to anyone over 18 years old. There has been a steady flow of COVAX donations, as well as bilateral donations from other countries, namely Australia, China, Japan and Portugal. All donated vaccines so far have been from AstraZeneca, except those from China which were CINOVAC. Donations from China were targeted for the Chinese community in the country and to university students. UNICEF and the Ministry of Health are trying to source BioNTech-Pfizer vaccines for the age-group 12-17-year-olds as this is the largest societal group. They were supposed to arrive in August 2021 but there has been no further notice.

Australia through its Embassy in Dili is supporting and advising the Timorese Ministry of Health and government immensely from the beginning of the pandemic until today. In early 2020, within a week a new laboratory was established, through the assistance of *Menzies School of Health* in Darwin, Northern Territories, to be able to test COVID-19 samples in the country and not having to send the samples to a laboratory in Australia. Timorese staff were trained and supervised by Australians. The laboratory, which was inundated by the devastating floods of the cyclone in April 2021, was then expanded to be able to process higher numbers of samples a day, as community screening began to be expanded as well. However, several sample tests are sent every week to an institute in Melbourne, for Genome Sequencing, which is not possible within Timor-Leste.

The Ministry of Health with assistance of the WHO is pro-actively promoting vaccinations as the way out of the pandemic. Though openness to being vaccinated has grown, there are still areas of hesitancy and rejection, mostly in rural areas. The government has tried to cajole people to get vaccinated by giving vaccinated people free travel between the municipalities, as long as they can show their COVID-19 vaccination book/pass. The government has also tried to threaten any government employees resisting vaccination to be expelled, and lose their job. The latest enticement to get people to come for vaccinations is that, should they experience medical difficulty caused by the vaccination, the government will pay them money.

The lure of the Catholic Church is that the Nuncio, Monsignore Pe. Mario Sprizzi, the official representative of the Pope and the Holy Sea to Timor-Leste, has announced that the Pope plans to visit Timor-Leste in early 2022, but only if the country is fully vaccinated.

3. What political and societal narratives exist around the pandemic and pandemic control?

In a very indigenous (oral culture) and traditional context in which Timor-Leste finds itself, it is clear that there is major hesitancy towards vaccinations, for lack of scientific understanding, lack of general education, and lack of experience. Anything that enters the body is mistrusted. As the waves of danger however rise, for instance with the news and horrific graphic photos and video clips of suffering and mass graves spilling over social media from India and Indonesia, fear rises, and with this there is more willingness to get vaccinated, at least in the capital. There is a lot of hoax news being shared on social media

as well, which fogs the perspectives and creates uncertainty, fear and confusion. Such as that there are microchips for surveillance in the vaccines and someone out there has created this confusion to control the world.
Though, the threat of dying from COVID-19 or lack of food/hunger is a real one. A vendor who refused to close his stand by the side of the road in Dili during the home-confinement, selling water and cigarettes, said: "*Not being able to feed my family and dying of hunger has no dignity in it, so if I have to choose, I'd rather die of the virus*".

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

The government tries to mitigate in reacting to the statistics the *Integrated Centre for Crisis Management* regularly publicizes on the current pandemic by re-instating lockdown/home-confinement and opening up again, knowing how hard it is for most people and the effect this has on their daily economic survival. There is also repeated pressure from the Catholic Church (Timor-Leste is 98% Roman Catholic) to re-open for mass, which has not always been easy for the government as well.
The government has repeatedly made distributions to families in need: first in form of money, then in form of in-kind food items such as rice, noodles, beans, vegetables, cooking-oil and eggs. Many civil society organizations and NGOs have also done their own distributions of food-items to groups, sometimes thanks to individual donations, and sometimes cut from their own salaries to share in these difficult times with those hit hardest.

5. How does the population assess the government's crisis management and crisis communication?

As elsewhere, the government faces a lot of criticism, from all kinds of directions. However, considering that the government was in a political impasse between 2017 and 2020, with three years consecutively not being able to pass a state budget in parliament and hence functioning on a duo-decimal budget (basically to pay its own salaries), it is noteworthy that last year a new coalition was formed and the government was able to finally pass a state budget towards the end of the year for both 2020 and 2021, which was a break-through and has enabled to make some of the measures for crisis management possible. In many ways, though, the government is dysfunctional. It is a very odd group of parties that form the current coalition, but as the head of the Center for Crisis Management, Dr. Rui de Araujo (former Minister of Health, and former Prime Minister) they have done really well. It is clear that as the current health-care infrastructure and human resources are in no ways prepared for rising numbers of mild to serious COVID-19 cases, prevention and vaccination is the only way out. Until the majority of the population is fully vaccinated, the country is likely to witness a succession of strict lockdowns and home-confinements. Australia has now sent 10 medical doctors specialized in COVID-19 care and management of care to assist in preparing the Ministry of Health and train the staff on the ground for any next wave, most likely a much more difficult phase of the pandemic for Timor-Leste.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Timor-Leste, a small country with a small population (1.3 million in total), is one of Asia's poorest countries. Generally speaking, one can say that people are listening to their leaders. There have not been any major demonstrations against mask-wearing or home-confinement, such as in other countries around the world. Orders are basically followed, despite the immense economic impact on day-to-day survival. People may state their difficulties in interviews in the media, but in the end, they follow through. However, the context for instance for home-confinement is also very different from other countries, as life in Timor Leste is mainly communal. Many more people live together in small spaces. A family can house up to 14 or 20 people, as a result of which physical distancing can become a real challenge.

Finland

Sven Rassl

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

Finland has been far from untouched by the COVID-19 crisis, but by many measures, it has succeeded relatively well. Finland had its first confirmed coronavirus case on 29th January 2020 – a Chinese tourist visiting Lapland (YLE, 2020). The first confirmed case of a Finnish citizen happened about a month later, on 26th February 2020 (YLE News, 2020). Within a week of the WHO declaring COVID-19 a pandemic, Finland declared the state of emergency on 16th March 2020 (Valtioneuvosto, 2020). The Finnish government and the respective authorities introduced decisions and recommendations following the Emergency Powers Act, the Communicable Diseases Act, and other legislation. As the number of infections increased around the world, the Finnish government relatively quickly and comprehensively introduced curbs to public life. The measures were introduced about two weeks earlier than other Scandinavian countries like Denmark and Norway, not to mention Sweden.

Kindergartens, schools, and universities were closed, and contact teaching was suspended. To the extent possible, education was organized in alternative ways, including distance learning, the usage of various digital learning environments, and, where necessary, self-learning. Daycare arrangements were made for children of health care workers.

Museums, theatres, libraries and other cultural venues, but also hobby and leisure centers such as swimming halls and other sports facilities were closed. Visits to housing services for the elderly and other risk groups were prohibited. Wherever possible, public and private-sector employees were advised to work from home. Following the relatively rapid spread of the virus in the capital region Uusimaa, a three-week roadblock, preventing travel to and from the capital region, was introduced in March/April 2020.

The decision to implement harsh measures very early on was a contributing factor to Finland's success in containing the virus, especially when compared to EU average infection and death statistics (European Centre for Disease Prevention and Control, 2021). Due to its history, Finland has a long tradition of national preparedness, which supported the handling of the COVID-19 crisis.

At the beginning of July 2021, "Der Spiegel" published an article in which it analyzed Corona data of 154 countries (Spiegel Ausland, 2021). The index is based on four criteria: excess mortality, restrictions on people's lives and liberty, GDP performance, and vaccination coverage. According to the news magazine, Finland has shown the best results in handling the COVID-19 pandemic.

2. What changes can be observed in pandemic control over time?

At the end of August 2020, an app for tracing the coronavirus was released. While Finnish health authorities anticipated that it would take one month to reach one million users, the number was reached within 24 hours (YLE News, 2020).

At the beginning of May 2020, the Finnish government introduced a plan for a hybrid strategy to handle the COVID-19 crisis. After a relatively quiet summer 2020 with low infection rates, the hybrid strategy was adopted in autumn 2020 to prevent the spread of the virus in society, safeguard the capacity of the healthcare system, and protect people, especially those in risk groups (Valtioneuvosto, 2020). The effectiveness of Finland's hybrid strategy in combating the coronavirus pandemic is constantly monitored using epidemiological, medical, and functional indicators.

The hybrid strategy classifies the COVID-19 pandemic into three tiers.

In tier one, the stable level, the epidemic is at a stable level, and the incidence is low. Local and regional transmission chains occur only occasionally. Transmission chains are manageable, and the people exposed can be traced without delay. New cases are either random isolated cases or most of them are detected among people in quarantine.
In tier two, the acceleration level, the epidemic is accelerating, and the regional incidence is higher than at the stable level. This may mean that the percentage of positive tested people is above one and that large-scale exposures occur. Contact tracing manages to identify a significant proportion of the sources of infection. There are many local and regional transmission chains.
In tier three, the community transmission level, the epidemic continues to accelerate. This may mean that the percentage of positive tested people is above two and that the need for inpatient and intensive care is projected to increase. Cases are spreading at the regional level or more widely through the population. Contact tracing is becoming more difficult.
The action plan supports the measures taken in the regions to prevent the spread of the pandemic. Primarily, the containment of the pandemic under the Communicable Diseases Act takes place through local and regional measures (Liisa-Maria Voipio-Pulkki, 2021).

3. What political and societal narratives exist around the pandemic and pandemic control?

Several factors are contributing positively to Finland's handling of the COVID-19 pandemic. Thanks to Finland's high digitalization standards, the transition to working from home and homeschooling has been much smoother in comparison to many other countries.
Finland's geographical location at the outskirts of the EU, together with the initial closing of borders meant that the spread of the virus could be controlled mostly within the country's borders. Finnish national character, often described as reserved and withdrawn, has played in favour of following COVID-19 restrictions. Finns' appreciation for personal space meant that keeping a safe distance has already been in practice way before COVID-19 made it a necessity. Many Finns own a summer house in the countryside. Following the recommendation for remote work, many people took the liberty of shifting their workplaces to their holiday homes. Not surprisingly, this created an increase in demand for summer cottages (YLE, 2020).
As traveling abroad was strongly discouraged, domestic traveling during the holiday seasons considerably increased. Many of the skiing centers in Finland counted record numbers of visitors. While sales of hotel rooms remained low due to the lack of business travelers, demand for detached holiday cottages increased considerably. Especially the holiday centers in Lapland who feared the absence of international travelers noticed a significant increase of domestic customers.
A survey conducted by the Finnish newspaper Helsingin Sanomat during the state of emergency found that a vast majority of the Finnish population considered the imposed restrictions as justified (Helsingin Sanomat, 2020). Although this number decreased during the pandemic, Finns continued to represent a considerably high level of compliance.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

The effect of the COVID-19 pandemic on businesses and society in Finland is substantial. The Finnish government launched several programs that ensure continuous operations of businesses. Direct aids such as business cost support, closure compensation, and event guarantees aim to help companies that face difficult economic situations caused by the COVID-19 crisis.
The fourth round of business cost support was made available for companies whose turnover decreased by more than 30% between 1 March and 31 March 2021 compared with the corresponding period in 2019 (Työ- ja elinkeinoministeriö, 2021).
Companies that were ordered to close their premises due to an act or official order to stop the spread of the coronavirus are eligible for compensation. The compensation would be paid for 100% of payroll costs and 70% of oth-

er costs, such as rent (Ministry of Economic Affairs and Employment, 2021).
Event guarantees applied from the Finnish state treasury aim to decrease the financial risk of arranging events. The guarantee is an advance payment commitment given to event planners for the expenses the organizers announced. Should a happening be canceled, or its size restricted by law or order of authority, compensation will be paid for the costs incurred (Valtiokonttori, 2021).

5. How does the population assess the government's crisis management and crisis communication?

From the beginning of the crisis, the Finnish government determined strategic communication as one of the key variables in coping with the COVID-19 pandemic. Together with cabinet members, the Finnish prime minister kept weekly press conferences including briefings about the pandemic and addressing open questions by the public. One conference was devoted to queries from children (Ministry for Foreign Affairs, Department for Communications, 2020). In Finland, trust in the government is relatively high. Public trust is a cornerstone of the Finnish administrative and political model, it has also been a key element of Finland's response to the COVID-19 pandemic. In comparison to other countries, there has been rather little opposition against the measures and restrictions.
An international comparative study covering 11 European countries found that Finns were most committed to complying with restrictions imposed by the Finnish government (Georgieva, et al., 2021).

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Finn's trust in their authorities, the stable Finnish democracy, a well-functioning healthcare system plus advanced digital capabilities help Finland to adapt to the quickly changing COVID-19 crisis. The measures ordered by the government were met with little protest from the population. At the beginning of the pandemic, specific helplines for COVID-19 related questions were set up, taking off pressure from the normal phone line to the health care centers. Purposeful communication has been one of Finland's cornerstones for handling the pandemic. The authorities emphasized the importance of nuances and proportionality in communicating through the crisis.

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Germany

Alexander Gerber

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

When being compared internationally, Germany is among the countries with the most cautious and restrictive adaptation and mitigation measures in response to the COVID-19 pandemic. Germany followed its national Pandemics Plan from as early as the middle of March 2020, which led to a comparatively early closure of schools and even national borders. Restrictions were then loosened again about one month later in response to normalising infection rates, which did, however, increase again from August, which led to a second partial lockdown, starting on 2 November 2020, and even being tightened further on 15 December.

Severe restrictions to public mobility and business activities triggered significant resistance, both politically in the national and regional parliaments, and also in civil society. Criticism against basically all measures – be it face masks or nightly curfews, banning public assemblies or closing entire industries for weeks – were often voiced within the frame of inappropriately constrained civil rights (e.g. church sermons or cultural expression), and articulated across the political spectrum, albeit mainly from Germany's liberal party (FDP), and the extreme left and right. In fact, with regard to public opposition against issues such as vaccinations, Sutton & Douglas (2020) have shown that ideological polarization is a far more relevant predictor than political orientation. In case of the COVID-19 pandemic in Germany, this phenomenon has manifested itself most prominently in a protest movement called "Die Querdenker" (German for "those who think laterally"), which also spans the entire political spectrum.

2. What changes can be observed in pandemic control over time?

While COVID-19 policies in Germany were originally framed as 'medically inevitable', the parliamentary consensus among almost all factions increasingly dissolved throughout the year 2020, and then even more in the face of campaign launches for the general elections in spring 2021.

Retrospectively, the mitigation measures, and particularly the restrictions of private life and business activities, are politically being justified by the comparatively low number of deaths per capita, compared to other countries such as France or The Netherlands. However, both the political and the public discourse is increasing shifting from the more short-term and initially predominantly epidemiological perspective on COVID-19 as a public health crisis, to a need to also acknowledge the more mid-term economic and potentially also long-term societal impacts of the crisis, for instance regarding the increase of domestic violence, clinical depression, and widening education gaps across the different social classes and spectrums of wealth in families.

3. What political and societal narratives exist around the pandemic and pandemic control?

Considering how much the efficacy of statutory mitigation in a public health crisis depends on the general attitudes towards these measures, some disconcerting results emerged from a recent representative survey among German citizens: In coherence with the scholarly understanding of conspiracy mindedness, Jensen et al. (2021) caution that policies and science communication need to establish more mutually beneficial relationships of trust between various publics and the main institutions for public health, such as the Robert Koch-Institut (RKI) (one of the key research institutes with regard to policy-advice) and the

national and regional governments themselves.
The study found significant regional differences across Germany regarding the belief in COVID-19 conspiracies which seem to be positively correlated with the strictness of mitigation policies and the duration for which those were in place (ibid, p.7). Marginalized groups in Germany furthermore subscribed disproportionately often to conspiracy theories with regard to the pandemic, which the authors explain with a perceived lack of instrumental control leading to the rejection of more official narratives (ibid, p.8).

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

The longer the pandemic lasted, the more significant were the financial support schemes which the German government issued, first for specific industries, and then across the business spectrum as long as certain economic conditions were met. Since Germany is a comparatively wealthy country, all support schemes were budgeted in dimensions that none of the schemes have actually been fully exhausted.

5. How does the population assess the government's crisis management and crisis communication?

Although the public support of COVID-19 policies in Germany has gradually decreased throughout the year 2020 and the first half of 2021, a majority of citizens still complies with the imposed measures, and thus generally supports the main elements by means of showing solidarity. At the same time, the implementation of COVID-19 policies has been criticised as overly bureaucratic, for instance regarding the ease of applying for financial support as an SME, or regarding the still mostly analogue processes of collecting data on new infections and registering vaccinations. Some political decisions have also been perceived to be made without sufficient oversight and accountability, foresight and contingency plans.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

The acting coalition of the two mainstream parties (CDU and SPD) that formed the federal government at the beginning of the pandemic and throughout the crisis has a rather unchallenged majority in both national chambers of parliament. This comparatively stable political baseline may have allowed the German government to also make more unpopular decisions along the scientific advice instead of yielding to as many lobby interests as may have been the case in other countries.

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Ghana

Johannes Deregowski

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

On 12 March 2020, Ghanaian authorities confirmed the first COVID-19 cases (Abdulai and Ibrahim, 2021). According to Zhang et al. (2020), the Ghanaian government aimed primarily at limiting and stopping the importation of the virus, and containing the spread of COVID-19. The first countermeasures were implemented by 16 March 2020, such as the ban on all public gatherings, e.g. religious activities, sports, and the closure of national borders to non-Ghanaian travellers who were coming from countries with high infectious events (Abdulai and Ibrahim, 2021). Throughout March 2020, the restrictions on travel were intensified when President Akufo-Addo decided to close Ghana's sea, land and air borders to human traffic (Antwi-Boasiako et al., 2020). Furthermore, a partial lockdown was imposed on major hotspots, e.g. Accra – remaining in place until 19 April 2020 (Zhang et al., 2020).

Throughout the pandemic, the Ghanaian performance ranged from "very good" to "in need for improvement", in the opinion of experts. However, by concluding as to the effectiveness of the implemented actions, it is important to highlight the fact that Ghana was and still is limited immensely by its infrastructure and capacities (Quakyi et al., 2021). According to Antwi-Boasiako (2020), in the beginning of the pandemic, there were only two test centres which caused major delays in evaluating the tests. Furthermore, Ghana was illustrated as the "first African country to lift its coronavirus lockdown" (Antwi-Boasiako et al., 2020). In contrast, it dropped from 2nd place (31 May 2020) to 8th place (25 October 2020) as to the number of tests performed by African states. Yet, Sibiri et al. (2020) argued that Ghana was one of the few African countries that handled the pandemic quite well in the beginning, as the low case-fatality rates of the first wave indicated.

2. What changes can be observed in pandemic control over time?

A major change in the Ghanaian pandemic management was the lifting of the ban on all public gatherings which became effective on 31 May 2020. Moreover, the Ghanaian borders were re-opened on 1 September 2020 (Antwi-Boasiako et al., 2020).

Another objective of the government was to provide adequate care for people who were tested positive. Therefore, Ghana followed the so-called 3T-approach: Tracing, Testing and Treatment (Antwi-Boasiako et al., 2020). With the evolving pandemic, it decided not to pursue the 3T-approach as consistently as they did in the beginning. Consequently, its testing strategy focused mainly on people who showed symptoms, leading to an inconclusive picture of the infection situation (Quakyi et al., 2021). Antwi-Boasiako et al. (2020) assumed that this decision is a consequence of the poor infrastructure and the fact that the government was carrying the financial burden. Quakyi et al. (2021) pointed out that the testing was intensified again by January 2021 due to higher demand.

A turning point in its pandemic management was 24 February 2021: Ghana was the first country in the world that received 600.000 AstraZeneca vaccine doses via the COVAX-programme (Tagesschau, 2021). The government planned to acquire further doses through multilateral agreements to vaccinate 20 million of its citizens by the end of October 2021 (Quakyi et al., 2021).

3. What political and societal narratives exist around the pandemic and pandemic control?

This pandemic also intensified the political debate among (non-)political actors in Ghana.

For instance, the Ghanaian president stated on 5 April 2020 that a "package of incentive" will be granted to "frontline health workers" because of their commitment during the pandemic. This announcement caused some controversies among political actors, since it was not clear who was classified as a "frontline health worker" and, therefore, entitled to this package (Antwi-Boasiako et al., 2020). Moreover, the pragmatic responses (cf. providing sanitation and subsidies) to address socioeconomic challenges of the most vulnerable people were received very positively. Many Ghanaians praised their government – also on social media – for this specific initiative that satisfied daily needs (Antwi-Boasiako et al., 2020).

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

Ghanaian policymakers did not only have to find suitable answers to the imposed health hazard but also needed to consider the resulting socioeconomic challenges. According to the World Bank (2021), GDP growth decreased to 1.1% in 2020, after having been at an average rate of 7% between 2017 and 2019. Furthermore, the World Bank pointed out that the pandemic affected predominantly the poor and vulnerable as well as the Ghanaian labour market. Since mainly poor people were affected by COVID-19, the government was urged to pursue a more pragmatic approach. When the pandemic reached Ghana, the government tried to support those people by providing free water, sanitation and subsidies for electricity for the first months (Ministry of Finance, 2020). In addition, the government implemented legislation that exempted health workers from their income tax, postponed deadlines for tax matters, and waived VAT from goods that were provided to support the fight against COVID-19 (Kwatia, et al., 2020). Based on an initiative by the president and consultations with private and public political actors, the government launched the *Ghana COVID-19 Alleviation and Revitalization of Enterprises Support (Ghana CARES) Obaatanpa Programme*. CARES is divided into two phases, where the first phase (July - December 2020) included immediate action, e.g. reduction of costs of basic services and strengthening the health system. The second phase (2021-2023) aims at revitalising and transforming the economy, e.g. empowering the agricultural sector and developing the construction industry (Ministry of Finance, 2020).

5. How does the population assess the government's crisis management and crisis communication?

In a survey, conducted by IPSOS in 2020, 87% of the Ghanaian respondents stated that their country did well or very well in handling the crisis (Nugent et al., 2021). Furthermore, it was pointed out by PERC (2020) that, on the one hand, interviewees thought that many people in their country will be affected by COVID-19, and that, on the other hand, they regarded their personal risk as rather low. Another survey conducted by PERC (2021) in February 2021 emphasised that 28% of the Ghanaian respondents said that it was difficult to obtain medication. Since there are not many polls focusing solely on Ghana but Western Africa it is not easy to formulate a clear answer. Moreover, a single survey is only a snapshot and does not describe the entire pandemic. Nevertheless, the fact that President Akufo-Addo was re-elected in December 2020 can be interpreted as a symbol of satisfaction.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

First, think ahead. Abdulai and Ibrahim (2021) highlighted that the Ghanaian government already conducted a first assessment of its capacities and planned a response strategy – even before the first cases arrived in Ghana. The strategy of early detection, mandatory isolation and proper treatment helped the country to keep case-fatality rates low in the beginning (Sibiri et al., 2020). Therefore, this strategy might be helpful for any country if case numbers rise again. Second, respond to the real needs of the respective population. Every country is different. Thus, the measures

must be adapted, too, e.g. the Ghanaian government provided clean water and electricity subsidies to households. Third, implement modern technologies. Ghana was the first country in the world that used autonomous drones to reach rural areas to transport test samples (Sibiri et al., 2020). This reduced drastically the time needed to collect these tests. However, other countries would be well-advised not to limit testing to people who show symptoms – even if this was decided by considering the available resources in Ghana. Moreover, Quakyi et al. (2021) criticised that the gap between theory and reality was widened due to limited data collection, an often reactionary stance from policymakers, and poor risk communication. Quakyi et al. (2021) conclude: "Africa's Black Star can do even better, and it must."

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Italy

Giovanni Finizio

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

Italy was the first European country hit hard by the virus. By 19 March 2020, the death toll in Italy had already surpassed that of China (Di Todaro 2020). The government led by Giuseppe Conte, in office since September 2019 and supported by an unprecedented "yellow-red" coalition between the Five Star Movement (M5S) and the Democratic Party (PD), at first reacted with uncertainty and inaccuracy. For instance, it initially played down the problem to reassure the population and looked at China as a "science fiction movie that had nothing to do with us" (Horowitz, Bubola and Povoledo 2020). Moreover, the decision to ban direct flights from China did not prevent arrivals by indirect flights (Berberi 2020). Very soon, however, the government became more determined and resolute using the tool that has proved the most effective in controlling the pandemic: restrictions on individual freedom and social relations to contain contagion.

The restrictions first affected 11 municipalities in Veneto and Lombardy (23 February 2020), then the entire Lombardy Region (7 March) and finally the whole country (9 March). Italy was the first Western country to go into lockdown, closing most economic activities and banning people from leaving their homes.

In March 2020, a Special Commissioner for the COVID-19 emergency was appointed, with unprecedented powers in the history of the Republic (Petroni 2020): He could bypass any administrative procedure and was responsible for supplying and distributing medicine, equipment and medical personal protective equipment; strengthening hospital facilities; and supporting the Regions in exercising their powers in the area of health.

2. What changes can be observed in pandemic control over time?

While the restrictive measures, which were gradually eased starting on 4 May 2020, were effective thanks to their drastic nature and the unsuspected compliance of the population, the strategy of preventing a second wave was unsuccessful. In fact, infection tracking through a Bluetooth mobile phone app did not work due to the technical ineffectiveness of the app and citizens' unwillingness to download it. Moreover, the pressure of economic interests led to risky re-openings (discos, for example) and restriction fatigue caused people to lower their guard against the virus.

As a result of increasing pressure from below, the government's approach to the second wave of the pandemic was marked by greater flexibility. On 3 November 2020, Regions and Autonomous Provinces were classified into three areas – yellow, orange and red – corresponding to three risk scenarios, for which specific restrictive measures were foreseen. However, this new system did not prevent a new national lockdown over the Christmas period, nor the advent of a third wave in February 2021, thus resulting in new restrictions.

Only the start of the vaccination campaign in January 2021 and its acceleration, also thanks to the appointment by the new Draghi government (in office since 12 February) of a new extraordinary Commissioner from the army and logistics expert, has enabled a gradual return to normalcy in social and economic activities starting from 6 April.

The control of the pandemic, however, was the result of a combination of national and regional actions. Under the 2001 constitutional reform, the Regions were given extensive legislative and management powers, and health is their most important competence, accounting for 80% of their budget. However, the responsibility for "international prophylaxis" remained with the State, and a vague division of responsibilities led to institutional

clashes and recurrent mutual recrimination (Petroni 2020).

3. What has the government done to mitigate the socioeconomic consequences of the measures taken?

In the socio-economic field, the impact of the pandemic has been particularly severe, also because it affected an economic system already characterised by low growth, low productivity, high unemployment and low spending on research and development. Starting from 17 March 2020, the government's response consisted mainly in banning companies from laying off their employees, the simultaneous extension of the Derogatory Wages Guarantee Fund for companies, and growing support for businesses, VAT number holders and individuals affected by the crisis. These measures were judged by many to be insufficient and ineffective. Sub-optimal technical choices by the government, which did not take into account the limitations of the Italian bureaucratic system, delayed aid delivery; and the size of the informal economy made the determination of the beneficiaries of the support measures, based on a comparison with income from the previous years, ineffective. Above all, the scope of the aid was limited by Italy's huge public debt (2.409 billion euros in December 2019, equal to 134.8% of GDP). Therefore, the Conte government placed itself at the forefront of negotiations in the EU to establish a European public debt that could finance a major public investment plan to boost the economy. After the *Next Generation EU* programme was introduced into the Italian public debate as a victory for Italy over the so-called "frugal" group of countries, the very need to quickly prepare a high-quality Recovery and Resilience Plan to propose to the EU for funding was one of the causes of the fall of the Conte government in favour of a Government of National Unity led by former President of the European Central Bank Mario Draghi.

4. How does the population assess the government's crisis management and crisis communication?

In December 2020/January 2021, the measures of the Conte government to protect public health were judged positively by 58% of Italians (negatively by 28%) and the measures of regional and local governments by 59% (26%). The measures to protect the economy, on the other hand, were supported by 46% of Italians (39%) (Mancosu, Vassallo and Vegetti 2021, 9-10). Government approval was particularly high in the most critical phase of the emergency, also as a result of the "rally around the flag effect", which went from 44% to 71% between February and March 2020 (Demos and Pi 2020, 8). The unwise and inaccurate communication regarding the pandemic was probably the most criticised aspect of the government's actions and contributed to the gradual decline in approval and the development of growing support for the possibility of a Draghi government (68% as of February 2021; Demos and Pi 2021, 7). For instance, the initial downplaying of the problem created a false sense of security in the population, thereby fostering the spread of the virus (Horowitz, Bubola and Povoledo 2020). A leak about the decree that was to close the Lombardy Region caused a dangerous mass exodus southward of those seeking to return to their places of origin (Foschi 2020). The short notice (only one day, in some cases) given by the government to announce restrictive measures and the transition of Regions from one colour zone to another aroused strong protest from the Regions and from economic sectors, which were struggling to plan their activities.

5. What political and societal narratives exist around the pandemic and pandemic control?

The pandemic has put scientists and research activity in the spotlight, fueling a political debate on whether or not to follow their indications. At the same time, it has triggered a number of conspiracy theories, some of which have gained public acceptance, including one stating that the virus may be a biological weapon spread by China (supported by 26% of the population) and that the virus was spread by pharmaceutical multinationals for profit (19%) (Mancosu, Vassallo and Vegetti 2021,

19). These narratives are more widespread among the electorate of right-wing parties, the League and Brothers of Italy (FDI), but also the M5S. However, while the latter, as a government party, avoided feeding them, the League did not do the same after joining the coalition of the Draghi government. These narratives are reflected in the greater resistance to vaccination among the electorate of these parties,[3] who are also convinced that employment and individual freedom should take precedence over health protection (Mancosu, Vassallo and Vegetti 2021, 13) and that to tackle the crisis more national independence is needed, rather than more international cooperation. Moreover, a consistent but variable portion of the electorate of all the parties (64% PD, 80% League) believes that the handling of the pandemic has demonstrated the limits of liberal democracy (DISPOC/LAPS and IAI 2020, 7, 9).

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Italy has set up the first laboratory to handle the pandemic in the West. It has demonstrated the effectiveness of severe restrictive measures to control contagion and the difficulties of implementing them within the context of a liberal democracy. It has also demonstrated the limits of a strategy based on chasing the pandemic in order to cool it down, without preventing its resurgence when restrictions were eased. Finally, it has shown how the crisis has led to a "restoration of expertise" in society (with important scientific contributions in controlling the pandemic) and politics (Draghi's appointment as the head of a national-unity government that has downsized parties' protagonism), after its role in both areas had been eroded by a season of populist pressures.

[3] Survey conducted by Demos and Pi in May 2021, available at http://www.demos.it/a01853.php.

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Corona Pandemic and Crisis Management in Kenya

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Background

This paper sought to answer the following questions; what are the measures taken by the Kenyan government to control the Corona-virus (COVID-19) pandemic? What are the changes observed in pandemic control over time? What is the government's response to the socio-economic challenges brought about by control measures? What are the political and social narratives surrounding the pandemic? Assess the Kenyan government's performance in crisis management and crisis communication. What lessons can other countries can learn?

Kenya confirmed the first case of COVID-19 in Nairobi on 12th March 2020 (Aluga, 2020, p. 673). At this early stage, Kenya initiated a smart containment strategy – guided by data on confirmed cases and testing (Quaife et al., 2020) – to slow down the spread of COVID-19, while at the same time keeping the economy substantially open. Prior to the confirmation of the first positive case, a National Emergency Response Committee (NERC) had been set up on 19th February 2020 to lead the fight against the pandemic (MOH, 2020). The NERC put in place behavioral change interventions where Kenyans were advised to practice social distancing, avoid shaking hands, spitting in public, or coughing on hands. In collaboration with Africa Medical Research Foundation and Africa Center for Decease Control, the government implemented Public Health Measures*:* heightened surveillance, detection, examination and tracking of the spread of COVID-19. Through requisition of a billion Kenya Shillings from the Universal Health Coverage fund, the government rallied healthcare workers and trained them to identify, isolate and refer suspected cases (MOH, 2020; Delloite, 2020, p.9). Security measures including the suspension of all international flights, cessation of movement, enhanced screening and quarantine of truck drivers at roadblocks, 14-day mandatory isolation at designated government facilities, partial lockdown in counties with higher cases of infections, and a daily curfew from 7 pm to 5 am were put into effect. All the places of learning were closed, public gatherings banned and members of the public encouraged to remain at home unless for basic needs. As part of the COVAX-programme, Kenya has imported 1.02 million doses of the AstraZeneca vaccine for the first phase of vaccinations (WHO, 2021). Kenya seeks to achieve herd immunity against the Corona virus and has acquired 13 million doses of the single-injection Johnson Johnson vaccine – due to arrive in the country in August 2021 – to inoculate the entire adult popu-

lation of 26 million Kenyans by December 2022 (MOH, 2021).

Notwithstanding the containment measures, Kenya has experienced three COVID-19 waves so far. During these waves, the government tightened the restrictions in an attempt to curb the spread and flatten the curve. This has led to aversion behavior actions, resulting in low productivity, disrupted supply chains, shortage of goods, mass unemployment, loss of incomes and an immense increase in the number of dependents (UNDP, 2020). The economy contracted by 0.6 percent in the first quarter of 2020. It contracted by 5.7 percent in the second quarter and by 1.1 percent in the third quarter of 2020 (KNBS, 2020). Nevertheless, the Diaspora remittance has defied COVID-19 and is now a leading source of foreign exchange in Kenya (CBK, 2021).

More so, monetary policy measures were implemented, to alleviate the macroeconomic shocks on the economy, at the earlier stages of the pandemic. The Central Bank interest rates (CBR) were reduced from 8.25 percent to 7.25 percent and the cash reserve ratio (CRR) slashed from 5.25 percent to 4.25 percent (CBK, 2020; UNDP, 2020, p. 10). The Central Bank of Kenya released 35.2 billion in additional liquidities to banks to support borrowers adversely impacted (CBK 2020). The government also undertook fiscal measures and cut down income tax, corporate tax and value-added tax (VAT) (Delloite, 2020). Social protection package; Kenya shillings 10 billion worth of cash transfers was disbursed to the orphans and the elderly, and 'Kazi kwa vijana programme' (work for the youth) initiated (Delloite, 2020, p. 9). However, such disbursements have not been sufficient and many Kenyans that live below the nationally set poverty line have not benefitted from the same (Nyadera and Onditi, 2020). Besides, all the tax cuts have been reinstated to pre-pandemic levels.

COVID-19 had some political connotations in Kenya. The ruling elites were accused of taking advantage of the COVID-19 pandemic to pursue their own political interests (Ogenga and Baraza, 2020). There are also widely held beliefs that COVID-19 is just 'flu' and can be cured by locally available herbal medicines. This has resulted in the production of untested homemade herbal cures for the disease (Lucas, 2020). Some of those beliefs include the view that COVID-19 disproportionally affects people of Asian and Caucasian descent compared to Africans. It is also widely held that Africans are less likely to contract COVID-19 – partly because the virus cannot survive in the humid/warm weather conditions in the continent and also the dark skin of Africans offers them a stronger immunity against the disease (Lucas, 2020). There are also beliefs that being HIV positive protects one from contracting the corona virus (Lucas, 2020). Such viewpoints and myths have led to public skepticism about the reality of COVID-19, and are blamed on the unstructured and uncoordinated messaging by the government during the early stages of the pandemic (Irungu, 2020).

Conclusion and Recommendations

Credibility is very important in the midst of a healthcare adversity. Other governments should strive to develop clear and effective communication strategies where public messaging is coordinated from a central point. Information should be sustainably disclosed to the general public concerning tested and proven myths about the disease. Early response is also critical in the control of a pandemic. Kenya implemented its control measures early on which explain the low levels of positive cases. Collaborative efforts should be made between the health sector and other sectors to provide lasting solutions against healthcare adversities. Of great importance are also investments in research and innovation in the health sector.

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Kyrgyzstan

Max Georg Meier

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Trotz des Vorteils, dass Kirgisistan relativ früh über die Existenz des neuen Coronavirus SARS-CoV-2 Bescheid wusste (erste bekannte Fälle von COVID-19 im Nachbarland China im Dezember 2019), wurde das Land hart von der Pandemie getroffen. Nach etwas mehr als einem Jahr mit dem Virus hat die Zahl der Infizierten in Kirgisistan am 14.06.2021 offiziell 110.829 betragen und 1.899 Todesfälle waren zu beklagen (Worldometers, 2021). Während die absolute Zahl niedrig erscheint, sind die Verluste relativ gesehen (230 Tote pro einer Million Einwohner) bei weitem höher als in den Nachbarländern (Kasachstan: 173 Tote pro einer Million Einwohner oder Usbekistan: 18,5 Tote pro einer Million Einwohner), jedoch niedriger als in den meisten europäischen Ländern (Statista, 2021). Kirgisische Wissenschaftler und Experten aus dem Gesundheitssektor halten die realen Zahlen an Infizierten und Verstorbenen jedoch für bei weitem höher, als öffentliche Institutionen letztendlich berichten.

Im ersten Jahr der COVID-19 Pandemie sah sich Kirgisistan zwei Perioden von intensivem Wachstum der Neu-Infizierten gegenüber: Die erste im Juli 2020 und die zweite im Zeitraum Oktober-November 2020. Die erste Welle trat einige Wochen auf, nachdem der Lockdown in der Hauptstadt Bischkek aufgehoben worden war. Allgemein als „schwarzer Juli“ erinnert, konnten infizierte Bürger teils keine ärztliche Behandlung mehr finden, Krankenhäuser konnten nur einen geringen Teil der Kranken aufnehmen bzw. hatten nicht ausreichend Personal. Eine dritte COVID-19 Welle hat sich glücklicherweise in Kirgisistan noch nicht eingestellt, was von den Vertretern des kirgisischen Gesundheitsministeriums auf eine wissenschaftlich nicht nachgewiesene Herdenimmunität zurückgeführt wird.

1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher?

Welche Strategie hat die kirgisische Regierung in ihrem Kampf gegen die Pandemie angewandt? Wie effektiv waren die Beschlüsse und ihre Anwendungen bei der Eindämmung der Ausbreitung des Virus? Und schließlich, was waren die kritischen Faktoren für den Erfolg oder das Scheitern der Pandemie-Strategie des Landes?

Die Antwort der kirgisischen Regierung auf die Pandemie ist grundsätzlich von den folgenden drei Parametern bestimmt worden: Zuerst einmal gab es zu Beginn keine wirksame Medizin oder Impfung gegen COVID-19 und die Pandemie beschleunigte sich. Deshalb waren in Kirgisistan Maßnahmen zur Eindämmung und Verminderung der Ausbreitung des Virus die erste Reaktion – wie in vielen Ländern weltweit. Zweitens, unter Beachtung der hohen Übertragbarkeit des Virus mussten vor allem in Krankenhäusern schnellstens das Niveau von medizinischen Dienstleistungen erhöht werden (Bereitstellung von spezifischen Medikamenten, zusätzliche Betten). Drittens hatten Maßnahmen wie Lockdowns, Reisebeschränkungen und das Schließen von Businessunternehmen wie Restaurants schwerwiegende negative wirtschaftliche Konsequenzen für das Land.

Die Erfahrung anderer Länder zeigte, dass Maßnahmen zur Eindämmung des Virus dessen Ausbreitungsgeschwindigkeit bremsen können, aber nicht dessen Verbreitung gänzlich beenden können. Deshalb war die weltweite Vorbereitung gegen COVID-19 eine Strategie dahingehend, dass genügend Krankenbetten, Schutzkleidung, Arzneimittel und fachliche Arbeitskraft zur Verfügung standen. Berichte heute machen klar, dass Kirgisistan vor, während und nach dem Lockdown seine Krankenhäuser nicht ausreichend vorbereiten konnte. Das kirgisische Gesundheitssystem

war für die Pandemie schlecht vorbereitet. Nach Angaben des Staatlichen Statistischen Komitees nahm die Zahl der Krankenhausbetten im Lande von 1990 bis 2019 von 41.939 auf 26.450 ab. Die Regierung erklärte 2.000 Betten als für COVID-19 Patienten reserviert, aber diese waren sehr schnell belegt, ohne alle Wartenden aufnehmen zu können (Ryskulova, 2020a).

2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?

Hier ist nur sehr wenig zu berichten. Lediglich, dass, nachdem die Zahl der COVID-19 Fälle ein starkes Wachstum aufwies, am 16. Juni 2020 die Aufnahme von Patienten mit asymptomatischen Merkmalen gestoppt wurde. Entsprechend des neuen Gesundheitsprotokolls wurden diese nur noch in Hausquarantäne behandelt (Attazyk, 2020).

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?

Die kirgisische Regierung stellt das Thema Corona in keinen größeren politischen Zusammenhang wie etwa das Trumpsche Diktum vom „Chinese Virus".

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Noch lange bevor die ersten offiziellen Fälle von COVID-19 in Kirgisistan berichtet wurden, war klar, dass die Pandemie der nationalen Wirtschaft heftigen Schaden zufügen würde. Die Regierung sah sich dem quälenden Zielkonflikt zwischen dem Retten von Leben und dem Retten von wirtschaftlichen Existenzen gegenüber (The Economist, 2020). Die erste sehr frühe Eindämmungsmaßnahme, die Schließung der Grenze mit China im Januar 2020, traf sofort den Handelssektor und die einheimische Produktion. Anschließend erkannten sowohl Präsident Sooronbay Jeenbekov also auch Ministerpräsident Mukhammedkalyi Abylgaziev die entstandenen wirtschaftlichen Herausforderungen an, betonten aber, dass die Gesundheit des Volkes Priorität haben müsse (OPK, 2020). In den folgenden Monaten kämpfte die kirgisische Regierung damit, zwischen öffentlicher Gesundheit und Wirtschaft eine Ausgewogenheit herzustellen, ohne jedoch dabei die perfekte Lösung zu finden.

Die wirtschaftliche Dimension der Pandemie lässt im Handeln der kirgisischen Regierung mindestens drei Hauptprobleme diagnostizieren: Erstens, der Lockdown innerhalb des Landes und die Schließung der internationalen Grenzen legte die Privatwirtschaft lahm und beeinflusste negativ die Budgets der privaten Haushalte und des Staats. Zweitens, der Lockdown in anderen Ländern (insbesondere in Russland) hat zu einem drastischen Rückgang der Geldüberweisungen durch Gastarbeitergeführt, ein kritischer Punkt für den sozioökonomischen Wohlstand im Lande. Drittens, das überlastete Gesundheitssystem erforderte sofortige „finanzielle Spritzen". Diese drei Probleme erscheinen noch dringlicher, wenn man die bereits vor der Pandemie vorhandenen Bedingungen der kirgisischen Ökonomie kennt: Enger fiskalischer Spielraum und große externe Verschuldung.

Die wirtschaftlichen Hilfsanstrengungen der kirgisischen Regierung können in zwei Kategorien eingeteilt werden: Die erste betraf die Eindämmung des Schadens aus dem Lockdown für die Wirtschaft. Der Regierungsplan zur „Reduzierung der negativen Auswirkungen auf wirtschaftliche und soziale Stabilität" aus der Pandemie, angenommen am 30. März 2020, bot den Aufschub für Steuer- und Sozialversicherungsbeitragsschulden an (PMK, 2020). Steuerüberprüfungen wurden ausgesetzt, und die Abgabe der jährlichen Steuererklärung um ein Jahr verlängert. Einige Wochen später kündigte die Regierung einen Anti-Krisen-Fonds für konzessionäre Kredite an kleine und mittlere Unternehmen an (Relief Web, 2020). Außerdem verpflichtete sich die Regierung, an sozial verwundbare Gruppen der Bevölkerung Lebensmittelpakete zu verteilen.

Zweitens, wegen begrenzter einheimischer Ressourcen begann die politische Führung des Landes eine aktive Mobilisierung für externe Unterstützung. Was wirtschaftliche Maßnah-

men angeht, gestand der stellv. Ministerpräsident Erkin Asrandiev zu, dass das nationale Budget des Landes es nicht erlaubt, wie entwickelte Länder kostenlose Kredite zu vergeben oder Steuerschulden zu erlassen. Auch für grundsätzliche Maßnahmen musste sich Kirgisistan schließlich um externe Unterstützung bemühen. Präsident Jeenbekov war einer der ersten nationalen Führer weltweit, der per Telefon die langjährigen internationalen Partner kontaktierte und um Hilfe bat. Im Ergebnis war Kirgisistan das erste Land, das vom Internationalen Währungsfonds IMF einen Notstandskredit am 26. März 2020 erhalten konnte (IMF, 2020). Dem Hilferuf folgten anschließend auch die Asiatische Entwicklungsbank, die Weltbank, die Islamische Entwicklungsbank und die Europäische Bank für Wiederaufbau und Entwicklung.

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Im Anschluss an den „schwarzen Freitag" im Juli 2020 sah sich die kirgisische Regierung bezüglich ihres Managements der Coronakrise massiver Kritik ausgesetzt. Strafverfolgungsbehörden haben mittlerweile Strafverfahren eingeleitet, unter anderem gegen den ehemaligen Gesundheitsminister, der wegen des Verdachts auf persönliche Bestechung bei der Vergabe von Materialausschreibungen mittlerweile in Untersuchungshaft sitzt. Im Fall von Kirgisistan gibt es drei katastrophale Aspekte des Krisenmanagements der Regierung im Rahmen der Pandemie (in den Sektoren Gesundheit und Wirtschaft), die von den Bürgern vor allem kritisiert werden: Erstens, allgegenwärtige Knappheit von wirtschaftlichen Ressourcen, zweitens, schwache politische Planung und Implementierung, und drittens, ein geringes Vertrauen der Öffentlichkeit in Institutionen der öffentlichen Verwaltung. Die allgemeine Beobachtung war, dass eine Kombination der obigen drei Faktoren zu der unbefriedigenden Situation im Lande führte.

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Einerseits hat die Pandemie die Zerbrechlichkeit des Staats in Kirgisistan bloßgelegt, andererseits aber auch die Widerstandsfähigkeit der kirgisischen Gesellschaft im Allgemeinen demonstriert. Als den Krankenhäusern Arbeitskräfte, Betten, Arzneimittel, Gerätschaften und auch Lebensmittel ausgingen, zeigten sich Tausende von Freiwilligen als Retter. Die Gruppen waren unterschiedlich: Medizinstudenten, Unternehmer, Sänger, Athleten, und am wichtigsten einfache Bürger. Sie alle eilten, um Ärzten und Patienten in der Krise zu helfen.

Die Freiwilligen halfen auf unterschiedlichste Weise, aber drei ihrer Rollen sollen hier hervorgehoben werden.

Erstens: In der ersten Phase der Krise wuchs die Freiwilligenbewegung heran, um den sozioökonomisch verwundbarsten Gruppen der Bevölkerung zu helfen. Von Ende März 2021 an, als die Zahl der COVID-19 Infizierten relativ niedrig war, aber der strikte Lockdown Tausende von Haushalten, die von Tageseinkünften lebten, an den Rand des Überlebens drängte, starteten die Freiwilligen kleine und große Hilfskampagnen, um für die bedürftigsten Familien Lebensmittelpakete zu beschaffen und zu verteilen.

Zweitens: Als die Zahl der COVID-19 Patienten rasant anstieg und das kirgisische Gesundheitssystem an seine Grenzen stieß, sprangen Freiwillige den Gesundheitsbediensteten durch die Spende von Gesichtsmasken, persönlichen Schutzausrüstungen und Sauerstoffgeneratoren zu Hilfe. Während des Höhepunkts der Coronakrise im Sommer 2020 bemühten sich freiwillige Individuen und Gruppen, die am meisten benötigten Medikamente wie Heparin oder Clexane zu beschaffen und den Krankenhäusern kostenlos zur Verfügung zu stellen. Die Unterstützung hier ging bis zur Installierung von Sauerstoffstationen in Krankenhäusern.

Drittens: In den am meisten kritischen Wochen waren Freiwillige direkt in die Bereitstellung von medizinischen Dienstleistungen involviert. Zu Beginn wurden die dafür besser Vorbereiteten wie Studenten von medizinischen Fakultäten mobilisiert, um Ärzte und Krankenschwestern in Krankenhäusern zu unterstützen. Später kamen auch für diese Aufgabe nicht ausgebildete Freiwillige in Kran-

kenhäusern zum Einsatz. Bekannt wurde dabei die Jugendliche Sofiya-Aidana Murzaeva, die vor der Pandemie in einem Restaurant arbeitete und über keinerlei medizinische Ausbildung verfügte: Mit ihrer Gruppe von jungen Volontären half sie COVID-19 Kranken, die auf der Straße einfach zusammengebrochen waren, mit selbst gekauften Beatmungsgeräten, bevor meist verspätet die gerufenen Krankenwagen eintrafen (Ryskulova, 2020b).

Der Anstieg der Freiwilligenbewegung zog unterschiedliche Interpretationen nach sich. Erstere ist, dass der Großteil der kirgisischen Gesellschaft so die Krise überstand, weil die Bürger wussten, dass Hilfe nicht von woanders kommen würde. Ständig einen Mangel an Ressourcen aufweisend und tief in Korruption steckend, hat der Staat in Kirgisistan schon lange das Vertrauen seiner Bürger verloren. Die Pandemie legte bloß, wie unvorbereitet der kirgisische Staat war, notwendige Arbeiten wie den Bau von Hospitälern, die Bereitstellung von Medikamenten oder auch den Schutz von wirtschaftlich verwundbaren Haushalten zu organisieren.

Auf der anderen Seite wird von Beobachtern ein kultureller Aspekt herausgestellt, der sich jedoch auch an die oben dargestellte institutionelle Erklärung anlehnt. Sie argumentieren, dass Solidarität und das Anbieten von gegenseitiger Hilfe ein Teil der nomadischen Vergangenheit der Kirgisen sind. Mit Ausnahme der Sowjetzeit lebten sie nur selten in einem zentralisierten Staat. Deshalb ist es nicht nur die gegenwärtige Schwäche des kirgisischen Staats, sondern mehr ein grundsätzliches tiefes Misstrauen gegenüber einem (zentralen) Staat als Institution, der den rasant schnellen Aufstieg der Freiwilligenbewegung in dem Land erklärt. Es sollte hier auch noch hinzugefügt werden, dass das drastische Anwachsen der Nutzung der sozialen Medien in Kirgisistan nachweislich wichtig für die Mobilisierung und Koordinierung der Freiwilligenarbeit während der Pandemie war.

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New Zealand

Frieder Lempp

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1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher?

Neuseeland zählt weltweit zu einer kleinen Gruppe von Ländern, deren Regierung eine Eliminationsstrategie bezüglich des COVID-19 Erregers verfolgte. Die Absicht dieser Strategie war es, die Ausbreitung des Virus nicht nur einzudämmen, sondern vollständig zu unterbinden.

Die beiden Hauptmaßnahmen der neuseeländischen Regierung unter Premierministerin Jacinda Ardern, die darauf zielten die Infektionskette vollständig zu kontrollieren und so früh wie möglich zu unterbrechen, waren eine umfassende Schließung aller Landesgrenzen sowie eine Reihe von nationalen und lokalen Ausgangssperren.

Insbesondere wurde die Einreise von Personen, die über keine neuseeländische Staatsbürgerschaft verfügen, ab dem 16. März 2020 praktisch unmöglich gemacht. Rückkehrende Personen mit Staatsbürgerschaft wurden zu einer vierzehntägigen Quarantäne verpflichtet (Ministry of Health, 2020). Nationale Versammlungsverbote und Ausgangssperren wurden ebenfalls ab dem 16. März verhängt (New Zealand Government, 2020a). Diese nahmen stufenweise an Umfang zu (Treffen von 500 Personen, Treffen von 100 Personen, Ausgangssperre für über 70-jährige, Schulschließung, Schließung aller Geschäfte ausschließlich Supermärkten und Tankstellen, allgemeine Ausgangssperre, Schließung des Parlaments) (Newstalk ZB, 2020).

Insgesamt können die Maßnahmen aus gesundheitspolitischer Perspektive als sehr effektiv und erfolgreich eingestuft werden, da ein Ausbrechen der Pandemie tatsächlich verhindert werden konnte. Eine Beurteilung der langfristigen sozioökonomischen Folgen der Maßnahmen bleibt es abzuwarten.

2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?

Im Verlauf der Pandemie passte die neuseeländische Regierung ihre Strategie wiederholt an. Einerseits wurde der nationale strikte Lockdown aufgehoben und abgelöst von zeitlich und räumlich begrenzten lokalen Lockdowns (etwa in Auckland). Andererseits wurden sogenannte "Travel Bubbles" erlaubt mit verschiedenen pazifischen Inselstaaten, Singapur und bestimmten australischen Provinzen, die den Flugverkehr mit diesen Ländern und Provinzen ermöglichten (Taylor und Remeikis, 2020).

Als Folge der Aufweichung der strengen Einreisebestimmungen implementierte die neuseeländische Regierung ein einheitlich geführtes Quarantänesystem für Einreisende. Diese müssen sich für 14 Tage verpflichtend in ein von der Regierung anerkanntes Quarantänezentrum begeben, bevor sie sich frei im Land bewegen können (Cooke, 2020).

Eine weitere Folge der Pandemiebekämpfung war die Verschiebung der neuseeländischen Parlamentswahl um einen Monat. Die ursprünglich für den 17. September 2020 geplante Wahl fand deshalb erst am 19. Oktober 2020 statt. Dies wurde damit begründet, dass die neuseeländische Wahlbevölkerung sowie die politischen Parteien in Anbetracht der Pandemie und ihrer Auswirkungen zum ursprünglichen Wahltermin noch nicht bereit seien und mehr Zeit bräuchten für die Vorbereitung und Durchführung der Wahl (Deguara, 2020).

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?

Insgesamt lässt sich festhalten, dass die neuseeländische Gesellschaft die Maßnahmen zur Pandemiebekämpfung positiv aufnahm. Dar-

über hinaus konnte man beobachten, dass sich große Teile der neuseeländischen Gesellschaft während der Pandemie als Gemeinschaft wahrnahmen, deren gemeinsame Aufgabe es war, der Verbreitung des Virus entgegenzuwirken. Dieses Gemeinschaftsgefühl drückte sich beispielhaft im offiziellen Slogan der neuseeländischen Regierung zur Bekämpfung der Pandemie aus: "Unite against Covid-19". (New Zealand Government, 2020b)
Ein wichtiges Konzept in der neuseeländischen Gesellschaft während der Pandemie war das Bild der "Bubble". Während der Zeit der strengen Ausgangssperren sollte jede Person eine kleine Gruppe von Personen identifizieren, welche zur "Bubble" dieser Person gehörten. Dies waren in den meisten Fällen Angehörige desselben Haushalts, nahe Verwandte oder Pflegebedürftige. Einmal definiert, sollte jede Person nur Kontakt zu Personen innerhalb ihrer "Bubble" haben. Diese einfache Kommunikationsstrategie der Regierung zur Umsetzung der Kontaktbeschränkung im Zuge der Pandemie wurde von der Gesellschaft schnell verstanden und aufgenommen.

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Das neuseeländische Parlament verabschiedete drei Hilfspakete, die darauf ausgerichtet waren, die ökonomischen Folgen der Pandemie abzufedern. Jedes der drei Hilfspakete richtete sich an eine bestimmte gesellschaftliche Gruppe innerhalb des Landes: 1) klein- und mittelständige Unternehmen sowie Angestellte, 2) Angehörige der indigenen Maori Bevölkerung, und 3) Studierende.
Das Hilfspaket für Unternehmen und Angestellte wurde am 1. Mai 2020 verabschiedet und beinhaltete Steuererleichterungen in Höhe von 3 Milliarden NZD (circa 1,8 Milliarden Euro), 25 Millionen NZD (circa 15,3 Millionen Euro) für weitere Unterstützungszahlungen an Unternehmen im Jahr 2021, 10 Milliarden NZD (circa 6,1 Milliarden Euro) für Lohnfortzahlungen an Angestellte, 4,27 Milliarden NZD (circa 2,6 Milliarden Euro) für Kleinunternehmen und 1,3 Milliarden NZD (circa 7,9 Milliarden Euro) für mittelständische Unternehmen (One News, 2020).
Das Hilfspaket für Maori umfasste 56,4 Millionen NZD (circa 34,4 Millionen Euro). Davon waren 30 Millionen NZD als Direkthilfen für von der Pandemie betroffene Maori Gemeinschaften und Unternehmen vorgesehen, 15 Millionen NZD für Unterstützungszahlungen an das Maori Familienfürsorgeprogramm "Whanau Ora" und 10 Millionen NZD für Öffentlichkeitsarbeit (One News, 2020).
Das Hilfspaket für Studierende in Höhe von 130 Millionen NZD (circa 80 Millionen Euro) zielte darauf ab, die besonders prekäre Situation von Studierenden an Hochschulen zu verbessern. Dies wurde als notwendig angesehen, da viele Studierende ihren Lebensunterhalt durch Nebenjobs finanzierten, die sie in Folge der Lockdowns verloren (One News, 2020).
Zusätzlich zu den direkten Finanzhilfen verhandelte die neuseeländische Regierung ein Übereinkommen mit Banken, welches Kreditnehmer, die ihre monatlichen Raten aufgrund der Pandemie nicht mehr zahlen konnten, davor schützte, ihr kreditfinanziertes Vermögen zu verlieren. Dieses Abkommen schützte vor allem Eigenheimbesitzer vor dem Verlust ihres Eigenheims (The New Zealand Herald, 2020).

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Die Beurteilung des Krisenmanagements und der Krisenkommunikation der Regierung durch die neuseeländische Bevölkerung wurde regelmäßig in Umfragen erhoben. Allgemein lässt sich festhalten, dass die Mehrheit der Bevölkerung die Maßnahmen der Regierung befürworteten und die Arbeit ihrer Regierung überwiegend als positiv bewerteten. In einer repräsentativen Umfrage der Firma Stickybeak vom 16. und 17. Februar 2020 bewerteten beispielsweise 79% der Befragten die Maßnahmen der Regierung als "excellent" oder "good", während 12% der Befragten sie als "bad" oder "terrible" einstufte (Manhire, 2021).
Die positive Beurteilung der Regierung bezüglich ihres Krisenmanagements während der Pandemie spiegelte sich auch deutlich im Ergebnis der Parlamentswahlen vom 19. Okto-

ber 2020 wider. Die regierende Labour Partei unter Jacinda Ardern erreichte ein Spitzenergebnis von 65 der insgesamt 120 Parlamentssitzen.
International wurde das Krisenmanagement der neuseeländischen Regierung positiv bewertet. So platzierte beispielsweise das Bloomberg Covid Resilience Ranking Neuseeland auf Platz zwei der sichersten Länder während der Pandemie nach Singapur (Bloomberg News, 2021).

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und, -kommunikation lernen (und was nicht)?

Der Erfolg der neuseeländischen Regierung hinsichtlich der Bekämpfung der COVID-19 Pandemie lässt sich nur bedingt auf andere Länder übertragen, da Neuseeland als relativ isolierter Inselstaat die Möglichkeit besaß, seine Außengrenzen vollständig kontrollieren zu können. Dies wiederum machte eine Eliminationsstrategie überhaupt erst möglich.
Dennoch sticht bei der Betrachtung des Krisenmanagements der neuseeländischen Regierung deutlich hervor, dass die Kommunikationsstrategie des Kabinetts unter Jacinda Ardern besonders effektiv, klar und gut geplant war. Der Premierministerin gelang es, trotz einschneidender Maßnahmen und großer wirtschaftlicher und sozialer Herausforderungen, eine überwiegend positive Stimmung in der Bevölkerung zu erhalten. Dies ist ohne Zweifel ihrer klaren und meist direkt an die Bevölkerung gerichteten Kommunikation zuzuschreiben.

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Pakistan

Mohsina Atiq and Zunera Rana

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

The first case of COVID-19 was reported in late February 2020 in Karachi and the number quickly rose over the next few weeks as the virus spread across the country (Waris et al., 2020). The initial response of the government was mixed. While provincial governments (who hold the mandate of health management) braced themselves for incoming COVID-19 cases by setting up quarantine centres and converting Expo-centres to emergency COVID-19 treatment centres (Warraich, 2020), the Prime Minister of Pakistan was heard on national TV likening COVID-19 to "a flu" with a very high recovery rate and announced that lockdown was not an option for the country (Junadi, 2020).

Over the next couple of months, the government changed its stance and opted for "smart lockdowns" that meant locking down hotspot areas to help contain the spread of the virus. Standard operating procedures (SOPs) were also introduced including wearing of masks and closing of schools and non-essential businesses especially restaurants, marriage halls, *bazaars* and tourist attractions. While these measures were advertised quite aggressively, their implementation lagged which made them relatively ineffective.

2. What changes can be observed in pandemic control over time?

A more serious stance came from the government during the 2nd COVID-19 wave in India (around March 2021), which brought fears of impending doom for Pakistan as well (Hussain, 2021). This time, army personnel were deployed along with the police to enforce SOPs. Around the same time, the government launched its vaccination campaign with the help of the government of China and a comprehensive website was unveiled to curb the spread of false information related to the virus. Pakistan was also among the few countries in the world that allowed commercial selling of the Russian Sputnik vaccine which brought with it new concerns of increased disparity in the country as the two doses of the vaccine were priced at USD 180.

Despite these hiccups, the country has been able to run a successful vaccination campaign, allowing all citizens above the age of 18 to register and get vaccinated in a very short time. The government was also able to negotiate with China to import raw materials needed for vaccines and start production within the country (The News, 2021).

3. What political and societal narratives exist around the pandemic and pandemic control?

The government as well as the public did not take the 1st wave of the pandemic seriously. Importantly, government officials themselves were seen breaking the SOPs quite often – from holding *iftar* parties (Hayat, 2021) to refusing to shift to online meetings, the government officials did not incentivize the public to take the virus seriously. The shops never entirely closed, religious gatherings continued, marriage ceremonies and parties kept taking place behind closed doors, and only a handful of people were seen wearing masks in public. Large scale misinformation also spread

through social media that made people believe that COVID-19 was nothing more than a hoax. The high rate of illiteracy of 60 percent did not help in curbing the spread of misinformation since the population largely relied on word of mouth (Abbasi, 2021). The government also initially seemed highly reluctant to close borders with Iran and later India as the neighbouring countries struggled to contain the virus. As mentioned earlier, the narrative only changed somewhat in March 2021 when the devastating second wave of the virus came to India.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

To curb the economic burden caused by COVID-19 and the lockdowns, the government initiated a COVID-19 relief fund where it asked the locals to donate to help people in need through financing social protection programs including food banks, homeless shelters and direct cash transfers. In March 2020, the federal government announced a multi-sectoral relief package worth PKR 1.2 trillion (almost USD 8 billion). This included cash transfers to 6.2 million daily wage workers and low-income families, tax refunds to exporters, support to SMEs through subsidies and loans, relief in power bills, and elimination in import duties for medical equipment. In addition, provincial governments also implemented fiscal measures including cash transfers, tax relief, and additional health spending on health services as well as an increase in the salaries of healthcare workers (IMF, 2021).

5. How does the population assess the government's crisis management and crisis communication?

Despite the initial confusion and misinformation among the public, the government's efforts to contain the virus and provide socio-economic relief has improved the public's faith in the government's capacity to deal with the crisis. In a large survey of young adults, almost 52.7 percent believed that the government was dealing effectively with the pandemic (Martins et al., 2021). According to another cross-sectional survey of citizens, almost 67.3 percent were optimistic about the pandemic being controlled. However, almost 37 percent of the respondents had a 'neutral' view regarding the competency of the government to deal with the virus. Some of the pessimism was brewed owing to restrictions that were eased too soon and the protests by the political opposition in highlighting the shortfalls in the government's response (Ladiwala et al., 2021).

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Even though health is a subject devolved to the provinces, the federal ministry of health played a key coordination role in bringing together a multi-stakeholder response. This included setting up a National Command Operation Center that resolved logistics and procurement issues and supporting the National Institute of Health to provide training and capacity building to technicians and healthcare providers, in partnership with medical universities. A central reporting system collected pandemic data at the provincial and federal levels allowing contact tracing and ability to identify hotspots and implement smart lockdowns. In addition, to support the remote learning efforts of children of public schools, the government also launched a television channel (TeleSchool) in April 2020 (Bhutta et al., 2021).

Moreover, given the philanthropic inclination of the civil society, a significantly important response was observed from the non-profit organizations that helped arrange for blood for patients in critical condition to collecting food supplies and monetary help for low-income families severely affected (Akhtar et al., 2021).

Even so, a health system that was fractured to begin with combined with unequal access to health care and a lack of social protection exacerbated Pakistan's challenges in combating the pandemic. Resistance from the religious community along with social and culture resistance in following SOPs worsened the case numbers across the country. With the

variants posing new challenges across the world, it is imperative for the government to continue its efforts to vaccinate the population while continuing implementation of SOPs and contact tracing.

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Russia

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1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen und wie effektiv waren diese bisher?

Die russische Regierung hat seit März 2020 einige COVID-19 bezogene Maßnahmen getroffen, die als erstes den internationalen Personenverkehr betrafen. Die Erteilung aller Visa für die Russische Föderation wurde im März 2020 eingeschränkt, faktisch wurden alle internationalen Reiseaktivitäten mit Ländern, die vom Corona-Virus betroffen waren, eingestellt. Dasselbe galt für den Luftverkehr (Botschaft der Russischen Föderation in Deutschland, 2021).

Gleichzeitig wurden Großveranstaltungen abgesagt sowie Universitäten und Schulen geschlossen bzw. der Unterricht in online Formate überführt (Government, 2020a). Der Webseite der russischen Regierung können alle Maßnahmen bezüglich der COVID-19 Infektion seit Januar 2020 (die erste Diskussion über Eindämmungsmaßnahmen) entnommen werden (Government, 2020b). Eine weitere Webseite „Stop Coronavirus“[4] informiert über Infektionen, Impfungen usw. und gilt als eine der (bedingt) verlässlichen statistischen Quellen.

Relativ schnell – bereits im April 2020 – wurden teilweise drastische Maßnahmen zum Lockdown getroffen, vor allem altersbezogen. So durften die über 65-Jährigen ihre Wohnungen nur zum Einkaufen oder für Apotheken- oder Arztbesuche verlassen, unter Androhung von, gemessen an der Höhe der Rentenbezüge, hohen Geldstrafen bei Nichtbeachtung.

Um die Pandemie einzudämmen, wurde im April und Mai 2020 sowie im Mai und Oktober 2021 mehrmals versucht, kurzzeitig Betriebe zu schließen[5]. Es wurden von der Regierung angeordnete bezahlte Urlaubstage zur Verfügung gestellt, die Arbeitgeber*innen wurden verpflichtet, diese finanziell zu tragen, was zumindest bei den Schließungen in Oktober 2021 dazu führte, dass diese faktisch von den Wirtschaftsunternehmen nicht mitgetragen wurden. Die Maßnahme wurde jedoch nicht mit einem formal angeordneten Lockdown begleitet und die nun Beurlaubten konnten sich in der Zeit in großen Gruppen bei gutem Wetter treffen, was für die Pandemieeindämmung kontraproduktiv war. Die finanziellen Folgen dieser Entscheidung hatte nicht der Staat zu tragen, diese wurde auf die Wirtschaftsunternehmen, die ohnehin von Corona betroffen waren, umgewälzt. Im Oktober 2021 erfolgte aufgrund der starken vierten Pandemiewelle zuerst eine Verlängerung der Schulferien um eine Woche und dann erneut eine von der Regierung angeordnete freie Woche für alle Arbeitnehmer*innen (jedoch ohne Kontrollen, da faktisch nur die Mitarbeitenden im öffentlichen Dienst frei hatten, die Wirtschaftsunternehmen haben meist ihre Mitarbeitenden nicht freigestellt, vor allem weil sie die Arbeitsausfälle finanziell nicht mehr tragen konnten). Auch diese Aktivitäten, die Eigentlich zum Brechen der vierten Welle gedacht waren, wurden nicht als formeller Lockdown begangen. So wurden zwar Restaurants und einige Geschäfte geschlossen, ausgewählte Kultureinrichtungen und Hotels blieben aber offen (und nur über 3G Regelung zugänglich) (Deutsch-Russische Auslandshandelskammer, 2021). Damit boomte der landesinnere und auch internationale Tourismus (Tagesschau, 2021), trotz einer sehr beunruhigenden Bilanz der Neuinfektionen.

Seit Anfang der Pandemie wurden viele Maßnahmen auf die kommunale Ebene verlagert,

[4] https://стопкоронавирус.рф/

[5] S. Erlasse des Präsidenten der Russischen Föderation vom 25.03.2020 № 206, vom 02.04.2020 № 239, от 28.04.2020 № 294 sowie vom 23.04.2021 № 242.

was angesichts des sonst zentralistischen Regierungsstils viele kommunale Behörden zur Überforderung führte. Gleichzeitig sind einige erfolgreiche Entscheidungen, wie z.B. das schnelle Umfunktionieren einiger Krankenhäuser in Pandemiekrankenhäuser, striktere Schließungsmaßnamen usw. als ein definitiver Erfolg dieser neu gewonnenen lokalen Verantwortung zu sehen[6].

Die Pandemiemaßnahmen wurden bereits ab Juni 2020 sukzessive abgeschwächt. Grund mag ein gleichzeitig stattfindendes Verfassungsänderungsreferendum gewesen sein, das für die Regierung von höherer Priorität war (Sokhey 2021). Die sukzessiven Öffnungen spiegelten jedoch das tatsächliche Pandemiegeschehen kaum wider.

Ab Frühjahr 2021 wurden die Landesgrenzen wieder geöffnet und die Besucher der Fußball-EM konnten mitten in der dritten Pandemiewelle unter fast vor-pandemischen Bedingungen den Fußball genießen. Die Nichtexistenz von Bürgertestungen, keinerlei Kontrolle der Einhaltung von Hygienemaßnahmen, keine nennenswerte mediale Kommunikation über die erneute Pandemiewelle bzw. die Aussagen von Präsident Putin (2020), dass in Russland die Pandemie am Abflachen sei, haben zum schnellen Voranschreiten der Welle der Delta-Variante beigetragen.

2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?

Zum einen gab es einen schnellen Wechsel von striktem Lockdown zu weitreichenden Lockerungen. Zum anderen konnte beobachtet werden, dass die statistischen Datendarstellungen sowie die mediale Berichtserstattung über die Pandemie immer mehr zurückgenommen wurden. Bereits im Januar 2021 spricht Präsident Putin über den langsamen Rückgang der Pandemie (RBC, 2020). Es wurde an keiner Stelle der Pandemie eine Expert*inneninstitution genannt (analog zum Robert-Koch-Institut (RKI) in Deutschland) die von der Regierung als Quelle der Fachexpertise hinzugezogen worden wäre. Anfänglich wurde die Pandemie zentralistisch behandelt, im Laufe der Pandemie wurden immer mehr Kompetenzen in die Hände der Lokalbehörden gelegt (Kurlyandskaya, 2020).

Offensichtlich erfolgte eine Investition in die Entwicklung von Impfstoffen. Das russische Vakzin Sputnik V wurde nicht nur schnell entwickelt, sondern gewann schnell in der außenpolitischen Kommunikation an Bedeutung (vgl. Baraniuk, 2021). Es wurde jedoch versäumt, eine Impfkampagne zu starten und eine Impfmotivation in der Bevölkerung zu schaffen. Gleichzeitig wurden sehr schnell Impfzenten errichtet und z.B. auch in Shopping-Centren geimpft.

Die Lockerungen und die Übergabe auf die lokale Ebene, sowie die Misserfolge der Impfkampagne dauerten bis zur vierten Pandemiewelle an, bis zur Einführung der Landesweiten 3G Regelungen, die zum einen als eine teilweise erfolgende Wiederübernahme der zentralen Verantwortung gedeutet werden kann, zum anderen aber die bis jetzt intensivste Impfmaßnahme darstellt.

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihre Bekämpfung?

Einige der Narrative betrafen die Bedeutung des Sputnik-Vakzins als eine Option für die „Rettung“ von Lateinamerika und anderer besonders von COVID-19 betroffener Länder (Yatsyk, 2021). Sputnik V, strategisch nach dem ersten russischen Satelliten benannt, wurde im politischen Diskurs vor allem verwendet, um auf die Erfolge russischer Wissenschaft hinzuweisen, sowie die außenpolitische Bedeutung Russlands als einen starken Partner mit einer hoch entwickelten Wissenschaft hervorzuheben.

Trotz medienwirksamer Impfung von Vladimir Putin fiel die Impfbereitschaft der Bevölkerung relativ gering aus. Erst das Fortschreiten der Delta-Variante hat ungefähr ab Juni 2021 die Impfbereitschaft in der Bevölkerung erhöht. Das Misstrauen in die Impfstoffe bzw. in Durchführung und Organisation von Impfungen gehört trotz einer enormen Betroffenheit der Bevölkerung zu den russischen Narrativen der COVID-19 Pandemie.

[6] Für eine sehr gute Darstellung der Maßnahmen in Moskau siehe Reshetnikov et al. (2020).

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Durch mehrere Maßnahmenpakete wird versucht, die sozio-ökonomischen Folgen der COVID-19 Pandemie zu mildern, wie z.B. die Einführung einer Möglichkeit von Kreditstundungen für Menschen, die finanziell durch COVID-19 betroffen sind, dasselbe gilt für Wohn- und Nebenkosten[7] .
Gleichzeitig wurde viel Kritik geübt, weil die Regierung mit ihrer Offensive zur Schließung von Betrieben, ohne jedoch gleichzeitig den nationalen Notstand auszurufen, zu einer enormen Belastung der Arbeitgeber*innen beigetragen hatte.

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Die Unwilligkeit, sich impfen zu lassen, zeigt auf, dass die Kommunikation der Regierung, die eindeutig auf die Beruhigung der Bevölkerung (mit Ausnahme der Monate April-Mai 2020) ausgerichtet war und die faktische Lage im Gesundheitssystem nicht berücksichtigt hatte, dazu beigetragen hat, dass die Pandemie in der Bevölkerung zunächst weniger ernst genommen wurde.
Mitten in der vierten Pandemiewelle (seit Herbst 2021) kann festgestellt werden, dass trotz der Konfrontation der meisten Bürger*innen Russlands mit der Pandemie alleine schon durch die hohe Durchseuchung der Bevölkerung und eine starke Übersterblichkeit (Tagesschau, 2021), ein generelles Systemmistrauen in einer geringen Impfwilligkeit der Bevölkerung sowie im Ignorieren der Pandemiemaßnamen zu resultieren scheint.

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Durch eine zu sehr beschwichtigende Kommunikationsstrategie der Regierung wurde die Bevölkerung nicht dazu angehalten, Hygienemaßnahmen zu befolgen oder sich impfen zu lassen. Die dramatische Entwicklung durch die Ausbreitung der Delta-Variante wird von der Bevölkerung als eine unausweichliche Entwicklung im Rahmen der Pandemie betrachtet, ohne dass gesehen wird, dass dieser entgegengewirkt werden könnte.
Zumindest teilweise erfolgreich waren jedoch einige Schritte im Bereich der Dezentralisierung, die z.B. in einigen Regionen zu guten Ergebnissen geführt haben (s. für Moskau Reshetnikov et al., 2020). Diese Entwicklung stärkt die kommunalen Entscheidungsstrukturen und könnte als ein Teil der demokratischen Dezentralisierung betrachtet werden.

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Rwanda

Rainer Schmidt

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1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher?

Die ruandische Regierung hat von Beginn an die Experten des Rwanda Biomedical Center (RBC; www.rbc.gov.rw) einbezogen. Diese haben ein Paket von umfassenden Maßnahmen etabliert: das obligatorische Tragen von Masken im öffentlichen Raum, abendliche oder nächtliche Ausgangssperren, Hygieneregeln, social distancing, Tests in clustern, „random tests“, Schließungen von öffentlichen Einrichtungen, Einschränkungen der Mobilität, Kontaktbeschränkungen, home office bis hin zu Quarantäne für Einreisende und Grenzschließungen. An den relativ geringen Infektionszahlen und der geringen Zahl der Todesopfer lässt sich eine gewisse Effizienz der Maßnahmen ablesen. Die Zahlen sind insgesamt im Vergleich mit anderen Regionen (Europa, Nord- und Süd-Amerika) sehr gering. Stand 22. Juni 2021: 32.296 Fälle insgesamt, 5.192 aktive Fälle, 1.564.486 Tests, 392 Todesfälle mit COVID-19 Bezug. Die Maßnahmen waren insofern sehr wirksam, weil sie eine Überlastung des Gesundheitssystems zu jeder Zeit verhindert haben. Gleichzeitig haben sie die Zahl der Opfer geringgehalten. Die Maßnahmen haben aber auch zu großen finanziellen/existentiellen Belastungen derer geführt, die in den entsprechenden Bereichen (Transport/Tourismus/Gastgewerbe) arbeiten.

2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?

Die Maßnahmen der ruandischen Regierung waren über den langen Zeitraum der letzten 16 Monate unterschiedlich und lassen sich zumindest in zwei Phasen einteilen. Zuerst kam die radikale Schließung (Grenzen, Flughafen, weitgehende Stilllegung des öffentlichen Lebens). Dies betrifft die Zeit von Ende März 2020 bis Ende Juli 2020). Mit der Öffnung des Flughafens am 1. August 2020 erfolgte die zweite Phase mit gemäßigteren Maßnahmen (abendliche und nächtliche Ausgangssperren, social distancing etc., z.T sehr lokale Maßnamen, wo hotspots entstanden sind). Dabei sind die Maßnahmen immer sehr kurzfristig angezogen worden, wenn die Infektionszahlen nach oben gegangen sind.

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?

In Ruanda gibt es einen eher sozialtechnologischen, positivistischen Diskurs um effiziente politische Führung (service delivery). Die Regierung wird an ihrer Performanz gemessen und folgt dabei dem Rat nationaler und internationaler Experten. Dies lässt sich sehr schön als Gegensatz zum Nachbarland Tansania beschreiben. Dort gab es lange Zeit unter dem Präsidenten Magufuli eine religiös exzentrische Haltung. COVID-19 wurde geleugnet und mit Beten bekämpft. Gewisse Maßnahmen wie Maskentragen wurden als westliche Beeinflussung abgelehnt. Anders in Ruanda. Hier ist ein von Wissenschaft informierter rationaler Diskurs vorherrschend, der sich sehr wohl bewusst ist über die eigenen begrenzten Mittel in der Intensivmedizin. Aus diesem Grund werden mit harten Maßnahmen die Fallzahlen auf sehr niedrigem Niveau gehalten. Diese Politik ist auch vereinbar mit dem allgemeinen Wunsch nach Sicherheit, Ruhe und Ordnung im öffentlichen Raum.

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Ruanda ist in ein Geflecht von kleinsten sozialen Einheiten eingeteilt. Eine der wichtigsten Einheiten ist der „Umudugudu“. Im ländlichen

Raum entspricht es einer Agglomeration von wenigen Häusern – Dorfstrukturen sind eher unüblich. Im städtischen Raum entspricht es eher dem Stadtteil. Auf dieser Ebene gab es Lebensmittelspenden, die in den Nachbarschaften an Bedürftige verteilt wurden. Ehrenamtliche Verantwortliche als Vorsteher der Umudugudus organisieren die Verteilung.

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Im Vergleich zu einigen afrikanischen Nachbarländern kann man davon ausgehen, dass es ein weit verbreitetes Vertrauen in die Verantwortlichen in der Regierung gibt. Dies gilt für die höchsten Repräsentanten, weniger jedoch für die unteren Ebenen der öffentlichen Verwaltung. Erfolgreiche Korruptionsbekämpfung, auf messbare Leistungserbringung für die Bürger ausgelegte Governance-Strukturen und die historische Sonderstellung als Post-Genozid-Gesellschaft führen zu diesem Phänomen. Öffentliche Diskussionen oder kritische Erörterungen über die Regierungspolitik in Ruanda gibt es allerdings nicht. Aus diesem Grund bleibt es letztlich eine *black box*, wie weit das Vertrauen der Bevölkerung tatsächlich reicht.

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Vergleicht man Ruanda mit seinen Nachbarn Burundi, Kongo, Tansania oder Uganda, steht es recht gut da. Tansania hat unter dem kürzlich verstorbenen Präsidenten Magufuli eine absurde Corona-Leugnungspolitik betrieben, die von dessen Nachfolgerin durch eine wissenschaftsbasierte Politik abgelöste wurde. Ob dies als Orientierung an Ruanda zu verstehen ist, lässt sich nicht abschließend bestimmen. Ruandas Maßnahmen sind konsistent, berechenbar und basieren auf dem Rat von Gesundheitsexperten. Das ruandische biomedizinische Institut arbeitet eng mit dem Robert-Koch-Institut in Deutschland zusammen. Am härtesten treffen die Maßnahmen diejenigen in Ruanda, die in informellen Sektoren in den Städten arbeiten. In Ruanda leben allerdings immer noch ca. 80% der Bevölkerung von Subsistenz-Landwirtschaft. Positiv anzumerken ist, dass das Gesundheitssystem zu keinem Zeitpunkt überlastet war. Die Fallzahlen sind konsequent niedrig gehalten worden. Länder mit einem höheren Urbanisierungsgrad und daher auch mehr Menschen in informeller Arbeit werden sich allerdings die ruandische Politik kaum zum Vorbild nehmen können. Die Krisenkommunikation ist klar, sachlich und berechenbar. Den Bürgerinnen und Bürgern ist das Maßnahmenpaket der Regierung mittlerweile bekannt. Der Öffnung und Abschwächung der Einschränkungen bei sinkenden Infektionszahlen folgen ebenso berechenbar Schließung und Verschärfungen bei steigenden Zahlen.

South Korea

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Jean-Paul Janata ist Deutsch-Kolumbianer, der im April 2021 sein Bachelorstudium in International Relations an der Hochschule Rhein-Waal absolviert hat. Er verbrachte ein Auslandssemester in Seoul, Republik Korea und schrieb seine Abschlussarbeit über den Vergleich des deutschen mit dem koreanischen Wiedervereinigungsprozess.

1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher?

Die Republik Korea, auch bekannt als Südkorea, ist ein OECD-Mitgliedstaat mit einem seit Jahren stabilen Gesundheitssystem und einer weltweit führenden Wirtschaft (Kim et al., 2020). Generell wird die demokratische Regierung unter Präsident Moon Jae-in vor allem für ihr frühes Eingreifen und ihre Effektivität in der Eindämmung der Pandemie gelobt (Yim & Mayer, 2021). Aufgrund seiner Nähe zu China, und auch aufgrund eines MERS (Middle East Respiratory Syndrome)-Ausbruchs im Jahr 2015, hatte das Land, bei Beginn der Corona-Pandemie Anfang 2020, umgehend reagiert (Zastrow, 2020). Dighe et al. (2020) erklären, dass die koreanische Erfolgsstrategie weitreichende Testungen sowie Kontaktverfolgung der Bevölkerung und weitere Vorsichtsmaßnahmen, wie die strenge Isolierung von Infizierten, beinhaltete. Außerdem hat die Regierung das Recht, einige persönliche Daten von bestätigten COVID-19 Infizierten, wie zum Beispiel den privaten Geldtransaktionsverlauf und Ortungssysteme des Handys, anzusehen und teilweise im Internet zu veröffentlichen (Yim & Mayer, 2021). Das mag für andere Länder ein zu tiefer Eingriff in die Privatrechte sein, doch scheint die Mehrheit der koreanischen Bevölkerung damit einverstanden (Yim & Mayer, 2021).

2. Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten

Aufgrund der meist in Großstädten auftauchenden Gruppeninfektionen ließen sich am Anfang der Pandemie die Ausbreitungsorte schnell identifizieren und kontrollieren, erst gegen Dezember 2020 überschritt die tägliche Infektionszahl tausend Personen, da die Infektionen viel verteilter im Land waren (Kim et al., 2020). Noch dazu kam die, im Gegensatz zu den schnellen Testverfahren, langsame Impfpolitik, die jedoch Anfang Juni 2021 an Fahrt aufgenommen hat, sodass die Regierung mittlerweile ankündigt, 70% der Bevölkerung von 52 Millionen bis zum dritten Quartal dieses Jahres geimpft zu haben (Cha, 2021).

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung?

Eine Kritik gegen die Corona-Maßnahmen der Regierung ist, dass die von ihnen veröffentlichten Daten zur Kontaktverfolgung zu sozialer Stigmatisierung von Minderheiten führt, unter denen sich das Virus ausgebreitet hat (Yim & Mayer, 2021). So gab es plötzlich viele Diskriminierungsfälle gegen die LGBTQ+ Gruppierung, da es im Mai 2020 zu Infektionen in einer Bar kam, welche unter anderem von Homosexuellen besucht wurde (Strother, 2020). Yim & Mayer (2021) berichten, dass Aktivistengruppen in Südkorea für weniger Datenveröffentlichung seitens der Regierung plädieren, damit Minderheiten von der Gesellschaft nicht als „Virusausbreiter“ beschimpft werden.

4. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Südkorea konnte wegen seiner erfolgreichen Politik die Pandemie bisher ohne einen kompletten Lockdown bewältigen und meldete sogar positives Wirtschaftswachstum im Oktober 2020 (Kim et al., 2020). Die Regierung investierte vor allem in Subventionen für Kleingewerbe und Arbeitslose, wie zinsgünstige Darlehen, und sie gab auch Katastrophenhilfszahlungen für Haushalte allgemein (Yim & Mayer, 2021).

5. Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Wie bereits erwähnt, sticht Südkorea aufgrund seiner effektiven Richtlinien für und Kommunikation mit der Bevölkerung, sowie deren Akzeptanz und Befolgen der Maßnahmen, heraus. Ein Beispiel ist die Anzahl freiwilliger Helfer beim ersten Ausbruch in der Stadt Daegu: Insgesamt 327 Ärzte meldeten sich für ehrenamtliche Mitarbeit (Kim et al., 2020). Ausgenommen von Kritik seitens der Oppositionsparteien und Aktivistengruppen, die mehr Privatrechte fordern, zeigt sich die allgemeine Zufriedenheit der Bürger besonders durch einen Erdrutschsieg der Regierungspartei bei Wahlen im Frühjahr 2020 (Rich et al., 2020; Yim & Mayer, 2021).

6. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Südkorea hat für seinen Umgang mit der Pandemie internationale Aufmerksamkeit auf sich gezogen (Rich et al., 2020). Kim et al. (2020) heben allerdings auch hervor, dass das Land einige Vorteile im Vergleich zu anderen Ländern hat: Mit der geschlossenen Grenze zu Nordkorea ist der südliche Teil der koreanischen Halbinsel praktisch wie ein Inselstaat, welcher somit seine Ein- und Ausreisen viel besser kontrollieren kann. Der Lebensstandard ist außerdem städtisch und technologisch sehr fortgeschritten. Nichtsdestotrotz können andere Regierungen von den südkoreanischen, disziplinierten Test- und Kontaktverfolgungsmethoden, sowie deren klar kommunizierten Richtlinien bezüglich ihres Krisenmanagements, lernen, die der Grund für die so niedrige Todesrate von COVID-19 Erkrankten ist (Kim et al., 2020). Natürlich sollte man dabei ein Mittelmaß zwischen Datenveröffentlichung zum allgemeinem Infektionsschutz und dem Schutz der Privatsphäre finden, damit eine Stigmatisierung gesellschaftlicher Gruppen, unter denen ein Ausbruch stattfand, vermieden wird (Yim & Mayer, 2021).

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Switzerland

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1. Welche Maßnahmen wurden von der Regierung getroffen, um die Pandemie einzudämmen, und wie effektiv waren diese bisher? Welcher Wandel, welche Veränderungen lassen sich bei der Bekämpfung der Pandemie über die Zeit beobachten?

Die ersten COVID-19 Fälle in der Schweiz wurden um den 24.02.2020 berichtet, der erste bestätigte Todesfall trat am 05.03.2020 ein. Der Schweizer Bundesrat hat am 16.03.2020 die Situation in der Schweiz als «außerordentliche Lage» gemäß Epidemiengesetz eingestuft und einen umfassenden Lockdown inklusive weitreichender Einreisebeschränkungen zur Eindämmung der COVID-19 Pandemie verhängt. Armeeangehörige wurden zur Unterstützung der Kantone in den Spitälern, bei der Logistik und im Sicherheitsbereich eingesetzt. Die Fallzahlen stiegen auf ein Maximum am 25.03.2020 (7-Tage-Inzidenz ca. 84 pro 100.000 Einwohner; Hospitalisierungen ca. 14 pro 100.000 Einwohner und Woche; Todesfälle ca. 5 pro 100.000 Einwohner und Woche am 04.04.2020) kontinuierlich an und fielen danach mit ähnlicher Geschwindigkeit ab (https://www.covid19.admin.ch/de/overview) . Grundlegende Empfehlungen, die bis heute gelten, sind Abstand halten und Hygienemaßnahmen. Ab dem 27.04.2020 erfolgten schrittweise Lockerungen bis in den Herbst. Die wichtigsten Lockerungsschritte waren:

27.04.2020: erste Öffnungen von Betrieben mit personenbezogenen Dienstleistungen sowie Bau- und Gartenmärkte

11.05.2020: Präsenzunterricht in den obligatorischen Schulen; Öffnung Einkaufsläden, Märkte, Museen, Bibliotheken, Gastronomie, Breitensport; Lockerungen der Einreisebeschränkungen

06.06.2020: Treffen im öffentlichen Raum bis 30 Personen; politische Kundgebungen und Veranstaltungen bis 300 Personen; Präsenzunterricht weiterführende Schulen; Öffnung Diskotheken und Nachtklubs, Schwimmbäder, Kinos, Sommertourismus

22.06.2020: weitere weitreichende Öffnungen in nahezu allen Bereichen inklusive Veranstaltungen mit mehr als 300 (und weniger als 1000) Menschen

01.10.2020: Aufhebung des Verbots von Großveranstaltungen mit mehr als 1000 Menschen

Dieser letzte Öffnungsschritt erfolgte in einer Phase von – auf (noch) niedrigem Niveau – kontinuierlich ansteigenden Fallzahlen und war gefolgt von einem rasanten Anstieg der Fallzahlen innerhalb eines Monats (max. 650 pro Woche und 100.000 Einwohner am 30.10.2020) und Hospitalisierungen (ca. 21 pro 100.000 Einwohner und Woche am 31.10.2020). Die Todesfallzahlen erreichten am 15.11.2020 ein Maximum (ca. 8 pro Woche und 100.000 Einwohner) und blieben auf einem vergleichbaren Niveau bis kurz vor Weihnachten.
Neben wenigen schon im Sommer 2020 eingeführten Maßnahmen (Maskenpflicht im öffentlichen Nahverkehr und in Flugzeugen sowie Quarantäne bei Einreisen aus Gebieten mit erhöhtem Ansteckungsrisiko, Schutzkonzepte, TTIQ (Testen, Contact Tracing, Isolation und Quarantäne)) erfolgten ab Mitte Oktober kontinuierlich Verschärfungen der Maßnahmen zur Pandemieeindämmung. Die wichtigsten Schritte waren:

19.10.2020: Empfehlung Homeoffice; erste Einschränkungen in der Gastronomie; Verbot von spontanen Menschenansammlungen; erweiterte Maskenpflicht

29.10.2020: Schließung Diskotheken und Tanzlokale; weitere Einschränkungen Gastronomie; öffentliche Veranstaltungen bis max. 50 Personen, private Veranstaltungen bis max. 10 Personen

09. und 12.12.2020: weitere Einschränkungen Gastronomie; Vorschriften für Betriebe und Skigebiete; Freizeitaktivitäten bis zu 5 Personen; Verbot öffentliche Veranstaltungen

21./22.12.2020: Einschränkung Einkaufsläden; Schließung Sport- und Wellnessbetriebe (außer Skigebiete und Außenanlagen), Kultur, Unterhaltung, Gastronomie; Quarantäne bei Einreise aus Südafrika und Großbritannien; erweiterter Einsatz von Antigen-Schnelltests; kantonale Sonderregelungen möglich

18.01.2020: Homeoffice-Pflicht; Maskenpflicht am Arbeitsplatz; Schutz von besonders gefährdeten Arbeitnehmern; max. 5 Personen im privaten und öffentlichen Bereich; Schließung von Läden des nicht-täglichen Bedarfs

Nach einer Stabilisation der Fallzahlen bis Weihnachten auf hohem Niveau und einem kontinuierlichen Abfall ab Januar 2021, erfolgten ab dem 01.03.2021 wieder zuerst vorsichtige und ab April immer offensivere Öffnungsschritte, trotz ansteigender Inzidenzen aufgrund der Dominanz der Alpha-Variante:

01.03.2021: Öffnung Einkaufsläden, Museen, Bibliotheken, Außenbereiche Sport- und Freizeitanlagen; Lockerungen für Kinder und Jugendliche; private Treffen draußen bis 15 Personen

15.03.2021: Testoffensive

22.03.2021: Private Treffen drinnen bis 10 Personen

19.04.2021: weitreichende Öffnungen im Bereich Gastronomie, Kultur, Sport, Veranstaltungen; Präsenzunterricht an Hochschulen wieder möglich

31.05.2021: deutliche Ausweitung der Öffnungen; Veranstaltungen mit Publikum bis 100 Personen (innen) bzw. 300 Personen (außen); privaten Treffen bis 30 (innen) bzw. 50 (außen) Personen; Gastronomie, Sport, Kultur für Erwachsene

26.06.2021: Aufhebung fast aller Einschränkungen außen; Maskenpflicht gelockert; Veranstaltungen bis 1000 Personen möglich; Diskotheken und Tanzlokale mit COVID-19 Zertifikat (Geimpft, Genesen, Getestet)

Schulen waren (mit temporären Ausnahmen bei weiterführenden Schulen in einigen Kantonen) durchgehend geöffnet, Kindertagesstätten ebenfalls. Maskenpflicht bestand für einige Zeit ab der 5. Klasse.

2. Was hat die Regierung unternommen, um die sozioökonomischen Folgen der getroffenen Maßnahmen abzufedern?

Die Strategie zur Bewältigung der Epidemie basiert auf den drei Pfeilern Impfen, Testen (inkl. Selbsttests für ein niederschwelliges und schnelles Testen) und nicht-pharmazeutische Maßnahmen. Der Bundesrat hat ein Drei-Phasen-Modell definiert, um das strategische Vorgehen bis zum Austritt aus der COVID-19 Krise darzulegen. Die drei Phasen dieses Modells hängen eng am Impffortschritt. Bei Erreichen von Phase 3 (sobald die impfwillige Bevölkerung vollständig geimpft ist) soll die Normalisierung des gesellschaftlichen und wirtschaftlichen Lebens erreicht werden. Langfristig wird davon auszugegangen, dass jeder Schweizer entweder durch Impfung oder durch eine durchgemachte Infektion immunisiert wird. COVID-19 wird somit zu einer durch eine Impfung vermeidbaren Erkrankung.
Im Mai 2020 hat der Bund umfassende, zeitlich befristete Unterstützungsmaßnahmen für die Wirtschaft beschlossen (ca. 9% des BIP; Schwerpunkte: Überbrückungskredite, Arbeitslosenversicherung, Lohnausfallleistungen, Luftfahrt, Kultur). Im Juni 2021 hat der Bundesrat die weitere wirtschaftspolitische Transitionsstrategie festgelegt. Die Erholung der Wirtschaft soll mit den bewährten Instrumenten (Standortförderung, Innovations- und Bildungspolitik sowie Arbeitsmarktpolitik) begleitet werden.

3. Welche politischen und gesellschaftlichen Narrative und Erzählungen existieren rund um die Pandemie und ihrer Bekämpfung? Wie beurteilt die Bevölkerung das Krisenmanagement und die Krisenkommunikation der Regierung?

Die gesellschaftliche Diskussion in der Schweiz verlief ähnlich wie in anderen mitteleuropäischen Ländern und bewegte sich zwischen den Extremen der Verleugnung der Krankheit bzw. deren Schwere und der Forderung das Virus durch massive Maßnahmen zu eliminieren. Der gesellschaftliche Diskurs war kontrovers und hitzig. Spekulativ kann vermutet werden, dass das Demokratieverständnis und die Partizipationserfahrungen sowohl den politischen Diskurs aber auch die im europäischen Verhältnis relativ moderaten Maßnahmen beeinflusst haben. Die politische und gesellschaftliche Diskussion wird durch eine interdisziplinär zusammengesetzte Swiss National COVID-19 Science Task Force begleitet. Nicht alle politischen Entscheidungen wurden in Einklang mit den Empfehlungen der Science Task Force getroffen.

4. Was können andere Länder von dem betrachteten Land hinsichtlich Krisenmanagement und -kommunikation lernen (und was nicht)?

Die bisherige Gesamtbilanz der Schweiz ist im Vergleich mit anderen Ländern in Mitteleuropa als durchschnittlich zu betrachten. Der massive Anstieg der Fallzahlen und in direkter Folge davon der Todesfälle nach Öffnung von Großveranstaltungen zum 01.10.2020 kann sicher als großer Fehler betrachtet werden, mit verheerenden Auswirkungen im Gesundheitssystem, die bis über Weihnachten hinaus Auswirkungen hatten. Positiv zu vermerken ist dabei, dass die ab Dezember getroffenen, recht moderaten Maßnahmen bezüglich aller relevanten Parameter zu einem besseren Verlauf im Vergleich zu etlichen anderen, demografisch und geografisch vergleichbaren Ländern führte.

Turkey

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

A reduction over an elimination strategy (zero-COVID) was the main focus of Turkey. An elimination strategy is where the borders can easily be closed and regions can completely be isolated, an approach which has been introduced by countries such as New Zealand. Countries like Turkey and Germany went with a reduction strategy to control the spreading of the virus, as much as possible and acknowledge the fact that an eradication seems not realistic unless the severity of associated measures is ignored.

Turkey was criticized for imposing strict restrictions later than countries in a similar situation. But as soon as the spread of the virus paced up, the country went on a partial lockdown that saw ages over 65 and under 20 locked out of the public sphere. The protection of the most vulnerable elderly people was effective especially as the number of deaths remained low compared to higher cases. The focus on weekend lockdowns, with major cities like Istanbul, sealed off, was justified by minimizing the economic burden. Bans on trips to prayers to be offered in mosques, coffee shops, restaurants, and shopping in crowded markets were imposed. Keeping Schools and educational institutes open has been a high priority of the government. They have been closed only during the peak phase of the lockdown.

2. What changes can be observed in pandemic control over time?

With a population of 84 million, Turkey was looked upon by the world as the pandemic recorded a fast-growing outbreak within the country by mid-April 2020. But, with the restrictions coupled with contact-tracing operations, the country was able to control the pandemic during its first phase, which was a remarkable achievement for the government. Turkey was one of the countries that responded with efficient and high testing numbers, tracing and isolation restrictions.

Additionally, travel bans and entry restrictions for over 70 countries were placed to curb the spread of viruses coming from elsewhere. After the first peak, Turkey started to loosen certain restrictions that had been placed with certain conditions ("New Normalization"), a similar approach that was witnessed in Germany.

By early December, a vaccination campaign was introduced, which was quite successful in the beginning but then lost momentum. But the earlier restrictions had to been called upon again with the new variants from England and South Africa reported within the country. By mid-January 2021, the vaccination campaign was further intensified according to the priority order set by the Government. March 2021 witnessed a second phase of "Controlled Normalization", but this had to be immediately put on hold with cases rising to a third peak, leading to a stricter full lockdown until May 17, with a few exceptions.

3. What political and societal narratives exist around the pandemic and pandemic control?

The government emphasized the importance to take all necessary measures and follow the guidelines set by international organizations such as WHO to control the virus. A collaborative response involving the sharing of information and extended cooperation between nations was a commitment emphasized. Openness, transparency and democracy were the additionally highlighted factors to bring people together to fight the pandemic.

Several experts view the steps taken by the government as a way to avoid huge impacts on the economy, which relies mainly on tourism. This was more evident during the latest wave reported in early April 2021, which witnessed a huge spike in daily cases as a result of early opening up the economic life. Turkey

has been following in general the same standards set by other countries and has reported the pandemic situation transparently. The country got criticized for counting the cases differently, such as counting a PCR-positive person only in case it showed symptoms. Towards the end of 2020, this practice has been changed in line with international reporting standards.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

Because of the poor economic performance and the weakening of the Turkish Lira already before the pandemic the economic aid packages have been very small. At the beginning of the pandemic the citizens have been called to financially support the government, which was rather unusual and, by the way, a populist campaign with a very low impact. Tax Deferrals, tax filling postponements, and credit postponements for more than two million taxpayers for six months were introduced. Right of easement payments and rent payments along with loans having reduced interest rates were promised to reduce pressure on the public. 1,000 Turkish Lira to two million citizens were offered as relief packages to individuals, 450 billion TL to companies in the form of financial aid, credit support, minimum wage support of 7 billion TL, and short-time working benefits.
Additionally, to address the economic pressures on the age 65+, the lowest retired pension was increased to 1,500 TL, with additional funds granted to municipalities. To ensure efficient combat against the ongoing pandemic, more healthcare personnel were employed with increased performance salaries.
Overall, the economic recovery is going to take longer than anticipated. With the impact of the recent spike in cases in the third peak and a stricter lockdown, the country has suffered many losses. In comparison to Germany (€1,117 Billion), Turkey (€66 Billion) has not spent extensively per capita on Corona aid packages, which was around 6% of the German aid packages. Nonetheless, it would take sufficiently more time to get back on its feet, especially with the Turkish Lira still dipping against other currencies, such as Euro and US-Dollar. The weak performance has several structural reasons, and the change to the highly debated presidential system, which could not be fully integrated into the existing economic and political mechanisms, has played a major role in the economic weakness.

5. How does the population assess the government's crisis management and crisis communication?

Though the population remains quite content with the government's approach and follows the rules, it is not equally accepted by all. People had mixed views on the government's approach towards the battle against COVID-19. Especially with the vaccination, where priorities were in place to vaccinate the individuals in the tourism industry, as it is the major source of income for the government. Initially, a similar concern was raised concerning specific restrictions on certain age groups.
Criticisms on how the Health Ministry only weakly took any expert opinions from professional organizations such as the Turkish Medical Association were an additional concern. The public was not aware of the true extent of the problem due to the lack of scientific data not shared with them, but only what the government reported.
Concerns on how the government prioritized financial stability (profits of business, tourism, etc.) over management of the pandemic were quite relevant. In contrast to Germanys' overstating of the pandemic situation (to motivate citizens to follow the rules), the Turkish government mainly tried to show a better image by under-stating the situation, such as changing the counting method or selectively reducing the number of PCR-tests. This was indeed a questionable approach from the public's point of view in both countries.

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

Many countries introduced a reduction strategy like Turkey, responded slowly after the

initial outbreak and lifted the lockdown too early. The restrictions for the risk groups in Turkey were effective and the sensitivity of elderly people has quite high. The low number of elderly people in care homes and a more focused protection on elderlies has significantly helped to keep the deaths low, compared to Germany. Efficient testing, tracing and isolation restrictions played a major role to put a halt to the spread. However, the frequent changes in strategies, the changes in documentation, such as missing hospitalization rates and the weak communication created government-induced problems, such as crowds in public places, which increased the likelihood of infections.

United Kingdom

Jan Niklas Rolf

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1. What measures have been taken by the government to control the pandemic, and how effective have these measures been so far?

Pandemic control in the United Kingdom of Great Britain and Northern Ireland (UK) is devolved, with the Scottish Government, the Welsh Government, and the Northern Ireland Executive producing their very own policies. In the following, the focus will be on the policies of the Government of the United Kingdom (henceforth: the government), which apply, above all, to England (henceforth: the country).

The general elections of 12 December 2019, held shortly before the UK left the European Union (EU) on 31 January 2020 and confirmed its first COVID-19 cases on the very same day, saw the Conservative Party of Boris Johnson gaining an absolute majority. The Coronavirus Act of 25 March 2020 granted the Johnson premiership additional emergency powers to deal with what by then had become a global pandemic.

Subsequently, the government adopted a wide range of phased actions to "Contain, Delay and Mitigate" the spread of the virus (GOV.UK, 2020). While measures like contact tracing, social distancing, and mass vaccination proved largely effective, the emergence of more contagious mutants and a number of striking misjudgments on the part of the government forced the prime minister to change course and take some spectacular U-turns.

2. What changes can be observed in pandemic control over time?

Early in the pandemic, parts of the government favored a strategy of herd immunity through infection rather than injection (Vallance, 2020; see also Cummings, 2021). When the prime minister eventually scrapped that strategy, precious time was lost. On 16 March 2020, more than six weeks after the outbreak of the coronavirus in the UK, Johnson advised his British fellow citizens against non-essential travel and contact with other people. A week later, the country went into lockdown.

The following months were marked by a succession of gradual openings, tiered restrictions and lockdowns again: By the time the first lockdown was eased and most schools had reopened at full capacity in September 2020, the virus hit back. On 12 October 2020, the government introduced a three-tiered, region-specific alert system that forced more and more regions into local lockdown before the entire country was put back into lockdown on 5 November 2020. As in the first national lockdown, people were not allowed to leave their home without reasonable excuse (essential purchases, essential work, medical needs, caring for others, and one exercise per day). On 2 December 2020, the country returned to a reformed four-tiered system, only to go into its third lockdown on 5 January 2021 due to the rapid spread of the British Alpha variant. With a mass vaccination campaign underway, the government published a roadmap on 22 February 2021 that would gradually lift all restrictions until 21 June 2021. Because of the spreading Indian Delta variant, "freedom day" was eventually postponed by four weeks to 19 July 2021.

3. What political and societal narratives exist around the pandemic and pandemic control?

In his many televised addresses, the prime minister appeared behind the slogan "Stay Home, Protect the NHS, Save Lives". The narrative of protecting the National Health Service (NHS) – a source of national pride on a par with the royal family (Castle, 2020; Kettle and Kerr, 2021) – by staying home was subsequently picked up by society, as can be seen from popular hashtags such as #stayathome and #protectthenhs on social media (Anslow, 2021).

In an attempt to hide his otherwise poor crisis management (see Calvert and Arbuthnott, 2021), the prime minister did not hesitate to

invoke past narratives about continental fascism. When confronted with Germany's and Italy's far lower infection rates, Johnson (2020) pointed to "an important difference" between the two countries and the UK: "Our country is a freedom-loving country. If we look at the history of this country over the past 300 years, virtually every advance, from free speech to democracy, has come from this country. It is very difficult to ask the British population uniformly to obey guidelines in the way that is necessary."

Tapping into this, education secretary Gavin Williamson (2021) suggested that the UK was the first western country to license a vaccine because of it having "much better" medical regulators than the French, Belgians and Americans, adding that this "doesn't surprise me at all because we're a much better country than every single one of them". Health secretary Matt Hancock (2021) even tried to link the Vote Leave campaign to the vaccination campaign, claiming that "because of Brexit" the UK had been able to approve of the vaccine. None of these narratives, however, seemed to resonate with the wider public.

4. What has the government done to mitigate the socioeconomic consequences of the measures taken?

The government sought to mitigate the psychological consequences of self-isolation by hiring an ambassador for mental health, having already appointed a minister for loneliness in 2018. In an attempt to protect jobs, it initially paid 80 percent of the earnings of self-employed workers and furloughed employees, with a cap of £2,500 per month. Affected businesses were supported with cash grants and low-interest loans. Further relief packages were adopted in response to the second and third lockdown in November 2020 and January 2021. Despite these measures, almost 15 percent of UK businesses were at risk of permanently closing by the time of writing (Lambert and van Reenen, 2021).

5. How does the population assess the government's crisis management and crisis communication?

With the UK having the highest COVID-19 death toll in Europe, it comes as no surprise that the public has been highly critical of the government's performance. Initial inaction, poor tracing and testing facilities, contradictory statements about the benefits of wearing face masks, and government officials' breaches of their very own lockdown rules pressured the prime minister to announce an independent public inquiry into the government's handling of the crisis.

A representative poll shows that trust in the government's ability to manage the crisis almost halved from 69 percent in April 2020 to 38 percent in November 2020 (The Policy Institute, 2020). Indeed, more than half of the population agrees that the government's management of the crisis has been a national humiliation (The Policy Institute, 2020). While Johnson's approval rate temporarily increased by 20 percentage points when the prime minister was hospitalized with COVID-19, it was down to the pre-crisis period only two months later (YouGov, 2021). Approval of the Conservative Party, too, declined from April to November 2020 (Politico, 2021). Since the beginning of the vaccination campaign in December 2020, though, it has been on the rise, giving the Tories a comfortable lead over Labour (Politico, 2021).

6. What can other countries learn from the country under consideration in terms of crisis management and crisis communication (and what not)?

What could be learned from the UK in terms of crisis management is to spare no expense when it comes to immunizing the population. The government's assurance of a £120,000 blanket payout for any person suffering serious side-effects from authorized COVID-19 vaccines allowed for rapid emergency approvals, while the government's generous purchasing policy of these vaccines helped to further speed up the vaccination campaign. In times of limited supply, though, this necessarily means less vaccine for other countries.

In terms of crisis communication, there is much to be learned from the government's information campaign: The government sent out 30 million letters to inform about hygiene

practices and lockdown rules, introduced a colored alert system to visualize the current level of risk, and made frequent use of slogans such as "flatten the curve" to communicate a complex issue in an easily understandable way. Blaming "freedom-loving" Brits for the spread of the virus, on the other hand, not only distracts from government mismanagement, but also encourages people to express their "Britishness" by disobeying the rules.

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Uzbekistan

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Drawing on Uzbekistan's historical experience with epidemics, Uzbek officials were prepared to respond to the threat of the spread of COVID-19 in the early days of 2020. Earlier, Uzbek medical officials had prepared to respond to threats from virus outbreaks such as SARS (2003) and MERS (2012) but these viruses had negligible effects in Uzbekistan. Nevertheless, when the first cases of COVID-19 appeared in Central Asia in neighboring Kazakhstan in March 2020 and the disease was seen to be highly transmissible and very dangerous, Uzbek government officials were poised to respond swiftly and systematically to introduce containment and mitigation measures.

Uzbek officials in March and April 2020 began instituting nation-wide emergency measures, empowering law enforcement and medical authorities to implement a broad range of counter-infection mitigation measures to protect public health. Lockdowns and sheltering-in-place restrictions were imposed in most major urban areas and curfews were enforced. Contact tracing measures were put in place. Cross-border travel restrictions were swiftly and systematically imposed, greatly restricting air travel. In the cases of major land-route arterial highways border crossing points were completely closed. Uzbekistan is unique in the respect that it has land borders with each of the other Central Asian countries as well as a border with Afghanistan. Uzbekistan is a double land-locked country. Each of Uzbekistan's neighboring countries is itself land-locked. Historically there has been a lot of movement of people and livestock crossing state borders in contexts other than customs points. In April and May 2020 new security measures were swiftly imposed by Uzbekistan to prohibit cross-border movement of people and livestock.

The Uzbek government's swift and strict regulatory provisions are understandable in terms of Uzbekistan's governmental institutions, political culture and historical experience. Uzbekistan is country with a vertically centralized administrative system which prides itself on effective government action. Uzbekistan also has a highly consolidated political culture which places great emphasis on collective values. While the current government may not seem to have a long-term perspective because it technically dates back only three decades to the period of the disintegration of the USSR (1991), in fact the Uzbek political culture has its roots in a historical experience going back to ancient times. Epidemic disease is not new phenomenon in Central Asia. Historical records in Uzbekistan refer to great epidemics during the reign of Cyrus in the 6th Century BC. Alexander the Great is recorded to have fallen victim to disease in 323 BC in Central Asia. Uzbek medical specialists point to a long history of dealing with epidemics. Over a thousand years ago in what is today Uzbekistan, Ibn Sina (known in the Western world as Avicenna) in his "Book of Healing" was the first thinker to systematically articulate metrics, measures and the meaning of disease transmission (Di Vincenzo, 2021). Ibn Sina invented social distancing measures to curb the transmission of infectious disease through 40 days of isolations – the term later adopted in the Western world as 'quartenary' isolation, or quarantine. In recent years the Uzbek Soviet government operated a unique and extensive system of disease surveillance in the form of the "anti-plague system" (Ouagrham-Gormley et al., 2006).

Key questions regarding the effectiveness of the Uzbekistan government's public health measures regarding COVID-19 in 2020 and 2021 concern the following: How effective measures have been? What modifications in government health policy have occurred? Have contesting political and societal narratives influenced pandemic control? What steps had the government taken to address socioeconomic consequences of the pandemic? What can be assessed regarding public views of the mitigation and containment

measure? And what can other countries learn from Uzbekistan's response?

In terms of the containment measures in Uzbekistan, the practices of imposed stay-at-home orders, workplace, school and public event closures, and border limitations have varied over time. During the initial stages of the first wave of COVID-19, stay-at-home orders were quickly imposed and strictly enforced in the capital (Tashkent) and other large urban areas. Most public events such as sports and entertainment events and public institutions such as restaurants and clubs were shuttered. Schools were closed. As the virus wave receded, government policies allowed for regulated (restricted) levels of re-opening. During the fall 2020, the incidence of virus began to increase. When it did, relaxation measures were rescinded in many areas. Public sources of information such as government notices, news outlets and social media have not represented a significant amount of public counter narrative to the Uzbek government's public health policies. While disgruntlement may have existed among some groups, this is not reflected in publicly available information regarding the virus.

In relation to standard measures of government effectiveness as assessed by levels of infection, rates of transmission, hospitalization, intensive care treatment, and death, both in terms of total numbers and population adjusted per capita figures, the Uzbek government's containment and treatment data distinguish Uzbekistan as having, in comparative terms, a highly effective public policy response to the COVID-19 pandemic.

An important measure of the government response is the adoption and distribution of vaccines. At the beginning of the COVID-19 outbreak, the idea of a coronavirus vaccine was still very hypothetical. The rapid development of vaccines was unexpected. In autumn 2020, Uzbekistan approved the mRNA vaccines, but put an emphasis on the mostly available vector vaccine Sputnik V. Sputnik V is a product of the Gamaleya Research Institute developed under the sponsorship of the Russia Direct Investment Fund (RDIF), a Russian-state sponsored investment enterprise. On May 7, 2021 the World Health Organization (WHO) included the Chinese COVID-19 vaccine produced by Sinopharm as acceptable for use. Sputnik V and the Sinopharm vaccines occupy the main position in Uzbekistan's vaccination program. Vaccination rates have achieved competitive levels, particularly within urban populations in Uzbekistan.

In relation to Uzbekistan's response to the socioeconomic disruption caused by the pandemic, the picture is more complex. The closing of factories, shops, and institutions resulted in unprecedented declines in profits for companies, salaries for employees, trade turnover for shops, and public revenue for government. The disruption was echoed by a sudden decline in commodity prices, the disruption of commercial supply chains, and an abrupt cessation of migrant labor remittances. Social and economic upheaval at this level unavoidably entails political effects. The Uzbek government rapidly adopted emergency financial measures. The "anti-crisis fund" for countering the economic effects of the pandemic in Uzbekistan amounted to more than 1 billion USD.

One question in the minds of many Uzbeks is how the pandemic episode, when it comes to an end, may influence Uzbekistan's position in the world community. The global supply chain disruption caused by COVID-19 resulted in social, economic and political effects which may entail long-term strategic changes. Uzbekistan's role in the international community was seen as changing as Uzbekistan occupied a middle position in cross-land supply chains between east and west, north and south. China's influence in the Central Asian region increased significantly in the past decade. China's Belt and Road Initiative (BRI) is driven first by its economic objectives. Conforming political pressures may also be expected to emerge from China's sponsorship of new infrastructure channels of trade and communication.

What is the long-term meaning of the pandemic for Uzbekistan and what can other countries learn from the Uzbek response? Resilience may be defined as the ability to withstand the negative effects of a challenge. In comparative respects, Uzbekistan's response to the challenges of COVID-19, on the level of public policy response to the transmission threats and the mobilization of health

service capacities to prevent loss of life, as well as on the level of mitigating deleterious socio-economic consequences, should be assessed as highly effective, implying a high level of resilience. Many virologists are quick to point out that the COVID-19 pandemic may not yet be over and COVID-19 or its related variants may generate public policy challenges for Uzbekistan for a long time to come. Moreover, the immediate socioeconomic disruptive consequences of the pandemic for Uzbekistan are long-term and have only been dealt with through short-term ameliorative measures. The public debt burden in Uzbekistan has increased. It is caused by economic disruption, diminished public revenue and increased public spending. These consequences have public finance implications for Uzbekistan that will only emerge in full clarity in the years ahead.

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